| Driver Name: | C | ar #: | Class: | |
|--|---|---|--|------------------------------------|
| Form W-8BEN (Rev. October 2021) | States Tax Withholdin ► For use by individuals. | g and Reportin Entities must use For | g (Individuals) m W-8BEN-E. | OMB No. 1545-1621 |
| Department of the Treasury Internal Revenue Service | Go to www.irs.gov/FormW8BEI | | | |
| Do NOT use this form | ► Give this form to the withhold | ing agent or payer. Do | o not send to the IRS. | Instead, use Form |
| You are NOT an indiv | | | | W-8BEN-E |
| • You are a U.S. citizer | n or other U.S. person, including a resident alien | individual | | W- |
| You are a beneficial of (other than personal | owner claiming that income is effectively connects services) | cted with the conduct c | of trade or business within the Uni | ted States · · · · · · W-8EC |
| You are a beneficial of | owner who is receiving compensation for persor | nal services performed | in the United States | 8233 or W-4 |
| You are a person act | ing as an intermediary | | | W-8IM |
| provided to your jurisc | | | with reciprocity), certain tax acc | ount information may be |
| | ication of Beneficial Owner (see insti dual who is the beneficial owner | ructions) | • Country of oitizonship | |
| 1 Name of individ | dual who is the beneficial owner | | 2 Country of citizenship | |
| 3 Permanent resi | idence address (street, apt. or suite no., or rural | route). Do not use a P | 2.0. box or in-care-of address. | |
| City or town, st | tate or province. Include postal code where app | ropriate. | Country | |
| 4 Mailing address | s (if different from above) | | | |
| City or town, st | tate or province. Include postal code where app | ropriate. | Country | |
| 5 U.S. taxpayer i | dentification number (SSN or ITIN), if required (s | see instructions) | | |
| 6a Foreign tax ide | ntifying number (see instructions) | 6b Check if FTIN no | ot legally required | 🗆 |
| 7 Reference num | ber(s) (see instructions) | 8 Date of birth (M | M-DD-YYYY) (see instructions) | |
| Part II Claim | of Tax Treaty Benefits (for chapter 3 | purposes only) (se | e instructions) | |
| · , | e beneficial owner is a resident of | | within the me | eaning of the income tax |
| • | an the United States and that country. and conditions (if applicable – see instructions) of the treaty identified on line s | | is claiming the provisions of Articl % rate of withholding on (spec | 1 0 1 |
| Explain the add | ditional conditions in the Article and paragraph t | the beneficial owner me | eets to be eligible for the rate of w | vithholding: |
| Part III Certifi | cation | | | |
| I am the individual that i relates or am using this | clare that I have examined the information on this form and to the is the beneficial owner (or am authorized to sign for the form to document myself for chapter 4 purposes; ne 1 of this form is not a U.S. person; | , , | | |
| (a) income not effective | ly connected with the conduct of a trade or business in | | | |
| | onnected with the conduct of a trade or business in the f a partnership's effectively connected taxable income | | subject to tax under an applicable inco | me tax treaty; |
| | t realized from the transfer of a partnership interest sub | | section 1446(f); | |
| | of this form is a resident of the treaty country listed on line 9 of or barter exchanges, the beneficial owner is an exempt | | | nited States and that country; and |
| | form to be provided to any withholding agent that has control of the income of which I am the beneficial owner. I agree that | | | |
| Sign Here | I certify that I have the capacity to sign for the person | n identified on line 1 of this | s form. | |
| · _ | Signature of beneficial owner (or individual auth | orized to sign for beneficia | al owner) Date | (MM-DD-YYYY) |
| | | | | |