

Non-Treaty Form W8-BEN-E Example

Form **W-8BEN-E**
(Rev. July 2017)
**Substitute Form for
Non-FATCA Payments**

Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities)

►For use by entities. Individuals must use Form W-8BEN.►Section references are to the Internal Revenue Code.
►Go to www.irs.gov/FormW8BENE for instructions and the latest information.
►Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form for:

- FATCA withholdable payments
- U.S. entity or U.S. citizen or resident
- A foreign individual
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the U.S. (unless claiming treaty benefits)
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions)
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions)
- Any person acting as an intermediary

Instead use Form:

- IRS Form W-8BEN-E
- W-9
- W-8BEN (Individual) or 8233
- W-8ECI
- W-8IMY
- W-8ECI or W-8EXP
- W-8IMY

Part I Identification of Beneficial Owner

1	Name of organization that is the beneficial owner	← REQUIRED →	2	Country of incorporation or organization
4	Chapter 3 Status (entity type) (Must check one box only): <input type="checkbox"/> Simple trust <input type="checkbox"/> Central Bank of Issue <input type="checkbox"/> Grantor trust <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Corporation <input type="checkbox"/> Complex trust <input type="checkbox"/> Private foundation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Estate <input type="checkbox"/> International organization <input type="checkbox"/> Partnership <input type="checkbox"/> Government			
If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes" complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No				
6	Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).			
	City or town, state or province. Include postal code where appropriate.	← REQUIRED →		Country
7	Mailing address (if different from above)			
	City or town, state or province. Include postal code where appropriate.			Country
8	U.S. taxpayer identification number (TIN), if required	9b Foreign TIN	10	Reference number(s) (see instructions)

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

DO NOT COMPLETE Part III

14 I certify that (check all that apply):

a The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

b The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):

<input type="checkbox"/> Government	<input type="checkbox"/> Company that meets the ownership and base erosion test
<input type="checkbox"/> Tax exempt pension trust or pension fund	<input type="checkbox"/> Company that meets the derivative benefits test
<input type="checkbox"/> Other tax exempt organization	<input type="checkbox"/> Company with an item of income that meets active trade or business test
<input type="checkbox"/> Publicly traded corporation	<input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received
<input type="checkbox"/> Subsidiary of a publicly traded corporation	<input type="checkbox"/> Other (specify Article and paragraph): _____

c The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

15 Special rates and conditions (if applicable—see instructions):
The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 14a above to claim a _____ % rate of withholding on (specify type of income): _____
Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

Part XXX Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W,
- The entity identified on line 1 of this form is not a U.S. person,
- The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner, or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

Sign Here **REQUIRED** Signature of individual authorized to sign for beneficial owner **REQUIRED** Print Name **REQUIRED** Date (MM-DD-YYYY)

I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Note: Lines in this substitute form are numbered to match the official IRS form. Refer to IRS instructions for Form W-8BEN-E when completing this form.

REQUIRED