W-9 & W-8ECI Instructions

W-9:

Individual Requirements:

- Section 1: Must be filled out with one owner name
- Section 3: Individual box must be checked
- Section 5 & 6: Full mailing address
- Part 1: Add in SSN for owner in Section 1
- Part 2: Signature & date



Corporations, LLCs, Partnerships:

- Section 1: Must be filled out with name on tax return
- Section 2: Business name listed, if different from Section 1
- Section 3: Appropriate Corporation, Partnership, or LLC box checked. LLCs must also fill in their tax classification: C, S, or P.
- Section 5 & 6: Full mailing address
- Part 1: EIN must be listed for LLCs, Corporations & Partnerships. (SSN is permitted for single-member LLCs that box must be checked accordingly).
- Part 2: Signature & date
- ***All types will receive a 1099 except for those that are Corporations (C Corp or S Corp) or LLCs with the classification C or S.***

Form W-9 Rev. October 2018) Department of the Treasury Internal Revenue Service		Request for Taxpayer Identification Number and Certification									Give Form to the requester. Do no			not			
		► Go to www.irs.gov/FormW9 for instructions and the latest information.							n.	send to the IRS.				S.			
1 1	Name (as shown on	your income	tax return). Name	is requ	uired on this	line; do n	ot leave thi	s line blank.									
JO	E SMITH BUS	INESS. LL	С														
	Business name/disr		- Colored Colo	t from	above												
JO	E SMITH REN	TALS															
3 g	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.								4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):								
. se	Individual/sole pr single-member L		C Corporat	tion	S Corpo	oration	Parti	nership	☐ Trus	t/est	ate	Exempt				ny)	
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See Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) > S							Cis	code (if any)				ng				
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Trusts/Estates:

- Section 1: Owner's Name or Trust's Name
- Section 2: Trust's Name (if not written in Section 1)
- Section 3: Check the Trust Box
- Section 5 & 6: Full mailing address
- Part 1: SSN of the person listed in Section 1 or EIN for Trust listed in Section 1
- Part 2: Signature & date

NOTE: Trusts may be recorded under an individual's Social Security number or have an EIN number.

Trusts will be issued a 1099

Depar	October 2018) tment of the Treasury al Revenue Service	.	Identifica	Request for ation Number ov/FormW9 for instru	r and Certif			Give Form requeste send to t	r. Do no	
	100		ax return). Name is r	required on this line; do	not leave this line blank	2				
	SMITH FAMILY TRUST 2 Business name/disregarded entity name, if different from above									
Print or type. See Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line of following seven boxes. Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Ps Note: Check the appropriate box in the line above for the tax classification of the single-memb LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless					✓ Trust/estate	certain entities, not individui instructions on page 3): Exempt payee code (if any) _ hip) ber. Do not check exemption from FATCA report the LLC is			
	another LLC the is disregarded Other (see instance) 5 Address (number 105 WHITE OAI							code (if any) (Applies to accounts maintained outside the U.S.) Ind address (optional)		
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	AUSTIN, TX 78									
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Foreign Investors (non-US citizens) / W-8ECI:

- ** Must fill out an W-8ECI form with a US Taxpayer ID each year. With this form completed, 1836 does not need to withhold rents or file any IRS forms for the owner. We will NOT accept a W-8BEN.
- ** PMs will need to ask for a new copy for the upcoming year on December 1st every year. Must be received by the end of December. If not, no disbursements will be made in January.
 - Section 1: Owner's Name
 - Section 2: Country
 - Section 3: Owner's Business Name, if applicable
 - Section 4: Select appropriate box if just an owner without a business, check individual
 - Section 5: Owner's Permanent Address
 - Section 6: Owner's Business Address, if applicable
 - Section 7: Select appropriate box and list SSN or EIN to the right of boxes
 - Section 8a & 8b: Owner's Foreign tax ID number, if applicable
 - Section 9: Leave blank unless applicable
 - Section 10: Owner's DOB
 - Section 11: Owner to fill in description of income they are expecting to receive (ie. Rent income)
 - Section 12: Leave blank, unless applicable
 - Part 2: Check box listed, owner to sign, print, and date

Form W-8EUI

Connected With the Conduct of a Trade or Business in the United States

(Rev. October 2021)

Department of the Treasi Internal Revenue Service

► Section references are to the Internal Revenue Code.

► Go to www.irs.gov/FormW8EC/I for instructions and the latest information.

► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Note: Persons submitting this form must file an annual U.S. income tax return to report income claimed to be effectively connected with a U.S. trade or business. See instructions. Do not use this form for: Instead, use Form: A beneficial owner solely claiming foreign status or treaty benefits W-8BEN or W-8BEN-E A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign central bank of issue, foreign tax-exempt organization, for foundation, or government of a U.S. possession claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) foreign private Note: These entities should use Form W-8ECI if they received effectively connected income and are not eligible to claim an exemption for chapter 3 or 4 purposes on Form W-8EXP. · A foreign partnership or a foreign trust (unless claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States) W-8BEN-E or W-8IMY Part I Identification of Beneficial Owner (see instructions) Name of individual or organization that is the beneficial owner 2 Country of incorporation or organization 3 Name of disregarded entity receiving the payments (if applicable) Type of entity (check the appropriate box): Complex trust Tax-exempt organization Simple trust Foreign Government - Controlled Entity Grantor trust Central bank of issue Foreign Government - Integral Part International organization Corporation Private foundation Individual Estate Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. City or town, state or province. Include postal code where appropriate Business address in the United States (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address City or town, state, and ZIP code U.S. taxpayer identification number (required – see instructions) SSN or ITIN EIN 8a Foreign tax identifying number (FTIN) 10 Date of birth (MM-DD-YYYY) 9 Reference number(s) (see instructions) Specify each item of income that is, or is expected to be, received from the payer that is effectively connected with the conduct of a trade or 11 business in the United States (attach statement if necessary). Check here to certify that: you are a dealer in securities (as defined in section 475(c)(1)); you are a transferor of an interest in a publicly traded partnership (PTP) claiming an exception from withholding under Regulations section 1.1448(f)-4(b)(6); and any gain from the transfer of the PTP interest associated with this form is effectively connected with the conduct of a trade or business within the United States without regard to section 864(c)(8). 12 Part II Certification 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:

I am the beneficial owner (or I am authorized to sign for the beneficial owner) of all the payments to which this form relates, . The amounts for which this certification is provided are effectively connected with the conduct of a trade or business in the United States, • The income for which this form was provided is includible in my gross income (or the beneficial owner's gross income) for the taxable year, and Sign The beneficial owner is not a U.S. person. Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the payments of which I am the beneficial owner or any withholding agent that can disburse or make payments of the amounts of which I am the beneficial owner. Here I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect. I certify that I have the capacity to sign for the person identified on line 1 of this form. Signature of beneficial owner (or individual authorized to sign for the beneficial owner) Date (MM-DD-YYYY) Print name