**Substitute Form W-8BEN-E**

**Certificate of Status of Beneficial Owner for United States**

**Tax Withholding and Reporting (Entities)**

* For use by Foreign ENTITIES to be paid for foreign source income *(see instructions).*
* Non-resident alien individuals must use IRS Form W-8BEN.
* Send this form to Furman University *(see instructions for address)*.
* Do NOT send this form to the IRS.

**I. Identification of Beneficial Owner (Entity)**

1. Name of organization that is the beneficial owner

2. Country of incorporation or organization

3. Name of disregarded entity receiving the payment (if applicable)

4. Chapter 3 Status (entity type) (*Must check one box only)*

 Corporation Government Private Foundation Estate

 Central Bank of Issue Tax-exempt organization Complex trust

5. Permanent residence address *(Do not use a P.O. Box or in-care-of address)*

 Street or Rural Route Apt. or Suite #

 City or Town Country

 State or Province Postal Code *(if applicable)*

6. Mailing Address *(if different from above)*

 Street or Rural Route Apt. or Suite #

 City or Town Country

 State or Province Postal Code *(if applicable)*

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

**II. Certification**

* The entity identified on line 1 of this form is the beneficial owner of all the income to which this form relates, is using this form to certify its status for chapter 4 purposes, or is a merchant submitting this form for purposes of section 6050W,
* The entity identified on line 1 of this form is not a U.S. person,
* The income to which this form relates is: (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner’s share of a partnership’s effectively connected income, **and**
* For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

**I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.**

**Sign Here \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

Signature of individual authorized to sign for beneficial owner Print Name Date (MM-DD-YYYY)

 **\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

Title of individual authorized to sign Email address

**I certify that I have the capacity to sign for the entity identified on line 1 of this form.**