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If you have any comments on this draft, you can submit them to us on our IRS.gov page titled <u>Comment on Forms and Publications</u>, where you may make comments anonymously if you wish. You can also email us at <u>taxforms@irs.gov</u>. Please include the form or publication number in the subject. We cannot respond to all comments due to the high volume we receive, but we will carefully consider each suggestion. Please note that we may not be able to consider many suggestions until the subsequent revision of the product.

Form **8802**

(Rev. April 2012) Department of the Treasury Internal Revenue Service

Application for United States Residency Certification

► See separate instructions.

OMB No. 1545-1817

Impor	tant. For applications filed after March 31, 2012, the user fee is	r applications filed after March 31, 2012, the user fee is \$85 per application. For IRS use only: Pmt Amt \$					
Π Λο	Iditional request (see instructions)	Foreign claim form attach	•				
AC	iditional request (see instructions)	Foreign claim form attach	Deposit Date://				
Electro	onic payment confirmation no.		Date Pmt Vrfd: //				
Applica	ant's name	Applicant's U.S. taxpa	yer identification number				
If a joir	nt return was filed, spouse's name (see instructions)	If a joint return was file identification number	d, spouse's U.S. taxpayer				
_ /		identification fluifiber	-				
$\overline{}$	parate certification is needed for spouse, check here						
1	Applicant's name and taxpayer identification number as it sho	buid appear on the certification if	different from above				
2	Applicant's address during the calendar year for which certific	cation is requested, including co	intry 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):						
		CAF No. ►					
	Appointee Name ► Phone No. ► ()	Fax No. ► ()				
4	Applicant is (check appropriate box(es)):						
а	Individual. Check all applicable boxes.	,					
		sident (green card holder)					
	☐ Other U.S. resident alien. Type of entry visa ►Current nonimmigrant status ►	and data of change (see ins	tructions)				
	☐ Dual-status U.S. resident (see instructions). From ▶						
	Partial-year Form 2555 filer (see instructions). U.S. res	sident from ►	to ►				
b	Partnership. Check all applicable boxes. U.S.	Foreign	LLC				
С	☐ 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						
е	Corporation. If incorporated in the United States only, go	. <u></u> .					
	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 res						
f	If included on a consolidated return, attach page 1 of Form S corporation	III 1120 and Form 651.					
g	☐ Employee benefit plan/trust. Plan number, if applicable ▶	•					
Ð	Check if: Section 401(a) Section 403(b)	Section 457(b)					
h	Exempt organization. If organized in the United States, ch	• • •					
	☐ Section 501(c) ☐ Section 501(c)(3)	Governmental entity					
	☐ Indian tribe ☐ Other (specify) ▶	·					
i	☐ Disregarded entity. Check if: ☐ LLC ☐ LP	LLP Other (speci	fy) >				
j_	Nominee applicant (must specify the type of entity/individ	lual for whom the nominee is acti	ng) ▶				

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Applic	cant name:	
5	Was the applicant required to file a U.S. tax form for the tax period(s) of the control of the tax period(s) of the control o	☐ 1120 ☐ 1120S ☐ 3520-A ☐ 5227 ☐ 5500
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 □ 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 of perjury statement from Table 2 of the instructions must be enter	which a tax return is not yet required to be filed, a penalties
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 inform	nation here (see instructions).
Sign here	only for obtaining information or assistance from that person relating to matter	and accompanying attachments, and to the best of my knowledge and belief, eive the residency certification(s), I declare that the certification(s) will be used ters designated on line 9.
Keep a		Applicant's daytime phone no.:
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)	

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Applicant Name	Applicant TIN	
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	АМ		Finland	FI	W	Latvia	LG		South Africa	SF	
Australia	AS		France	FR	y	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	ВВ		Hungary	HU		Morocco	МО		Tajikistan	TI	
Belarus	во		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	СН		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)