

					AB01411011	
Form V	V-8BEN	Certificate of Foreign Stat States Tax Withholdin			ed	
(Rev. Oct	tober 2021)	► For use by individuals.			OMB No. 1545-1621	
Department of the Treasury Internal Revenue Service Go to www.irs.gov/FormW8BEN for instructions and Give this form to the withholding agent or payer. D						
	use this form if		ing agent of payer. Do i	iot send to the Ind.	Instead, use Form:	
	re NOT an individ				W-8BEN-E	
		r other U.S. person, including a resident alien	individual			
• You a	re a beneficial ow	ner claiming that income is effectively connec rvices)	cted with the conduct of			
		ner who is receiving compensation for persor				
 You at 	re a person acting	g as an intermediary			W-8IMY	
		in a FATCA partner jurisdiction (that is, a Mo tion of residence.	odel 1 IGA jurisdiction w	ith reciprocity), certain	n tax account information may be	
Part	I Identific	ation of Beneficial Owner (see instr	ructions)			
1	Name of individua	al who is the beneficial owner		2 Country of citizen	iship	
	Democratica				1.1	
3	Permanent reside	ence address (street, apt. or suite no., or rural	route). Do not use a P.C	D. Dox or in-care-of ac	idress.	
	City or town, stat	e or province. Include postal code where app	ropriate.	Co	untry	
4	Mailing address (if different from above)				
	City or town, stat	e or province. Include postal code where app	ropriate.	Со	untry	
5	U.S. taxpayer ide	ntification number (SSN or ITIN), if required (s	see instructions)			
6a	Foreign tax ident	fying number (see instructions)	number (see instructions) 6b Check if FTIN not legally required			
7	Reference numbe	er(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)			
Part	Claim of	Tax Treaty Benefits (for chapter 3	purposes onlv) (see	instructions)		
9		peneficial owner is a resident of	<u> </u>	,	in the meaning of the income tax	
	treaty between th	e United States and that country.				
10	Special rates and conditions (if applicable – see instructions): The beneficial owner is claiming the provisions of Article and paragement of the treaty identified on line 9 above to claim a% rate of withholding on (specify type of in				1 0 1	
	Explain the addit	ional conditions in the Article and paragraph t	the beneficial owner mee	ts to be eligible for the	rate of withholding:	
				Ū.	Ŭ	
Part I	II Certifica	tion				
Under pena	alties of perjury, I declar	e that I have examined the information on this form and to the	best of my knowledge and belief i	t is true, correct, and complete.	I further certify under penalties of perjury that	
relates	or am using this for	he beneficial owner (or am authorized to sign for the m to document myself for chapter 4 purposes;	e individual that is the benefic	cial owner) of all the incom	ne or proceeds to which this form	
	erson named on line orm relates to:	1 of this form is not a U.S. person;				
		connected with the conduct of a trade or business in	the United States			
. ,		nected with the conduct of a trade or business in the		pject to tax under an appli	cable income tax treaty;	
(c) the	partner's share of a	partnership's effectively connected taxable income;	; or			
(d) the	partner's amount re	alized from the transfer of a partnership interest sub	pject to withholding under se	ction 1446(f);		
The per	son 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	ng of the income tax treaty betw	ween the United States and that country; and	
 For bro 	oker transactions or	barter exchanges, the beneficial owner is an exemp	ot foreign person as defined i	n the instructions.		
Furthermo disburse o	ore, I authorize this forr or make payments of th	n to be provided to any withholding agent that has control, ne income of which I am the beneficial owner. I agree that	l, receipt, or custody of the inco t I will submit a new form with	me of which I am the beneficia in 30 days if any certification	al owner or any withholding agent that can n made on this form becomes incorrect.	
Sign H		certify that I have the capacity to sign for the persor	n identified on line 1 of this fo	orm.		
	·	Signature of beneficial owner (or individual auth	orized to sign for beneficial o	owner)	Date (MM-DD-YYYY)	
		name of signer				
		name of signer	Cat No. 1	250477	Earm W-8REN (Pay, 10, 2021)	



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