



Hamilton

GLACIER New Foreign Entity Data Collection Form

I, _____, am authorized on behalf of _____ to certify:
Print Name *Entity*

1. Entity/Recipient Type (*check one*):

- Corporation
- Partnership
- Government/International Organization
- Tax-Exempt Organization
- Private Foundation
- Estate

2. U.S. Address:

Street _____

City _____ State _____ Zip Code _____

- Entity does NOT have a U.S. Address.

3. Permanent Foreign Address:

Street _____

City _____ Country _____

Postal Code _____ Province (Canada Only) _____

4. EIN or ITIN: _____ or (*check one*):

- The Entity has applied for an ITIN, and has not yet received the number
- The Entity does NOT have an ITIN or EIN

5. Foreign Tax Identification Number (if any): _____

6. Country of:

- Incorporation/Organization: _____
- Tax Residence: _____

7. Income Type:

- | | |
|--|--|
| <input type="checkbox"/> Industrial Royalties | <input type="checkbox"/> Performer/Artist – No CWA |
| <input type="checkbox"/> Copyright Royalties | <input type="checkbox"/> Performer/Artist – With a CWA |
| <input type="checkbox"/> Independent Personal Services | <input type="checkbox"/> Other |

8. Entity's Income (*check one*):

- IS effectively connected with a U.S. trade or business and that an applicable U.S. tax return will be filed with respect to this income.
- Is NOT effectively connected with a U.S. trade or business.
- It is UNKNOWN whether this income is effectively connected with a U.S. trade or business.

Signature

Printed Name & Title

Date