

**Application for United States
Residency Certification**

OMB No. 1545-1817

► See separate instructions.

Important. For applicable user fee information, see the Instructions for Form 8802.

For IRS use only:

☐ **Additional request** (see instructions)

☐ **Foreign claim form attached**

Pmt Amt \$ _____

Deposit Date: ____/____/____

Date Pmt Vld: ____/____/____

Electronic payment confirmation no. ► _____

Applicant's name

Applicant's U.S. taxpayer identification number

If a joint return was filed, spouse's name (see instructions)

If a joint return was filed, spouse's U.S. taxpayer identification number

If a separate certification is needed for spouse, check here ► ☐

1 Applicant's name and taxpayer identification number as it should appear on the certification if different from above

2 Applicant's address during the calendar year for which certification is requested, including country and ZIP or postal code. If a P.O. box, see instructions.

3a Mail Form 6166 to the following address:

b Appointee Information (see instructions):

Appointee Name ► _____

CAF No. ► _____

Phone No. ► (____) _____

Fax No. ► (____) _____

4 Applicant is (check appropriate box(es)):

a ☐ Individual. Check all applicable boxes.

☐ U.S. citizen

☐ U.S. lawful permanent resident (green card holder)

☐ Sole proprietor

☐ Other U.S. resident alien. Type of entry visa ► _____

Current nonimmigrant status ► _____ and date of change (see instructions) ► _____

☐ Dual-status U.S. resident (see instructions). From ► _____ to ► _____

☐ Partial-year Form 2555 filer (see instructions). U.S. resident from ► _____ to ► _____

b ☐ Partnership. Check all applicable boxes.

☐ U.S.

☐ Foreign

☐ LLC

c ☐ Trust. Check if:

☐ Grantor (U.S.)

☐ Simple

☐ Rev. Rul. 81-100 Trust

☐ IRA (for Individual)

☐ Grantor (foreign)

☐ Complex

☐ Section 584

☐ IRA (for Financial Institution)

d ☐ Estate

e ☐ Corporation. If incorporated in the United States only, go to line 5. Otherwise, continue.

Check if: ☐ Section 269B

☐ Section 943(e)(1)

☐ Section 953(d)

☐ Section 1504(d)

Country or countries of incorporation ► _____

If a dual-resident corporation, specify other country of residence ► _____

If included on a consolidated return, attach page 1 of Form 1120 and Form 851.

f ☐ S corporation

g ☐ Employee benefit plan/trust. Plan number, if applicable ► _____

Check if: ☐ Section 401(a)

☐ Section 403(b)

☐ Section 457(b)

h ☐ Exempt organization. If organized in the United States, check all applicable boxes.

☐ Section 501(c)

☐ Section 501(c)(3)

☐ Governmental entity

☐ Indian tribe

☐ Other (specify) ► _____

i ☐ Disregarded entity. Check if:

☐ LLC

☐ LP

☐ LLP

☐ Other (specify) ► _____

j ☐ Nominee applicant (must specify the type of entity/individual for whom the nominee is acting) ► _____