Form **W-8ECI**

(Rev. July 2017)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Person's Claim That Income Is Effectively Connected With the Conduct of a Trade or Business in the United States

▶ Section references are to the Internal Revenue Code.
▶ Go to *www.irs.gov/FormW8ECI* for instructions and the latest information.
▶ Give this form to the withholding agent or payer. Do not send to the IRS.

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.

Do not use this form for:	Instead, use Form:
• A beneficial owner solely claiming foreign status or treaty benefits	W-8BEN or W-8BEN-E
• 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 the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b)	W-8EXP

Note: These entities should use Form W-8ECI if they received effectively connected income and are not eligible to claim an exemption for chapter 3 or 4 purposes on Form W-8EXP.

• A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States)	W-8BEN-E or W-8IMY
• A person acting as an intermediary	W-8IMY

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual or organization that is the beneficial owner

2 Country of incorporation or organization

3 Name of disregarded entity receiving the payments (if applicable)

4 Type of entity (check the appropriate box):
☐ Partnership ☐ Simple trust ☐ Individual ☐ Corporation
☐ Government ☐ Grantor trust ☐ Complex trust ☐ Estate
☐ Private foundation ☐ International organization ☐ Central bank of issue ☐ Tax-exempt organization

5 Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address.**

City or town, state or province. Include postal code where appropriate.

Country

6 Business address in the United States (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address.**

City or town, state, and ZIP code

7 U.S. taxpayer identification number (required—see instructions)
☐ SSN or ITIN ☐ EIN

8 Foreign tax identifying number

9 Reference number(s) (see instructions)

10 Date of birth (MM-DD-YYYY)

11 Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or business in the United States (attach statement if necessary).

Part II 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:

• I am the beneficial owner (or I am authorized to sign for the beneficial owner) of all the payments to which this form relates,

• The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States,

• The income for which this form was provided is includible in my gross income (or the beneficial owner's gross income) for the taxable year, **and**

• The beneficial owner is not a U.S. person.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the payments of which I am the beneficial owner or any withholding agent that can disburse or make payments of the amounts of which I am the beneficial owner.

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

Sign Here

Signature of beneficial owner (or individual authorized to sign for the beneficial owner)

Print name

Date (MM-DD-YYYY)

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

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 25045D

Form **W-8ECI** (Rev. 7-2017)