



THE HONOR SOCIETY OF
PHI KAPPA PHI

COMPLETING FORM W-8BEN

The following guidelines are provided for reference purposes only, and do not represent tax advice. Please consult with your tax or legal advisor should you need additional assistance in completing this Form.

PART I – IDENTIFICATION OF BENEFICIAL OWNER

Line 1: Name of individual who is the beneficial owner

Enter your full legal name. This is generally the name that appears on your passport or driver's license.

Line 2: Country of Citizenship

Enter the full name of the country where you are considered a citizen. Generally, this should be the country indicated on your passport. If you are a citizen of multiple countries, then list the country where you were most recently resided. Please do not abbreviate the country name.

Line 3: Permanent residence address

Enter the address where you are considered a **tax** resident, meaning the country where you file an income tax return or would otherwise be subject to tax. Please do not abbreviate the country name.

Line 4: Mailing address

Enter the address where you receive mail if it is different than your permanent residence address

Line 5: U.S. taxpayer identifying number

If available, enter your U.S. taxpayer identification number (TIN). This will generally be an ITIN and it is reflected in the following format: XXX-XX-XXXX. It must be nine digits, and all digits must be numbers.

Line 6a: Foreign tax identifying number

If available, enter your tax ID number from the country where you are a tax resident. Note, you must provide a foreign TIN on this line or a U.S. TIN on Line 5 in order to be eligible for a reduced rate of withholding under a treaty.

Line 6b: Check if FTIN not legally required

You can leave this field blank.

Line 7: Reference number(s)

You can leave this field blank.

Line 8: Date of birth (MM-DD-YYYY)

Please enter your date of birth in MM-DD-YYYY format.

PART II – IDENTIFICATION OF BENEFICIAL OWNER

Line 9:

If you are intending to make a claim for treaty benefits and tax resident in a treaty jurisdiction, write in the country for which you are claiming treaty benefits. If you are not sure if your country of tax residence has a tax treaty in effect with the United States, please click on this [link](#) to be taken to a list of countries which have tax treaties in effect with the United States. Please do not abbreviate.

Line 10

You can leave this field blank.

PART III – CERTIFICATION

Capacity Check Box

If you are signing the form on your own behalf, then you do not need to tick this box. You are only required to tick this box if you are signing the form on behalf of another person and you have the legal authority to do so – e.g., you have a power of attorney, etc.

Signature

Please review the certifications and sign the Form if you are agreed with the certifications.

Date

Enter the date you are signing the form. Please use the MM/DD/YYYY format.

Print name of signer

Please print your name. Generally, if you are completing and signing the form on your own behalf, the name you enter here should match the name on Line 1.

Questions?

Contact Brad Jewell at bjewell@phikappaphi.org or 800-804-9880, ext. 214