

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 Vrfd: ___/___/___

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 ▶ _____
Phone No. ▶ (____) _____

CAF 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) ▶ _____

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) -----

Applicant Name	Applicant TIN
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Appointee Name (If Applicable)

Calendar year(s) for which certification is requested (must be the same year(s) indicated on line 7)

11 Enter the number of certifications needed in the column to the right of each country for which certification is requested.
Note. If you are requesting certifications for more than one calendar year per country, enter the total number of certifications for all years for each country (see instructions).

Column A			Column B			Column C			Column D		
Country	CC	#	Country	CC	#	Country	CC	#	Country	CC	#
Armenia	AM		Finland	FI		Latvia	LG		South Africa	SF	
Australia	AS		France	FR		Lithuania	LH		Spain	SP	
Austria	AU		Georgia	GG		Luxembourg	LU		Sri Lanka	CE	
Azerbaijan	AJ		Germany	GM		Mexico	MX		Sweden	SW	
Bangladesh	BG		Greece	GR		Moldova	MD		Switzerland	SZ	
Barbados	BB		Hungary	HU		Morocco	MO		Tajikistan	TI	
Belarus	BO		Iceland	IC		Netherlands	NL		Thailand	TH	
Belgium	BE		India	IN		New Zealand	NZ		Trinidad and Tobago	TD	
Bermuda	BD		Indonesia	ID		Norway	NO		Tunisia	TS	
Bulgaria	BU		Ireland	EI		Pakistan	PK		Turkey	TU	
Canada	CA		Israel	IS		Philippines	RP		Turkmenistan	TX	
China	CH		Italy	IT		Poland	PL		Ukraine	UP	
Cyprus	CY		Jamaica	JM		Portugal	PO		United Kingdom	UK	
Czech Republic	EZ		Japan	JA		Romania	RO		Uzbekistan	UZ	
Denmark	DA		Kazakhstan	KZ		Russia	RS		Venezuela	VE	
Egypt	EG		Korea, South	KS		Slovak Republic	LO				
Estonia	EN		Kyrgyzstan	KG		Slovenia	SI				
Column A - Total			Column B - Total			Column C - Total			Column D - Total		

12 Enter the total number of certifications requested (add columns A, B, C, and D of line 11) ▶