

**ATTACHMENT TO FORM W-9  
TAX TREATY CLAIM BY A U.S. RESIDENT**

TAXPAYER NAME: \_\_\_\_\_

TAXPAYER U.S. IDENTIFICATION NUMBER (SSN, ETC) \_\_\_\_\_

TAXPAYER IS A:      U.S. Resident Alien for tax purposes  
                             Other U.S. Person (Describe) \_\_\_\_\_

IF YOU ARE A U.S. RESIDENT ALIEN, ARE YOU A RESIDENT ALIEN UNDER:

- The Green Card Test
- The Substantial Presence Test
- The Residency Article of a Tax Treaty

TAXPAYER IS CLAIMING A BENEFIT OR EXCLUSION UNDER WHICH TAX TREATY? \_\_\_\_\_

UNDER WHICH TREATY ARTICLE(S) IS THE TAXPAYER CLAIMING A BENEFIT OR EXCLUSION? \_\_\_\_\_

IS THE TAXPAYER RELYING UPON AN EXCEPTION TO THE SAVING CLAUSE OF HIS/HER TAX TREATY IN ORDER TO CLAIM THE BENEFIT OR EXCLUSION?

YES

NO

DESCRIBE THE TAX TREATY BENEFIT OR EXCLUSION THE TAXPAYER IS CLAIMING:

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