(Rev. July 2017) United States			te of Status of Beneficial Owner for Tax Withholding and Reporting (Entities) must use Form W-8BEN. ▶ Section references are to the Internal Revenue Code. gov/FormW8BENE for instructions and the latest information. n to the withholding agent or payer. Do not send to the IRS.			NC OSC - Tax Compliance Treaty Benefit Request	
Do NO	T use this form f	or:					Instead use Form:
 U.S. A for A for 	eign individual . eign individual or e	en or resident	fectively conne	cted with the conduct c	f trade or business	 . W-8BEN	I (Individual) or Form 8233
 A for A for gove 501(c) 	eign partnership, a eign government, rnment of a U.S. p c), 892, 895, or 144	benefits) a foreign simple trust, or a foreig international organization, foreig iossession claiming that income t3(b) (unless claiming treaty ben	n grantor trust n central bank is effectively c lefits) (see instru	(unless claiming treaty of issue, foreign tax-ex connected U.S. income uctions for other exception	benefits) (see instruempt organization, or that is claiming t tions)	foreign priva he applicabi	xceptions) W-8IMY ate foundation, or lity of section(s) 115(2), W-8ECI or W-8EXP
, ,	5	n intermediary (including a quali		ary acting as a qualified	derivatives dealer)		W-8IMY
Par		ication of Beneficial Ow					·
1	Name of organiza	ation that is the beneficial owner	r		2 Country of ine	corporation (or organization
3	Name of disrega	rded entity receiving the paymer	nt (if applicable	, see instructions)	1		
4	Central Bank of Issue Tax-exempt organization Private foundation International organization If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty						Government ion ty
6	claim? If "Yes" c	omplete Part III. nce address (street, apt. or suite r	o or rural rout	a) Do not use a P.O. bo	y or in-care-of add	ress (other th	
0	Fermanent reside	nce address (street, apt. of suite i					ian a registereu audressj.
	City or town, sta	te or province. Include postal co	ode where appr	ropriate.		Country	
7	Mailing address	(if different from above)					
	City or town, sta	te or province. Include postal cc	ode where appr	ropriate.		Country	
8	U.S. taxpayer iden	tification number (TIN), if required	9b Foreign	1 TIN		10 Reference	e number(s) (see instructions)
Par	t III Claim	of Tax Treaty Benefits (i	f applicable). (For chapter 3 pu	rposes only.)		
14	I certify that (check all that apply):						ing of the income toy
а		en the United States and that co	ountry			in the mean	ing of the income tax
b							
	Government Company that meets the ownership and base erosion test						
		pension trust or pension fund		ny that meets the deriva			
		empt organization led corporation	•	ny with an item of incom le discretionary determi			
		f a publicly traded corporation		pecify Article and parag		competent e	
с	The benefici	al owner is claiming treaty bene of a foreign corporation and me	efits for U.S. so	ource dividends receive	d from a foreign co	prporation or	interest from a U.S. trade
15	Special rates a	nd conditions (if applicable—se	e instructions):				
	The beneficial owner is claiming the provisions of Article and paragraph						
	-	tional conditions in the Article th					·,
Part)	XXX Certificat	tion					
 The ention The ention The incomposition 	ity identified on line 1 of this ity identified on line 1 of this ome to which this form relate	s is: (a) not effectively connected with the conduct	which this form relates,	, is using this form to certify its statu	s for chapter 4 purposes, or is	s a merchant submi	tting this form for purposes of section 605
 For brok Furthermo the income 	re, I authorize this form to be e of which the entity on line 1	ome; and hanges, the beneficial owner is an exempt foreign is provided to any withholding agent that has contro is the beneficial owner. hew form within 30 days if any cert	ol, receipt, or custody of	the income of which the entity on line		ny withholding agen	it that can disburse or make payments of
agree Sign He	re 🕨	dividual authorized to sign for beneficial ow			Name		
					-		Date (MM-DD-YYYY)

	I certify that I have the capacity to sign for the entity identified on line 1 of this form.
Note: Lines on this substitute	form are numbered to match the official IRS form. Refer to IRS Instructions for Form W-8BEN-E when completing this form.