

Applicant name: \_\_\_\_\_

**5** Was the applicant required to file a U.S. tax form for the tax period(s) on which certification will be based?**Yes.** Check the appropriate box for the form filed and go to line 7.
☐ 990   ☐ 990-T   ☐ 1040   ☐ 1041   ☐ 1065   ☐ 1120   ☐ 1120S   ☐ 3520-A   ☐ 5227   ☐ 5500  
☐ Other (specify) ▶ \_\_\_\_\_
**No.** Attach explanation (see instructions). Check applicable box and go to line 6.
☐ Minor child   ☐ QSub   ☐ U.S. DRE   ☐ Foreign DRE   ☐ Section 761(a) election  
☐ FASIT   ☐ Foreign partnership   ☐ Other ▶ \_\_\_\_\_
**6** Was the applicant's parent, parent organization or owner required to file a U.S. tax form? (Complete this line only if you checked "No" on line 5.)**Yes.** Check the appropriate box for the form filed by the parent.
☐ 990   ☐ 990-T   ☐ 1040   ☐ 1041   ☐ 1065   ☐ 1120   ☐ 1120S   ☐ 5500  
☐ Other (specify) ▶ \_\_\_\_\_

Parent's/owner's name and address ▶ \_\_\_\_\_

and U.S. taxpayer identification number ▶ \_\_\_\_\_

**No.** Attach explanation (see instructions).**7** Calendar year(s) for which certification is requested.**Note.** If certification is for the current calendar year or a year for which a tax return is not yet required to be filed, a penalties of perjury statement from Table 2 of the instructions must be entered on line 10 or attached to Form 8802 (see instructions).**8** Tax period(s) on which certification will be based (see instructions).**9** Purpose of certification. Must check applicable box (see instructions).
☐ Income tax   ☐ VAT (specify NAICS codes) ▶ \_\_\_\_\_  
☐ Other (must specify) ▶ \_\_\_\_\_
**10** Enter penalties of perjury statements and any additional required information here (see instructions).**Sign here**

Under penalties of perjury, I declare that I have examined this application and accompanying attachments, and to the best of my knowledge and belief, they are true, correct, and complete. If I have designated a third party to receive the residency certification(s), I declare that the certification(s) will be used only for obtaining information or assistance from that person relating to matters designated on line 9.

Applicant's signature (or individual authorized to sign for the applicant)

Applicant's daytime phone no.: \_\_\_\_\_

Keep a copy for your records.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Name and title (print or type)\_\_\_\_\_  
Spouse's signature. If a joint application, both must sign.\_\_\_\_\_  
Name (print or type)