Form W-8RFN (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 NOT use this fol

You are a U.S.

 You are a benefici (other than person request an updated form.

Review all REQUIRED items. If the REQUIRED items are omitted or illegible, please

• You are a beneficial owner who is receiving compensation for persor

You are a person acting as an intermediary .

Purpose of the form is for a supplier to certify that they are a nonresident alien for tax purposes. The W-8BEN is generally used by foreign individuals. Only the supplier can determine if they are a US or non-US person for tax purposes. Contact UCO Tax Services for questions: taxpayer@indiana.edu

| | f you are resident in a FATCA partn ed to your jurisdiction of residence. | | odel 1 IGA jurisdictior | with reciprocity), cer | rtain tax account infor | mation may be |
|--|---|--|--|-----------------------------------|---|--------------------------|
| Part | Identification of Benef | ficial Owner (see instr | ructions) | | | |
| 1 Give | Name of individual who is the bene n (first) Name and Surnam | ficial owner R | EQUIRED | 2 Country of cit | izenship REQUII | RED |
| 3 | Permanent residence address (stree | et, apt. or suite no., or rural | route). Do not use a l | P.O. box or in-care-o | f address. | |
| 1 | REQUIRED. Address | of supplier's home. Ad | dress should | | | |
| | City or not be a USA address. | | Country | | | |
| | country of the supplier | treaty benefits | | | | |
| 4 | are requested in Part I | should match | hould match Not required but should be ent | | | |
| | Ithe country listed on lir | | number has been assigned. It is possible | | | |
| City or town, state of province, include postal code where appr | | | to have a US Tax ID and a Foreign tax | | | • |
| F II C to use a side of first and a surple of (COM of TIN) if we arrived (a | | | | | | |
| 5 U.S. taxpayer identification number (SSN or ITIN), if required (se | | | see instructions) | number. | | |
| | | | | | | |
| 6a | Foreign tax identifying number (see | instructions) | 6b Check if FTIN not legally required | | | |
| | Defended to the delication of | C. Data of high (AMA DD)(AMA (and instructions) | | | | |
| 7 | Reference number(s) (see instruction | 8 Date of birth (MM-DD-YYYY) (see instructions) | | | | |
| Part | Claim of Tay Treaty B | enefits (for chanter 3 | nurnoses only) (se | ae instructions) | | |
| 9 | MOT DECLUDED | | | | | |
| treaty between the United States and that country. | | | | | | |
| Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and pa of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of Part II is completed, then the UCO Tax | | | | | | agraph |
| | | | | | | • |
| | | • | | ble for the rate of withholding: | | |
| | Explain the additional conditions i | ٧. | ole for | | | |
| Part | Certification | | | | | |
| Under per | nalties of perjury, I declare that I have examined th | ne information on this form and to the | best of my knowledge and bel | ief it is true, correct, and comp | plete. I further certify under per | nalties of perjury that: |
| | he individual that is the beneficial owner (s or am using this form to document mys | | e individual that is the ben | eficial owner) of all the in | come or proceeds to whi | ch this form |
| • The p | erson named on line 1 of this form is not | a U.S. person; | | | | |
| • This fo | orm 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; | | | | | | |
| (c) the partner's share of a partnership's effectively connected taxable income; or | | | | | | |
| (d) the | e partner's amount realized from the trans | sfer of a partnership interest sub | eject to withholding under | section 1446(f); | | |
| | erson named on line 1 of this form is a resident of | | the form (if any) within the me | aning of the income tax treaty | y between the United States a | nd that country; and |
| | oker transactions or barter ex Requi | • • | t foreign person as define | ed in the instructions. | | |
| Furtherm disburse | ore, I authorize this form to be proor make payments of the income | | | | neficial owner or any withholo cation made on this form be | |
| | الماء منطقة الماء | senting the | n identified on line 1 of thi | s form. | | |
| Sign I | | icial owner. | | | REQUIRED | |
| | Signature of hon | neficial owner (or individual auth | orized to sign for benefic | al owner) | Date (MM-DD-Y | |
| | oignature of ben | REQU | | ai Owilei) | Date (MIM-DD-1 | , |

Print name of signer