Form W-8ECI

(Rev. December 2000)

Department of the Treasury Internal Revenue Service

Certificate of Foreign Person's Claim for Exemption From Withholding on Income Effectively Connected With the Conduct of a Trade or Business in the United States

▶ Give this form to the withholding agent or payer. Do not send to the IRS.

► See separate instructions.

OMB No. 1545-1621

Note: Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business (see instructions).

► Section references are to the Internal Revenue Code.

00111100100	There a coor trade or business (see metractions).	
Do not use	this form for:	Instead, use Form:
A beneficia	al owner solely claiming foreign status or treaty benefits	W-8BEN
	government, international organization, foreign central bank of issue, foreign tax-exempt organiz, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(c), 892,	
Note: These	entities should use Form W-8ECI if they received effectively connected income (e.g., income from	om commercial activities).
	partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income eff with the conduct of a trade or business in the United States)	fectively W-8BEN or W-8IMY
 A person a 	acting as an intermediary	W-8IMY
Note: See in	structions for additional exceptions.	
Part I	Identification of Beneficial Owner (See instructions.)	
1 Name	· · · · · · · · · · · · · · · · · · ·	ountry of incorporation or organization
3 Type o	of entity (check the appropriate box): Individual Corporation	Disregarded entity
	rtnership Simple trust or grantor trust Complex trust	☐ Estate
☐ Go	overnment	Tax-exempt organization
	nent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box.	
City or	town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
5 Busine	ess address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box	<u> </u>
	,	
City or	town, state, and ZIP code	
6 U.S. ta	U.S. taxpayer identification number (required—see instructions) SSN or ITIN EIN	
8 Refere	nce number(s) (see instructions)	
9 Specify	y each item of income that is, or is expected to be, received from the payer that is effectively c	onnected with the conduct of a trade
or bus	iness in the United States	
Part II	Certification	
	Under penalties of perjury, I declare that I have examined the information on this form and to the best of m and complete. I further certify under penalties of perjury that:	,
	• I am the beneficial owner (or I am authorized to sign for the beneficial owner) of all the income to which the state of	•
Sign	 The amounts for which this certification is provided are effectively connected with the conduct of a trade and are includible in my gross income (or the beneficial owner's gross income) for the taxable year, and 	or business in the United States
_	 The beneficial owner is not a U.S. person. 	
Here	Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custo beneficial owner or any withholding agent that can disburse or make payments of the income of which I am	
	Signature of beneficial owner (or individual authorized to sign for the beneficial owner) Date (MM-DD-YY)	YY) Capacity in which acting