| DTE: This form m | nay expire in 3 years. | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Form W-8BEN (Rev. October 2021) Department of the Treasury Internal Revenue Service | Certificate of Foreign Stat States Tax Withholdin ► For use by individuals. ► Go to www.irs.gov/FormW8BEA ► Give this form to the withholdi | g and Reporting Entities must use For / for instructions and | g (Individuals) m W-8BEN-E. the latest information. | OMB No. 1545-1621 |
| You are not air in If if You are a U.S. eitii On You are a beneficia on (other than person red) You are a beneficial or You are a person actin Note: If you are residen provided to your jurisdia | the REQUIRED items are nitted or illegible, please quest an updated form. where who is receiving compensation for person ing as an intermediary the in a FATCA partner jurisdiction (that is, a Mo ction of residence. | they are a nonr W-8BEN is ger the supplier can person for tax p for questions: to podel 1 IGA jurisdiction | form is for a supplier resident alien for tax p nerally used by foreigr n determine if they are purposes. Contact UC axpayer@indiana.edu with reciprocity), certain tax ac | ourposes. The individuals. Only a US or non-US O Tax Services |
| 1 Name of individu Given (first) Nam | e and Surname (family) | EQUIRED | L | REQUIRED |
| City or not be country 4 Mailing are req | RED. Address (street, apt. or suite no., or rural RED. Address of supplier's home. Address address. This address should by of the supplier's tax residence. If tax suested in Part II, the country in line 9 suntry listed on line 3. | dress should be from the treaty benefits should match | .0. box or in-care-of address. | assigned. It is pose |
| | lentification number (SSN or ITIN), if required (s tifying number (see instructions) | | number. | |
| 7 Reference numb | per(s) (see instructions) | 8 Date of birth (MI | M-DD-YYYY) (see instructions) | |
| 9 I certify that the treaty between t | f Tax Treaty Benefits (for chapter 3) beneficial owner is a resident of | : The beneficial owner i above to claim a | within th within th within th within the provisions of Artic | |
| Explain the addi | If Part II is complete | | ble for the rate of | withholding: |
| I am the individual that is relates or am using this for The person named on line This form relates to: | ation are that I have examined the information on this form and to the I the beneficial owner (or am authorized to sign for the orm to document myself for chapter 4 purposes; e 1 of this form is not a U.S. person; connected with the conduct of a trade or business in | individual that is the bene | · · · · | |
| (b) income effectively con (c) the partner's share of (d) the partner's amount r The person named on line 1 o For broker transactions o | a partnership's effectively connected taxable income; realized from the transfer of a partnership interest sub of this form is a resident of the treaty country listed on line 9 of 1 or barter ex Required if signed by | United States but is not s or ject to withholding under the form (if any) within the mea t foreign person as defined | section 1446(f); ning of the income tax treaty between the l d in the instructions. | United States and that country; and |
| dispuise of make payments of | representing the | I will submit a new form wi | REQU | n this form becomes incorrect. |
| Print | t name of signer | | | |
| | tion Act Notice, see separate instructions. | Cat. No | . 25047Z Forr | m W-8BEN (Rev. 10-2021) |