## Form W-8BEN

(Rev. October 2021)

Department of the Treasury Internal Revenue Service

## Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► For use by individuals. Entities must use Form W-8BEN-E.

- ► Go to www.irs.gov/FormW8BEN for instructions and the latest information.
- ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

| Do No  | OT use this f   | orm if:  |                                  |                        | Instead, use Form:                    |  |
|--|---|--|----------------------------------|------------------------|---------------------------------------|--|
| • You  | are NOT an i  | ndividual  |                                  |                        | W-8BEN-E                              |  |
| • You  | are a U.S. cit  | tizen or other U.S. person, including a resident alie  | en individual                    |                        | W-9                                   |  |
|  |   | cial owner claiming that income is effectively conne<br>onal services)   |                                  | of trade or business   | within the United States W-8ECI       |  |
| • You  | are a benefic   | cial owner who is receiving compensation for person  | onal services performed          | in the United States   | s 8233 or W-4                         |  |
| • You  | are a person  | acting as an intermediary  |                                  |                        | W-8IMY                                |  |
|  |   | sident in a FATCA partner jurisdiction (that is, a Nurisdiction of residence.  | Model 1 IGA jurisdiction         | with reciprocity), c   | ertain tax account information may be |  |
| Par  | t I der   | ntification of Beneficial Owner (see ins   | tructions)                       |                        |                                       |  |
| 1  | Name of in  | dividual who is the beneficial owner   | ,                                | 2 Country of o         | sitizenship                           |  |
| 3  | Permanent   | residence address (street, apt. or suite no., or rura  | al route). <b>Do not use a F</b> | P.O. box or in-care    | of address.                           |  |
|  | City or tow   | n, state or province. Include postal code where ap   | propriate.                       |                        | Country                               |  |
| 4  | Mailing address (if different from above)   |  |                                  |                        |                                       |  |
|  | City or town, state or province. Include postal code where appropriate.               |  |                                  |                        | Country                               |  |
| 5  | U.S. taxpa  | payer identification number (SSN or ITIN), if required (see instructions)  |                                  |                        |                                       |  |
| 6a   | Foreign tax   | identifying number (see instructions)  | <b>6b</b> Check if FTIN no       | ot legally required .  |                                       |  |
| 7  | Reference   | number(s) (see instructions)   | 8 Date of birth (M               | M-DD-YYYY) (see i      | nstructions)                          |  |
| Par  | t II Clai   | im of Tax Treaty Benefits (for chapter 3   | B purposes only) (se             | e instructions)        |                                       |  |
| 9  | I certify tha   | I certify that the beneficial owner is a resident of within the meaning of the inco  |                                  |                        | within the meaning of the income tax  |  |
|  | treaty betw   | een the United States and that country.  |                                  |                        |                                       |  |
| 10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article   |   |  |                                  |                        |                                       |  |
|  |   | of the treaty identified on line   | e 9 above to claim a             | $\_$ % rate of withho  | lding on (specify type of income):    |  |
|  | Explain the   | additional conditions in the Article and paragraph   | the beneficial owner me          | eets to be eligible fo | or the rate of withholding:           |  |
| Par  | III Cer   | tification   |                                  |                        |                                       |  |
| Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury   |   |  |                                  |                        |                                       |  |
|  |   | that is the beneficial owner (or am authorized to sign for t   | , ,                              |                        |                                       |  |
| relat  | es or am using  | this form to document myself for chapter 4 purposes;   |                                  |                        |                                       |  |
|  | •   | on line 1 of this form is not a U.S. person;   |                                  |                        |                                       |  |
| • This form relates to:  |   |  |                                  |                        |                                       |  |
| (a) income not effectively connected with the conduct of a trade or business in the United States;  (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty; |   |  |                                  |                        |                                       |  |
| . ,  |   | are of a partnership's effectively connected taxable incom   |                                  | subject to tak under a | applicable lifee tax il eaty,         |  |
| (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);  |   |  |                                  |                        |                                       |  |
| • The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and  |   |  |                                  |                        |                                       |  |
| • For  | broker transact   | ions or barter exchanges, the beneficial owner is an exen  | npt foreign person as define     | d in the instructions. |                                       |  |
|  |   | this form to be provided to any withholding agent that has contrents of the income of which I am the beneficial owner. I agree the |                                  |                        |                                       |  |
| Sign   | Here  | I certify that I have the capacity to sign for the pers  | on identified on line 1 of thi   | s form.                |                                       |  |
|  | Signature of beneficial owner (or individual authorized to sign for beneficial owner) |  |                                  |                        | Date (MM-DD-YYYY)                     |  |
|  |   | Print name of signer   |                                  |                        |                                       |  |
|  |   | <del> </del>   |                                  |                        |                                       |  |



## **Foreign Source Statement**

| l,  | , certify that I am not a U.S. citizen or |
|---|---|
| permanent resident alien, and all of my service | ces for Kennesaw State University are     |
| performed in                                    |   |
| Brief description of activity:                  |   |
|   |   |
|   |   |
| Signed under penalties of perjury,              |   |
| Print Name:                                     |   |
| Signature:                                      |   |
| Date:   |   |