

Substitute Form W-8

CERTIFICATE OF NON-U.S. STATUS

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Part I – General Information

<input type="checkbox"/> Individual <input type="checkbox"/> Company	
Name	U.S. Taxpayer Identification Number (if any)
Permanent address (include apt. or suite no.)	
City and province or state	
Postal code and country	
Current mailing address (if different from permanent address)	
City and province or state	
Postal code and country	

Part II – Information and questions regarding your residence status:

Country of Citizenship:
Individuals complete (1), (2), and (3) below:
Questions to determine if you are a U.S. resident under U.S. tax rules:
(1) - Were you a lawful permanent resident of the U.S. at any time during the calendar year, that is; held an immigrant visa (a green card)? Yes <input type="checkbox"/> No <input type="checkbox"/>
(2) - Were you physically present in the U.S. at least 31 days during the current calendar year? Yes <input type="checkbox"/> No <input type="checkbox"/> If "yes," How many days: _____
(3) - If you answered "yes" to Question (2), do the total days you were present in the U.S. during the current year (shown above), plus one-third of the days you were present in the prior year, plus one-sixth of the days you were present in the second prior year equal or exceed 183 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes to either Question #(1) or #(3) above, the individual must provide a U.S. Taxpayer Identification Number or U.S. Federal Employer Identification Number.
Companies complete (4) and (5) below.
(4) - Are you a company based or located in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
(5) - If you answered no to (4), are the payments you receive from us for services performed within the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to (4) or (5) is yes, the company must provide a U.S. Federal Employer Identification #.

Part III Certification

Under penalties of perjury, I certify that the information included on this form is true, correct and complete.

Signature: _____

Date: _____

Payment requests are for: Services: _____ Awards: _____ Expense reports: _____ Other: (provide reason) _____

For IEEE Use only: Supplier Number: _____ Site: _____ Staff contact name & tel. #: _____
