

Application for United States Residency Certification

OMB No. 1545-1817

▶ See separate instructions

<input type="checkbox"/> Additional request (see instructions)	<input type="checkbox"/> Foreign claim form attached
Applicant's name	Applicant's U.S. taxpayer identification number
If a joint return was filed, spouse's name (see instructions)	If a joint return was filed, spouse's U.S. taxpayer identification number
If a separate certification is needed for spouse, check here ▶ <input type="checkbox"/>	

- 1** Applicant's name and taxpayer identification number as it should appear on the certification if different from above
- 2** Applicant's address during the calendar year for which certification is requested, including country and ZIP or postal code (see instructions)

3a Mailing Address:

b Appointee Information (see instructions):

Appointee Name ▶ CAF No. ▶
Phone No. ▶ (.....) Fax No. ▶ (.....)

4 Applicant is (check appropriate box(es)):

- a** Individual. Check all applicable boxes.
 U.S. citizen Sole proprietor U.S. permanent resident alien (green card holder)
 Other U.S. resident alien. Type of entry visa ▶
Current nonimmigrant status ▶ and date of change (see instructions) ▶
 Dual-status U.S. resident (see instructions). From ▶ to ▶
 Partial-year Form 2555 filer (see instructions). U.S. resident from ▶ to ▶
- b** Partnership. Check all applicable boxes. U.S. Foreign LLC
- c** Trust. Check if: Grantor (U.S.) Simple Rev. Rul. 81-100 Trust IRA (for Individual)
 Grantor (foreign) Complex Section 584 IRA (for Financial Institution)
- d** Estate
- e** Corporation. If incorporated in the United States, go to line 5. Otherwise, continue.
Check if: Section 269B Section 943(e)(1) Section 953(d) Section 1504(d)
Country of incorporation ▶
If a dual-resident corporation, specify other country of residence ▶
If included on a consolidated return, attach page 1 of Form 1120 and Form 851.
- f** S corporation
- g** Employee benefit plan/trust. Plan number, if applicable ▶
Check if: Section 401(a) Section 403(b) Section 457(b)
- h** Exempt organization. If organized in the United States, check all applicable boxes.
 Section 501(c) Section 501(c)(3) Governmental entity
 Indian tribe Other (specify) ▶
- i** Disregarded entity. Check if: LLC LP LLP Other (specify) ▶
- j** Nominee applicant (must specify the type of entity/individual for whom the nominee is acting) ▶

- 5** Was the applicant required to file a U.S. tax form for the tax period(s) on which certification will be based?
- Yes.** Check the appropriate box for the form filed and go to line 7.
 990 990-T 1040 1041 1065 1120 1120S 3520-A 5227 5500
 Other (specify) ▶
- No.** Attach explanation (see instructions). Check applicable box and go to line 6.
 Minor child QSub U.S. DRE Foreign DRE Section 761(a) election
 FASIT Foreign partnership Other ▶

6 Was the applicant's parent, parent organization or owner required to file a U.S. tax form? **(Complete this line only if you checked "No" on line 5.)**

Yes. Check the appropriate box for the form filed by the parent.

990 990-T 1040 1041 1065 1120 1120S 5500

Other (specify) ▶

Parent's/owner's name and address ▶

and U.S. taxpayer identification number ▶

No. Attach explanation (see instructions).

7 Calendar year(s) for which certification is requested (see instructions)

8 Tax period(s) on which certification will be based (see instructions)

9 Purpose of certification. Must check applicable box.

Income tax VAT (specify NAICS codes) ▶

Other (must specify) ▶

10 Enter the number of certifications needed in the column to the right of each country for which certification is requested (see instructions)

Country	#	Country	#	Country	#	Country	#	Country	#
Armenia		Estonia		Jamaica		Norway		Tajikistan	
Australia		Finland		Japan		Pakistan		Thailand	
Austria		France		Kazakhstan		Philippines		Trinidad & Tobago	
Azerbaijan		Georgia		Rep. of Korea		Poland		Tunisia	
Barbados		Germany		Kyrgyzstan		Portugal		Turkey	
Belarus		Greece		Latvia		Romania		Turkmenistan	
Belgium		Hungary		Lithuania		Russia		Ukraine	
Canada		Iceland		Luxembourg		Slovak Rep.		United Kingdom (see page 2 of the instructions)	
China		India		Mexico		Slovenia		Uzbekistan	
Cyprus		Indonesia		Moldova		South Africa		Venezuela	
Czech Rep.		Ireland		Morocco		Spain		Other(s) (specify below)	
Denmark		Israel		Netherlands		Sweden			
Egypt		Italy		New Zealand		Switzerland			

11 This space can be used to enter additional required information

Sign here

Under penalties of perjury, I declare that I have examined this application and accompanying attachments, and to the best of my knowledge and belief, they are true, correct, and complete. If I have designated a third party to receive the residency certification(s), I declare that the certification(s) will be used only for obtaining information or assistance from that person relating to matters designated on line 9.

Applicant's signature (or individual authorized to sign for the applicant)

Applicant's daytime phone no.:

Keep a copy for your records.



.....
Signature and date

.....
Name and title (print or type)

.....
Spouse's signature. If a joint application, **both** must sign.

.....
Name (print or type)