## Form **8802**(Rev. April 2007) Department of the Treasury Internal Revenue Service

## **Application for United States Residency Certification**

► See separate instructions

OMB No. 1545-1817

Additional	request (se	e instructions)		[	Foreign claim form	m attached			
Electronic payn	nent confirm	nation no.							
Applicant's nan	ne		Applicant's U.S. taxpayer identification number						
If a joint return	was filed, s	pouse's name (see insti	If a joint return was filed, spouse's U.S. taxpayer identification number						
If a separate ce	ertification is	needed for spouse, ch	eck here 🕨 🗌						
1 Applicant	s name and	I taxpayer identification	number as it shou	uld appea	ar on the certification it	f different from above			
2 Applicant' instruction		luring the calendar year	for which certification	ation is re	equested, including co	untry and ZIP or postal code (see			
3a Mail Form	6166 to the	e following address:							
<b>b</b> Appointed	Information	n (see instructions):							
Appointee	Name ► _	)			CAF No. ►				
Phone No	. ► <u>(</u>				Fax No. ► (	<del>)</del>			
a	dual. Check S. citizen her U.S. resurrent nonimual-status U	sident alien. Type of ent nmigrant status ▶ .S. resident (see instruc	ry visa ▶ tions). From ▶	and da	te of change (see insti				
	-	k all applicable boxes.							
		Grantor (U.S.)	Simple		· ·	☐ IRA (for Individual)			
		Grantor (foreign)	Complex	☐ Se	ection 584	☐ IRA (for Financial Institution)			
d Estate					<b>.</b>				
Check Count	if:		ection 943(e)(1)	☐ Se	ection 953(d)				
		corporation, specity otr onsolidated return, atta	•						
	oration	onsonation rotam, atta	on page 1 of 1 om	11 1120 ai	10 1 01111 00 1.				
•		plan/trust. Plan numbe ction 401(a)	r, if applicable ► <sub>-</sub> ection 403(b)		ection 457(b)				
h	ot organizat ection 501(c) dian tribe	ion. If organized in the Section Solution Section Solution Section Sec	United States, che 501(c)(3) ecify) ▶	eck all ap	plicable boxes.  overnmental entity				
		/. Check if: Lit (must specify the type		LL al for who		pify) ►g) ►			

Page 2 Form 8802 (Rev. 4-2007) Applicant name: Was the applicant required to file a U.S. tax form for the tax period(s) on which certification will be based? Check the appropriate box for the form filed and go to line 7. □ 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. ☐ QSub U.S. DRE ☐ Foreign DRE ☐ Minor child Section 761(a) election ☐ FASIT ☐ Foreign partnership Other > \_\_\_\_\_ 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.) Check the appropriate box for the form filed by the parent. 990 □ 990-T □ 1040 □ 1041 □ 1065 ☐ 1120 ☐ 1120S ☐ Other (specify) ▶ \_\_\_\_\_ Parent's/owner's name and address ▶ and U.S. taxpayer identification number Attach explanation (see instructions). Calendar year(s) for which certification is requested. If certification is for the current calendar year, a penalties of perjury statement is required (see instructions). Tax period(s) on which certification will be based (see instructions) Purpose of certification. Must check applicable box. □ VAT (specify NAICS codes) ▶ ☐ Income tax ☐ Other (must specify) ▶ \_\_\_\_\_ This space can be used to enter additional required information Under penalties of perjury, I declare that I have examined this application and accompanying attachments, and to the best of my knowledge and Sign 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) here 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 Date your Signature records. Name and title (print or type) Spouse's signature. If a joint application, both must sign.

Name (print or type)

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Page	J

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Form	8802	rev.	4-2007)

User Fee Voucher for U.S. Residency Certification Application

Applicant Name							A	Applicant TIN				For IRS use only: Pmt Amt \$			
Appointee Name (If Applicable)  Date Pmt Verified:															
Calendar yea	ar(s) for	which	n certification	on is	s requested (ı	must b	e the	same yea	ar(s) indicated on line	e 7)		_//			
11 Enter th	ne num	nber o	of certifica	tion	ıs needed ir	n the	colun	nn to th	e right of each cou	intry for	which o	certification is requ	ested.		
Column A Column B										Column D					
Country		CC	C #		Country		CC	#	Country	CC	#	Country	CC	#	
Armenia		AM		Fra	ance		FR		Lithuania	LH		Spain	SP		
Australia	Australia AS			Georgia		GG		Luxembourg	LU		Sri Lanka	CE			
Austria		AU		Ge	ermany		GM		Mexico	MX		Sweden	SW		
Azerbaijan	Azerbaijan AJ			Greece		GR		Moldova MD			Switzerland	SZ			
Bangladesh		BG		Hungary		HU		Morocco MO			Tajikistan	TI			
Barbados	Barbados BB			Iceland			IC		Netherlands	NL		Thailand	TH		
Belarus	Belarus BO			India			IN		New Zealand	NZ		Trinidad and Tobago	TD		
Belgium	lgium BE		Indonesia		ID		Norway	NO		Tunisia	TS				
Bermuda		BD		Ireland			EL		Pakistan	PK		Turkey	TU		
Canada		CA	)A		Israel		IS		Philippines	RP		Turkmenistan	TX		
China		СН		Italy			IT		Poland	PL		Ukraine	UP		
Cyprus		CY		Jamaica		JM			Portugal	РО		United Kingdom	UK		
Czech Republic EZ			Japan			JA		Romania	RO		Uzbekistan	UZ			
Denmark DA		DA		Kazakhstan			KZ		Russia	RS		Venezuela	VE		
Egypt EG			Korea, South		_	KS		Slovak Republic	LO						
Estonia EN			Kyrgyzstan			KG		Slovenia	SI						
Finland FI			Latvia			LG		South Africa	SF						
Column A - Total Column B - 1				- Tota	Total Column C - Total Column D -				Column D - To	otal					
Number of Forms 6166							ested (add	12a							
1 - 20	\$ 35														
21 - 40	\$ 40.00 121 - 140			0	\$ 65.00	<b>b</b> If the total number of certifications is 20 or less, go to line 13					ess, go to line 13.	12b	\$35		
41 - 60			141 - 160			If the total on line o is supplied that OO									
61 - 80	\$ 50	\$ 50.00 161 - 180 \$ 75.00 <b>c</b> If the total on line a is greater than 20, enter \$5 for each additional 20 certifications (see instructions)				\$5 for each	12c								
81 - 100	\$ 55.00 181 - 200 \$ 80.00 <b>13 Amount owed.</b> Add lines 12b and 12c						13								