

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