

6 Was the applicant's parent or parent organization required to file a U.S. tax form?

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 name and address ▶

and U.S. taxpayer identification number ▶

No. Attach explanation (see instructions).

7 Calendar year(s) for which certification is requested (see instructions)

8 Tax period(s) on which certification will be based (see instructions)

9 Purpose of certification. Check applicable box.

Income tax VAT (specify NAICS codes) ▶

Other (specify) ▶

10 Enter the number of certifications needed in the column to the right of each country for which certification is requested (see instructions)

| Country | # | Country | # | Country | # | Country | # | Country | # |
|------------|---|-----------|---|---------------|---|--|---|---|---|
| Armenia | | Estonia | | Jamaica | | Norway | | Tajikistan | |
| Australia | | Finland | | Japan | | Pakistan | | Thailand | |
| Austria | | France | | Kazakhstan | | Philippines | | Trinidad & Tobago | |
| Azerbaijan | | Georgia | | Rep. of Korea | | Poland | | Tunisia | |
| Barbados | | Germany | | Kyrgyzstan | | Portugal | | Turkey | |
| Belarus | | Greece | | Latvia | | Romania | | Turkmenistan | |
| Belgium | | Hungary | | Lithuania | | Russia | | Ukraine | |
| Canada | | Iceland | | Luxembourg | | Slovak Rep. | | United Kingdom (see page 2 of the instructions) | |
| China | | India | | Mexico | | Slovenia | | Uzbekistan | |
| Cyprus | | Indonesia | | Moldova | | South Africa | | Venezuela | |
| Czech Rep. | | Ireland | | Morocco | | Spain (see page 2 of the instructions) | | Other(s) (specify below) | |
| Denmark | | Israel | | Netherlands | | Sweden | | | |
| Egypt | | Italy | | New Zealand | | Switzerland | | | |

11 This space can be used to enter additional required information

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.

| | | | | |
|-------------------------------|--|------|--------------------------|-------------------------------|
| Keep a copy for your records. | Applicant's signature (or individual authorized to sign for the applicant) | Date | Capacity in which acting | Daytime phone number () |
| | Spouse's signature. If a joint application, both must sign. | Date | | |

