Daily Operations Section State Accounting Bureau

1042 Reporting:

Part 1 – Types of W-8s





Adding Foreign suppliers in SABHRS

Foreign suppliers are added similarly to domestic suppliers

- SABHRS User Guide: Entering a Supplier Add Form
- Government Classification must be "99 Foreign Entity"
- A valid W-8 must be attached
- Foreign suppliers can be entered in SABHRS without a TIN if, by law, the supplier is not required to have a US TIN
- See MOM 330 sec. VI. D, for information on foreign suppliers





Agency Responsibility

- ✓ Obtain Form W-8 and any other Foreign Tax reporting/withholding documents from the Supplier (use the most recent version from IRS.gov)
 - W8s are valid for a three-year period from the date signed through December 31 of the 3rd year
 - Example: Form signed 4/12/2022 will expire 12/31/2025
 - A new valid W-8 is required if the previous one expired or any information
- ✓ Confirm treaty information and possible monetary withholding amount



W-8s: Why do we need them

- 1. To confirm the status of a Non-U.S. individual or entity
 - Depending on their status, the IRS may require monetary withholding on Foreign transaction
 - Even if reporting or withholding is not required, we still need the form for verification
- 2. Used to claim treaty benefits on payments
 - If a treaty exists, it may reduce or eliminate 30% withholding on US source income for Foreign Suppliers
- 3. Avoid IRS fines for noncompliance reporting and withholding
- 4. There are eight different types of W8s (we will discuss the most common)



W-8s: Three Most Common used

- 1. W-8BEN
 - Used to certify foreign status for Individuals
- 2. W-8BEN-E
 - Used to certify foreign status for an Entity
- 3. W-8ECI
 - Used to certify a foreign person claim that income is effectively connected with the conduct of a trade or Business in the United States
- 4. Form 8233
 - Used by individuals to make treaty claims on U.S. source services income (i.e., for services performed in the U.S.)



Types of W-8s: Beneficial Owners (W-8BEN)

Required information needed to be valid

- Line 1 Name
- Line 2 Country of citizenship (no abbreviation)
- Line 3 Permanent residence address
 - cannot be U.S.
 - may not be the same as country of citizenship
 - No PO BOX or "In care of"



Types of W-8s: Beneficial Owners (W-8BEN)

Required information needed to be valid

- Lines 5, 6a and 6b- U.S or Foreign Tax ID number
 - Not required if form is only to certify foreign status
 - US TIN Required for scholarship or fellowship income
 - If claiming treaty benefit must have US or Foreign TIN



Types of W-8s: Beneficial Owners (W-8BEN)

Required information needed to be valid

- Line 8 Date of Birth (only required if an account holder with a financial institution)
- Line 9 Country of tax residency
- Line 10 Must be used if claiming a treaty benefit
 - All 4 blank lines must be filled in
 - Note: If not claiming treaty benefits just fill out line 1-3 and 8,
 - Signature, printed name, and date



Example of form W-8BEN

| Form | W-8BEN | Certificate of Foreign | Status of Beneficia | | | 1 | |
|---------------------|---|---|---|---|--------------|--|--|
| (Rev. O | ctober 2021) | | Juals, Entities must use For | | , | OMB No. 1545-1621 | |
| Departn Internal | nent of the Treasury Revenue Service | | | | | | |
| Do NO | T use this form if: | | 20072 | | | Instead, use Form: | |
| • You | are NOT an individu | ual | | 2010 0 101 | 4 0000 | W-88EN-E | |
| • You | are a U.S. citizen o | r other U.S. person, including a resider | nt alien individual | 4 9 4 4 4 4 | 4 4 9 | W-9 | |
| | are a beneficial ow er than personal ser | ner claiming that income is effectively or vices) | connected with the conduct of | of trade or business v | vithin the U | United States | 1 |
| • You | are a beneficial ow | ner who is receiving compensation for | personal services performed | in the United States | if treat | y claimed 8233 or W-4 | 1 |
| • You | are a person acting | as an intermediary | | 1 - F - F - F - F - F - F - | | | |
| | If you are resident ed to your jurisdict | in a FATCA partner jurisdiction (that in tion of residence. | s, a Model 1 IGA jurisdiction | with reciprocity), ce | rtain tax a | occount information may be | |
| Par 1 | | ation of Beneficial Owner (see al who is the beneficial owner Name is require | <u> </u> | 2 Country of cit | | If abbreviated and a get documentary e | |
| 3 | Required. No | nce address (street, apt. or suite no., o PO box or "in care of" addre | ess. If "hold mail" get o | | | | |
| | Required | e or province. Include postal code whe | re appropriate. | | Country | Required and not U. (or if U.S., cured with | |
| 4 | Mailing address (| f different from above) | | | | documentary evider | nce |
| | City or town, state | e or province. Include postal code whe | re appropriate. | | Country | and reasonable explanation) | |
| Not r | U.S. taxpayer ide equired if forr | ntification number (SSN or ITIN), if requ in is only to certify foreign st | aired (see instructions) atus. If treaty benefit | claimed, US or | foreign | number required. | But for scholarship or |
| ва | Foreign tax identi | fying number (see instructions) | 6b Check if FTIN no | ot legally required . | 1 1 0 | the same and the s | ellowship treaty clair JS TIN required. |
| 7 | Reference numbe | r(s) (see instructions) | | M-DD-YYYY) (see in: t required. Fina | | stitutions see Notice | 2017-46. |
| Part 9 | | Tax Treaty Benefits (for chap eneficial owner is a resident of Co | ter 3 purposes only) (se untry of tax residenc | | within the | meaning of the income tax | |
| 10 | Special rates an | e United States and that country. d conditions (f applicable—see instru- | | | | | |
| | For vendor p | of the treaty identified o payments all 4 blanks in Line | n line 9 above to claim a 10 are usually requir | ed. to be filled | ing on (sp | ecify type of income): | |
| Checl | | onal conditions in the Artide and parag t the US has an active treaty | | | | | erson is claiming. |



Example of form W-8BEN that is Valid

| Part | Identification of Beneficial Owner (s | see instructions) | | | |
|----------------|--|---|----------------------|----------------------------------|--|
| 1 RAHUL | Name of individual who is the beneficial owner PATEL | 2 Country of citizenship INDIA | | | |
| 3 ISIGLESIA | Permanent residence address (street, apt. or suite no A NO. 2 TORRE 803 MAZATLAN | ., or rural route). Do not use a P.C |), box or in-care | -of address. | |
| MEXICO | City or town, state or province. Include postal code w O D.F.61290 | | Country MEXICO | | |
| 4 | Mailing address (if different from above) | | | | |
| | City or town, state or province. Include postal code w | here appropriate. | | Country | |
| 5 | U.S. taxpayer identification number (SSN or ITIN), if re | | | | |
| 6a | Foreign tax identifying number (see instructions) | instructions) 6b Check if FTIN not legally required | | | |
| 7 | Reference number(s) (see instructions) | 8 Date of birth (MM | -DD-YYYY) (see i | instructions) | |
| Part | Claim of Tax Treaty Benefits (for cha | apter 3 purposes only) (see | instructions) | | |
| 9 | I certify that the beneficial owner is a resident of MEX | CICO | | within the meaning of the inco | |
| | treaty between the United States and that country. | | | | |
| 10 | Special rates and conditions (if applicable – see ins | | | | |
| | ROYALTIES of the treaty identified | d on line 9 above to claim a10 | % rate of withho | lding on (specify type of income | |
| | Explain the additional conditions in the Article and pa I DO NOT HAVE A PERMANENT ESTABLISHMENT OR FIXE | 그렇게 하지 않아 하는 것이 없었다. 그렇게 되는 사람이 되었다. 그 없는 사람들이 되었다. | ts to be eligible fo | or the rate of withholding: | |



Example of form W-8BEN that is Valid

Rahul Patel

- This Form W-8BEN appears to be valid.
 - Determine whether you have any conflicting information in your files that would give you reason to question his claim of foreign status.
- · Rahul is a citizen of India and a resident of Mexico.
 - He has provided an address in Mexico.
 - He has not included a U.S. or other address on the form.
- He has made a claim for income tax treaty benefits on his U.S. sourced royalty income.
 - He has cited the Article and Paragraph under which he is making the claim.
 - He has provided a TIN.
 - A U.S. TIN is required on the Form W-8BEN only for income tax treaty claims on U.S. sourced scholarship or fellowship income; otherwise, a U.S. or foreign TIN must be provided to support a treaty claim (except for certain dividend income, for which no TIN is required).
 - · He is claiming a 10% withholding rate.
 - · He has identified the type of income he is receiving.
 - He has stated that he has no permanent establishment or fixed base in the U.S. (income tax treaty requirement)



Part I – Identification of Beneficial Owner

- Line 1 Name
- Line 2 Country of incorporation or organization (do not abbreviate/form invalid if omitted)
- Line 4 Type of entity for Chapter 3 purposes (must have only one check mark)
- Line 5 for FATCA status **ONLY** CHAPTER 4 (e.g., Foreign Financial Instructions)
 - Reach out to SAB for confirmation of FATCA status and support
- Line 6 Permanent residence address



Part I (Continued)

- Line 8 U.S. TIN and/or
- Line 9b Foreign TIN
 - If a foreign supplier is making a treaty claim (Lines 8 and/or 9) must be filled in along with Part III

Part III – Claim of Treaty Tax Benefits

- Certifies benefit provisions of the treaty being claimed
- Lines 14a, b and 15 must be complete
- For line 15
 - The detailed information filled in on Line 15 of Form W-8BEN-E is required for entities claiming treaty benefits under a "Business Profits" Article which contains the condition of "no permanent establishment" in the U.S.



The following are examples of persons who should complete Part III Treaty Section:

- Exempt organizations claiming treaty benefits under the exempt organization's articles of the treaties with Canada, Mexico, Germany, and the Netherlands
- Persons claiming treaty benefits under the "other income" treaty article
- Persons claiming treaty benefits on royalties if the treaty contains different withholding rates for different types of royalties
- Persons claiming treaty benefits on business profits not attributable to a permanent establishment.



Part XXX - Certification

- For the W-8BEN-E to be valid, Part XXX must be complete
 - Certify check box, signature, printed name, date



Example of form W-8 BEN-E

| ST | UDY and DISCUSSION NOTES for FORM W-8BEN-E Part I I | dentification of Beneficial Owner of the income |
|-----------------------|---|--|
| 1 | Identification of Beneficial Owner Name of organization that is the beneficial owner equired (should be same as name in master file, contract | 2 Country of incorporation or organization , etc.) Required. If abbreviated and ambiguous, |
| 3 | Name of disregarded entity receiving the payment (if applicable, see instruction) | |
| Ch. 3 status required | Chapter 3 Status (entity type) (Must check one box only): Simple trust Tax-exempt organization Central Bank of Issue Private foundation Estate Grantor trust Disregarded entity Internation | trust Foreign Government - Controlled Entity Foreign Government - Integral Part nal organization |
| 5 | Chapter 4 Status (FATCA status) (See instructions for details and complete to Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner). Participating FFI. for a Ch. 3 payment, but required Reporting Model 1 FFI, for a Ch. 4 payment. Reporting Model 2 FFI. Registered deemed-compliant FFI (other than a reporting Model 1 FFI, spensored FFI, or nonreporting IGA FFI covered in Part XII). See instructions. Sponsored FFI. Complete Part IV. Certified deemed-compliant nonregistering local bank. Complete Part V. Certified deemed-compliant FFI with only low-value accounts. Complete Part VII. Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VIII. Certified deemed-compliant limited life debt investment entity. Complete Part VIII. | |
| Reg | Permanent residence address (street, apt. or suite no., or rural route). Do not use uired. Can't be PO Box or "mail only" address unless that's City or town, state or province, include postal code where appropriate. | all the organizational document uses. |
| Rec | uired | /Required. A U.S. address is |
| 7 | Mailing address (f different from above) | reason to doubt claim; could be cured with documentary |
| | City or town, state or province. Include postal code where appropriate. | Gevidence and reasonable explanation. |



Form W-8 BEN-E: Page 2

STUDY and DISCUSSION NOTES for FORM W-8BEN-E Part I continuation Taxpayer ID information for the Beneficial Owner of income

| | Form W-8BE | N-E (Rev. 10-2021) | | Page 2 |
|--|-------------|--|--------------------------------------|---|
| | Part I | Identification of B | eneficial Owner (continued) | ******* |
| | If form i | taxpayer identification num s only to certify forei | | red. For treaty benefit, U.S. or foreign TIN is required. |
| GIIN required only from Ch. 4 registered FFI or | a ga Gill | 4 | b Foreign TIN | c Check if FTIN not legally required ▶□ |
| direct reporting NFFE. | 10 Ref | erence number(s) (see instru | ctions) | |
| | Note: Pleas | e complete remainder of the | form including signing the form in P | Part XXX. |



14b box

checked

Form W-8 BEN-E: Page 2 part III

STUDY and DISCUSSION NOTES
FOR FORM W-8BEN-E
PART III
CLAIM OF TAX TREATY BENEFITS

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

I certify that (check all that apply): 14a box checked and treaty country written in (should be same as in line 6)
The beneficial owner is a resident of within the meaning of the income tax treaty between the United States and that country.

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):

One LC

Government Company that meets the ownership and base erosion test Due diligence required: Tax-exempt pension trust or pension fund Company that meets the derivative benefits test is that LOB provision in Other tax-exempt organization Company with an item of income that meets active trade or business test the treaty? Publicly traded corporation Favorable discretionary determination by the U.S. competent authority received Subsidiary of a publicly traded corporation No LOB article in treaty Other (specify Article and paragraph): 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 Article and paragraph number must be written here of the treaty identified on line 14a above to claim a Required % 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: Nearly all treaty claims for vendor payments have a condition, stated in the treaty Article, and vendor must explain in this space why the vendor meets the condition for receiving the treaty benefit.

One LOB box checked.



Form W-8 BEN-E: Part XXX

STUDY and DISCUSSION NOTES on FORM W-8BEN-E Part XXX Certification 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 or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y; The entity identified on line 1 of this form is not a U.S. person; . This form relates to: (a) income not effectively connected with the conduct of a trade or business in the United States, (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an income tax treaty, (c) the partner's share of a partnership's effectively connected taxable income, or (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f); 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. ☐ I certify that I have the capacity to sign for the entity identified on line 1 of this form. X or checkmark required in box Required Required Sign Here Required Signature of individual authorized to sign for beneficial owner Print Name Date (MM-DD-YYYY)

Form W-8BEN-E (Rev. 10-2021)

W-8ECI – Income Effectively Connected (ECI) to the conduct of a trade or business in the U.S. ("ECI")

- Line 1 Name
- Line 2 Country of incorporation or organization
- Line 4 Type of entity
- Line 5 Permanent residence address (Not U.S.)
- Line 6 Business address in the U.S.
- Line 7 U.S. taxpayer identification number
- Line 11 Specify each item of income received from the payer that is "ECI"
- Signature, printed name, date, and capacity check box

Must be a non-U.S. entity

Must have a physical presence in the U.S.

Must have a U.S. TIN and file U.S. tax returns

All payments subject to reporting but no 30% withholding

Use exemption code "01" in Box 3a and "14" in box 4a on 1042-S



Example of W-8 ECI

| | BECI | Connected With | | son's Claim That of a Trade or Bus | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| lev. October 2 | 2021) | | | es are to the Internal F | | | | OMB No. 1545-1621 | |
| Department of the Treasury Internal Revenue Service Solve this form to the withholding agent or payer. Do not send to the IRS. | | | | | | | | | |
| ote: Persons s | submitting this | s form must file an annual U.S | S. income tax return t | to report income claimed to | be effectively c | onnected with a l | J.S. trade or | business. See instructions. | |
| o not use ti | | | | | | | | Instead, use Form: | |
| | | ely claiming foreign statu | | | | | | W-8BEN or W-8BEN-E | |
| | | nt, international organiza ment of a U.S. possessio | | | | | | W-8EXP | |
| | _ | hould use Form W-8ECI | | | | | | | |
| or 4 purpos | | | ii tiley received e | mectively connected in | conte and are | not eligible to | Ciaiiii aii e | skemption for chapter 5 | |
| | | or a foreign trust (unless business in the United St | | | olding on inco | me effectively | connected | | |
| | | intermediary | tates) | | | | | W-8BEN-E or W-8IMY | |
| | | for additional exceptions | s | | | | | W-OINT | |
| Part I | Identific | ation of Beneficial | Owner (see in: | structions) | | | | | |
| 1 Name | e of individu | ual or organization that is | the beneficial ow | ner | | 2 Country o | f incorpor | ation or organization | |
| 3 Name | e of disrega | rded entity receiving the | payments (if appl | icable) | | | | | |
| | Gioroga | and a street of the | paymonto (n appi | | | | | | |
| | | heck the appropriate box | | | | | | | |
| | artnership | | Simple | | Comple | | ∐ Ta | x-exempt organization | |
| | _ | ign Government - Controlled Entity Grantor trust Central bank of issue ign Government - Integral Part International organization Corporation | | | | | | | |
| | rivate found | | Individ | | Estate | LION I | | | |
| | | ence address (street, apt | or suite no., or n | ural route). Do not use | | r in-care-of ac | dress. | | |
| 6 Busin | ness addres | ss in the United States (st | reet, apt. or suite | no., or rural route). Do | not use a P.0 |). box or in-ca | re-of add | ress. | |
| City o | or town, sta | te, and ZIP code | | | | D. box or in-ca | are-of add | ress. | |
| City o | or town, sta | | | tions) SSN or ITIN | EIN | | are-of add | ress. | |
| 7 U.S. 1 | or town, sta taxpayer ide gn tax ident | entification number (requitifying number (FTIN) | | tions) SSN or ITIN | EIN | uired | are-of add | ress. | |
| 7 U.S. 1 | or town, sta taxpayer ide gn tax ident | ite, and ZIP code | | tions) SSN or ITIN | EIN | uired | ere-of add | · · · · · □ | |
| 7 U.S. 1 8a Foreig 9 Refer | or town, sta taxpayer ide gn tax ident rence numb | entification number (requitifying number (FTIN) | ired—see instruct | tions) SSN or ITIN 8b Check if FTIN r 10 Date of birth (N eceived from the payer | EIN not legally req | uired | | | |
| 7 U.S. 1 8a Foreig 9 Refer | or town, sta taxpayer ide gn tax ident rence numb | entification number (requ tifying number (FTIN) ver(s) (see instructions) m of income that is, or is | ired—see instruct | tions) SSN or ITIN 8b Check if FTIN r 10 Date of birth (N eceived from the payer | EIN not legally req | uired | | | |
| 7 U.S. 1 8a Foreig 9 Refer 11 Speci busin | taxpayer ide gn tax ident rence numb ify each iter less in the L | entification number (requitifying number (FTIN) er(s) (see instructions) m of income that is, or is Juited States (attach stat tify that: you are a dealer in exception from withholding | expected to be, rement if necessar | 8b Check if FTIN r 10 Date of birth (N eceived from the payer ry). ined in section 475(c)(1); s section 1.1446()-4(b)(6) | EIN not legally req itM-DD-YYYYY that is effecti | uired) vely connected | d with the erest in a puer of the P | conduct of a trade or | |
| 7 U.S. 1 8a Foreig 9 Refer 11 Speci busin | taxpayer ide gn tax ident rence numb ify each iter less in the L | entification number (requirifying number (FTIN) er(s) (see instructions) m of income that is, or is United States (attach stat tifly that: you are a dealer in exception from withholding ffectively connected with ti | expected to be, rement if necessar | 8b Check if FTIN r 10 Date of birth (N eceived from the payer ry). ined in section 475(c)(1); s section 1.1446()-4(b)(6) | EIN not legally req itM-DD-YYYYY that is effecti | uired) vely connected | d with the erest in a puer of the P | conduct of a trade or | |
| City of 7 U.S.1 8a Foreig 9 Refer 11 Speci busin 12 Check (PTP) with th | taxpayer idd gn tax ident rence numb ify each iter less in the U k here to cer claiming an his form is e Certifica Under per Under per | entification number (requirifying number (FTIN) er(s) (see instructions) m of income that is, or is Juited States (attach stat titly that: you are a dealer ir exception from withholdin, ffectively connected with ti ation | expected to be, rement if necessar n securities (as defigured to be a definition of the conduct of a trainant I have examined | 8b Check if FTIN r 10 Date of birth (N eceived from the payer ry). ined in section 475(c)(1)); is section 1.1446(f)-4(b)(6 de or business within the | EIN not legally req MM-DD-YYYY that is effecti you are a trans (); and any gain United States | vely connected sferor of an interfrom the transf | d with the or | conduct of a trade or blicly traded partnership IP interest associated 864(c)(8) | |
| City of 7 U.S.1 8a Foreig 9 Refer 11 Speci busin 12 Check (PTP) with th | or town, state taxpayer ide gn tax ident tence numb if yeach iter less in the Less in the Less in the Less in the Cortification and the complete. Under per complete. | entification number (requitifying number (FTIN) er(s) (see instructions) m of income that is, or is United States (attach stat statify that: you are a dealer if exception from withholdiniffectively connected with ti ation nailties of perjury, I declare ti I further certify under penal | expected to be, nement if necessar in securities (as defigunder Regulation he conduct of a translate that I have examined ies of perjury that: | 8b Check if FTIN r 10 Date of birth (N eceived from the payer ry). ined in section 475(c)(1)); is section 1.1446(f)-4(b)(6) de or business within the I the information on this fo | EIN not legally req that is effecti you are a trans; and any gain United States rm and to the t | vely connected sferor of an interferor of an interferor without regard opest of my know | rest in a puer of the P'to section | conduct of a trade or blicly traded partnership IP interest associated 864(c)(8) | |
| City of 7 U.S.1 8a Foreig 9 Refer 11 Speci busin 12 Check (PTP) with th | taxpayer idd gn tax ident rence numb ify each iter ess in the L k here to cer claiming an his form is e Certifica Under per complete. I am the | entification number (requitifying number (FTIN) er(s) (see instructions) m of income that is, or is United States (attach stat statify that: you are a dealer in exception from withholdin, ffectively connected with it ation natiles of perjury, I declare it. I further certify under penal e beneficial owner (or I am au. | expected to be, ro ement if necessar in securities (as defi g under Regulation he conduct of a tra hat I have examined ies of perjury that: uthorized to sign for | 8b Check if FTIN r 10 Date of birth (N eceived from the payer 11 Date of birth (N eceived from the payer 12 Date of birth (N eceived from the payer 13 Date of birth (N eceived from the payer 14 Date of birth (N eceived from the payer 15 Date of birth (N eceived from the payer 16 Date of birth (N eceived from the payer 17 Date of birth (N eceived from the payer 18 Date of birth (N eceived from the payer 19 | DEIN IM-DD-YYYY; that is effecti you are a transil; and any gain United States rm and to the t the payments t | vely connected sferor of an inter from the transf without regard pest of my know o which this form | rest in a purer of the P to section | conduct of a trade or blicly traded partnership IP interest associated 864(c)(8) | |
| City of 7 U.S.1 8a Foreig 9 Refer 11 Speci busin 12 Check (PTP) with th | taxpayer idd gn tax ident gn tax ident rence numb ify each iter ess in the L k here to cerclaiming an his form is e Certifica Under per complete. I am the The am | entification number (requitifying number (FTIN) er(s) (see instructions) m of income that is, or is Juited States (attach stat tify that: you are a dealer in exception from withholdin effectively connected with the attion naffles of perjury, I declare tit I beneficial owner (or I am a. ounts for which this certifical | expected to be, n ement if necessar n securities (as defi g under Regulation he conduct of a tra hat I have examined les of perjury that: thorized to sign for | 8b Check if FTIN r 10 Date of birth (N eccived from the payer ry). ined in section 475(c)(1); s section 1.1446(0-4(b)(6) de or business within the If the information on this for the beneficial owner) of all effectively connected with | DEIN Interpretation of the legally requirements that is effective that it | vely connected services of an inter- from the transf without regard onest of my know to which this form a trade or busine | rest in a purer of the P' to section a dedge and be nelates, | conduct of a trade or blicly traded partnership P interest associated 864(c)(8) | |
| 7 U.S. t. 8a Foreig 9 Refer 11 Specibusin 12 Check (PTP) with tl | taxpayer ide gn tax ident rence numb iffy each iter ess in the U k here to cer claiming an his form is e Certifica Under per complete. I am the The am The ince | entification number (requitifying number (FTIN) er(s) (see instructions) m of income that is, or is Juited States (attach stat tify that: you are a dealer ir exception from withholdin, effectively connected with the ation natities of perjury, I declare the I further certify under penalt beneficial owner (or I am au ounts for which this certificat ome for which this form was | expected to be, r ement if necessar n securities (as defi g under Regulation he conduct of a tra hat I have examined ies of perjury that: thorized to spirovided are provided is includib | 8b Check if FTIN r 10 Date of birth (N eccived from the payer ry). ined in section 475(c)(1); s section 1.1446(0-4(b)(6) de or business within the If the information on this for the beneficial owner) of all effectively connected with | DEIN Interpretation of the legally requirements that is effective that it | vely connected services of an inter- from the transf without regard onest of my know to which this form a trade or busine | rest in a purer of the P' to section a dedge and be nelates, | conduct of a trade or blicly traded partnership P interest associated 864(c)(8) | |
| 7 U.S. t. 8a Foreig 9 Refer 11 Specibusin 12 Check (PTP) with tl | taxpayer ide gn tax ident rence numb rence numb ify each iter ess in the t k here to cer claiming an his form is e Certifica Under per complete. • I am the • The am • The linc • The ber | te, and ZIP code entification number (requitifying number (FTIN) er(s) (see instructions) m of income that is, or is United States (attach state) states (attach state) trify that: you are a dealer in exception from withholding ffectively connected with the attion I further certify under penals beneficial owner (or I am au ounts for which this certificat ome for which this form was neficial owner is not a U.S. pi | expected to be, nement if necessar securities (as defigunder Regulation he conduct of a transition for the conduct of a transition is provided are reprovided is includible erson. | 8b Check if FTIN r 10 Date of birth (N eceived from the payer ry). Index in section 475(c)(1)); a section 1.1446(f)-4(b)(6) do or business within the Ithe information on the the beneficial owner) of all effectively connected with let in my gross income (or file). | DEIN That is effective that it is effective that it is effective that it is effective that is effective that it is effective that it is effective that it i | vely connected sferor of an inter from the transf without regard ovest of my know to which this form a trade or busine wher's gross inco | rest in a purer of the P to section ledge and be n relates, sess in the Urme) for the | conduct of a trade or blicly traded partnership TP interest associated 864(c)(8) | |
| 7 U.S. t. 8a Foreig 9 Refer 11 Specibusin 12 Check (PTP) with tl | taxpayer ide gn tax ident rence numb ify each iter ess in the U k here to cer claiming an his form is e Certifica Under per complete. I me the The am The incr Furthermo beneficial | entification number (requitifying number (FTIN) er(s) (see instructions) m of income that is, or is Juited States (attach stat tify that: you are a dealer in exception from withholding inflectively connected with the ation natities of perjury, I declare the I further certify under penalt beneficial owner (or I am au ounts for which this certificat ome for which this form was neficial owner is not a U.S. p over, I authorize this form to owner or any withholding ag | expected to be, rement if necessar n securities (as defi g under Regulation he conduct of a tra- hat I have examined ies of perjury that: thorized to sign to sign of the conduct tion is provided are reprovided is includib erson. | 8b Check if FTIN r 10 Date of birth (N eceived from the payer ry). Index in section 475(c)(1)); is section 1.1446(f)-4(b)(6 de or business within the If the information on this for the beneficial owner) of all effectively connected with le in my gross income (or to y withholding agent that se or make payments of the | DEIN That is effective that it is effective | vely connected vely connected | rest in a purer of the P to section : dedge and b in relates, ses in the Utome) for the pa | bilicly traded partnership P interest associated 864(c)(8) | |
| 7 U.S. t. 8a Foreig 9 Refer 11 Specibusin 12 Check (PTP) with tl | taxpayer ide gn tax ident rence numb rence numb rence numb rify each iter ess in the t k here to cer claiming an his form is e Certifica Under per complete. • I am the • The am • The lanc • The ber Furthermo teneficial I agree th | entification number (requitifying number (FTIN) er(s) (see instructions) m of income that is, or is Juited States (attach stat trify that: you are a dealer in exception from withholdin effectively connected with the attion naffles of perjury, I declare tit I attion beneficial owner (or I am a. ounts for which this certificat ome for which this certificat ome for which this form was neficial owner is not a U.S. po ore, I authorize this form to a U.S. p. ore, I authorize this form to | expected to be, nement if necessar securities (as defigunder Regulation he conduct of a tra- that I have examined lies of perjury that: throrized to sign for tillon is provided are provided is includible erson. be provided to an entitle and isburs within 30 days if an | 8b Check if FTIN r 10 Date of birth (N eceived from the payer ry). Ined in section 475(c)(1)); is section 1.1446(f)-4(b)(6) de or business within the section 1.1446(f)-4(b)(6) the beneficial owner) of all effectively connected with the in my gross income (or full the or make payments of the payments of the or make payments of the or make payments of the my certification made on | DEIN That is effective that it is effective | vely connected vely connected | rest in a purer of the P to section : dedge and b in relates, ses in the Utome) for the pa | bilicly traded partnership P interest associated 864(c)(8) | |
| 7 U.S. t. 8a Foreig 9 Refer 11 Specibusin 12 Check (PTP) with tl | taxpayer ide gn tax ident rence numb rence numb rence numb rify each iter ess in the t k here to cer claiming an his form is e Certifica Under per complete. • I am the • The am • The lanc • The ber Furthermo teneficial I agree th | te, and ZIP code entification number (requitifying number (FTIN) er(s) (see instructions) m of income that is, or is United States (attach state) states (attach state) trify that: you are a dealer in exception from withholding ffectively connected with the action lattice of perjury, I declare the lattice of the properties of the properties of the properties owner for which this form was eneficial owner (or I am au ounts for which this form to owner or any withholding as the state of the properties of the proper | expected to be, nement if necessar securities (as defigunder Regulation he conduct of a tra- that I have examined lies of perjury that: throrized to sign for tillon is provided are provided is includible erson. be provided to an entitle and isburs within 30 days if an | 8b Check if FTIN r 10 Date of birth (N eceived from the payer ry). Ined in section 475(c)(1)); is section 1.1446(f)-4(b)(6) de or business within the section 1.1446(f)-4(b)(6) the beneficial owner) of all effectively connected with the in my gross income (or full the or make payments of the payments of the or make payments of the or make payments of the my certification made on | DEIN That is effective that it is effective | vely connected vely connected | rest in a purer of the P to section : dedge and b in relates, ses in the Utome) for the pa | bilicly traded partnership P interest associated 864(c)(8) | |
| 7 U.S. t. 8a Foreig 9 Refer 11 Specibusin 12 Check (PTP) with tl | taxpayer ide gn tax ident rence numb rence n | te, and ZIP code entification number (requitifying number (FTIN) er(s) (see instructions) m of income that is, or is United States (attach state) states (attach state) trify that: you are a dealer in exception from withholding ffectively connected with the action lattice of perjury, I declare the lattice of the properties of the properties of the properties owner for which this form was eneficial owner (or I am au ounts for which this form to owner or any withholding as the state of the properties of the proper | expected to be, rememt if necessar n securities (as defigunder Regulation he conduct of a trainable to the conduct of a trainable train | 8b Check if FTIN r 10 Date of birth (N eceived from the payer ry). India in section 475(c)(1); is section 1.1446(f)-4(b)(6 de or business within the If the information on this for the beneficial owner) of all effectively connected with le in my gross income (or r y withholding agent that se or make payments of the ny certification made on rson identified on line 1 or | DEIN That is effective that it is effective | vely connected vely connected | rest in a purer of the P to section : dedge and b in relates, ses in the Utome) for the pa | bilicly traded partnership P interest associated 864(c)(8) | |

- Used by individuals to make treaty claims on U.S. source services income (i.e., for services performed in the U.S.)
- Requirements of this form:
 - MUST be an original faxed, emailed, photocopied, etc. forms are not acceptable
 - MUST have U.S. TIN
 - Must be signed by both the beneficial owner and the withholding agent (BU)



Additional Form - 8233

- When the form is completed and signed by both parties
 - It must be sent to the IRS for verification of treaty claims within five days of the payer's acceptance of it (usually counted from the day the payer signs the form)
- IRS has 10 days to respond to the claim;
 - If IRS does not respond, the payer can assume the treaty claim is valid and release funds without withholding



Example of form 8233

| Rev. September 2018) | for Independent (and Services of a No | d Certain Depende onresident Alien In | | OMB No. 1545-0795 | |
|--|--|---|---|-------------------------|--|
| Department of the Treasury Internal Revenue Service | ► Go to www.irs.gov/Form8233 for instruct | tions and the latest information. | ► See separate Instructions. | | |
| Who Should Use This Form? | IF you are a nonresident alien individual receiving | | , if you are the beneficial o e, use this form to claim | | |
| Note: For definitions of terms used in this section and detailed instructions on required | Compensation for independent pers services performed in the United Sta | ates (Indep | reaty withholding exempti endent personal services,) for part or all of that com | | |
| withholding forms for each type of ncome, see Definitions in the instructions. | Compensation for dependent person services performed in the United States | | reaty withholding exempti hat compensation. | | |
| | Noncompensatory scholarship or fellowship income and personal services income from the same withholding agent | | reaty withholding exempti oth types of income. | on for part or | |
| DO NOT Use | IF you are a beneficial owner who is | | AD, use | | |
| This Form | Receiving compensation for dependent personal services performed in the United States and you are not claiming a tax treaty withholding exemption for that compensation | | W-4 (See the Instructions f w to complete Form W-4.) | | |
| | Receiving noncompensatory scholarship or fellowship income and you are not receiving any personal services income from the same withholding agent | | W-8BEN or, if elected by the Form W-4 for the noncon rship or fellowship income | npensatory | |
| | Claiming only foreign status or treaty with respect to income that is not compensation for personal services | , | W-8BEN | | |
| Part I Identifi 1 Name of Individua | plicable for compensation for calendar cation of Beneficial Owner (See Ir is who is the beneficial owner 2 U.S. to nce address (street, apt. or suite no., or run | nstructions.) axpayer identification number | her tax year beginning 3 Foreign tax identification | n number, if any | |
| City or town, state | or province. Include postal code where ap | propriate. | Country (do not abbrevia | ate) | |
| 5 Address in the Un | ilted States (street, apt. or suite no., or rural | route). Do not use a P.O. box. | | | |
| | | | | | |
| Note: Citizens of Car 6 U.S. vlsa type | nada or Mexico are not required to con 7a Coun | nplete lines 7a and 7b. try Issuing passport | 7b Passport number | | |
| | the United States 9a Curre | nt nonimmigrant status | 9b Date your current nonin | nmigrant status expires | |
| 8 Date of entry Into | | in noniningram status | The same year carrent terms | | |



W-8 Resources

Countries that have US Treaties

https://www.irs.gov/businesses/international-businesses/united-states-income-tax-treaties-a-to-z

Treaty tables
 https://www.irs.gov/individuals/international-taxpayers/tax-treaty-tables

• IRS Publication 901 (U.S. Tax Treaties)
https://www.irs.gov/forms-pubs/about-publication-901

 Instructions for requestors of W8 Ben, W8 Ben-E, W8 ECI, W8 EXP and W8 IMY

https://www.irs.gov/forms-pubs/about-form-w-8



Thank you for watching!

Questions? Please <u>open a Case – SAB</u> in ServiceNow, e-mail SAccounting@mt.gov
or call 406-444-3092