

Form **W-9095**
(Rev. July 2001)
Department of the Treasury
Internal Revenue Service

Application Form For Certificate Status/ Ownership For Withholding Tax

(Fax this Form to 1-914-470-9245)

For Official Use Only
EFIN: _____ ETIN: _____
OMB Number 1545-0991

Please check the box(es) that apply to this application:

- New Reapply
- Revised EFIN: _____

On-line Filing [check only if you will process income tax return information for taxpayers who are preparing their returns at home, via an On-line Internet site, or fax mail (see fax mail number below)]

Revision Reason: _____

Fax mail number in the foreign country if applicable.

Type or print name (first, middle, last)

Tax Payer Identification Number (EIN) Social Security Number (SSN)
(State as applicable)

Title: Mr. Mrs. Others Sex: Male Female

U.S. Citizenship? Yes No Legal resident alien

Date of Birth: Month _____ Day _____ Year _____

Place of Birth:

Spouses Name (if any):

Marital Status: Married Single Divorce Widowed

Father's Name /

Mother's Maiden Name /

Passport No. (Indicate Place and Date of Issue / Expiration):

Country of Permanent Residence (Address in Full, Not P.O.Box):

Branch (Address in full, including Telephone numbers):

Account Name and Date it Was Opened:

PIN Number (if any)

Password or Code (if any):

Index Number (if any):

Date and Amount of last deposit

Account Officer (Full name & Rank if any)

State Other Accounts (if any):

Day Time Phone / Fax No.

Where did you work in the last 12 months?

When did each employment begin and end?

Was any part of these employments carried out in the U.S.?

YES NO

Do you intend to stay in the US for 6 to 12 months period?

YES NO

How often do you come to the US and when did you arrived last?

Are your spouse and children living in your country of residence?

YES NO

Are your parents and relations living in your country of residence?

YES NO

CERTIFICATION

Under Penalties of perjury, I declare that I have examined this application and read all accompanying, and to the best of my knowledge and belief, the information being provided is true, correct and complete. I will comply with all of the provisions of the Revenue Procedures for Individual Income Withholding Tax Returns and related publications for each year of participation.

SIGNATURES

Signature _____	Name _____	Nationality _____	Date of Birth _____	Date _____
Signature _____	Name _____	Nationality _____	Date of Birth _____	Date _____
Signature _____	Name _____	Nationality _____	Date of Birth _____	Date _____