Official Entry Form

Annual Scottsdale Arabian Horse Show

February 11-21, 2027

**** ONLINE ENTRIES ENCOURAGED****

Online entries are available at: www.ringsideproductionsllc.com

Hand Delivered & Mailed: 15455 N Greenway-Hayden Loop C-18 Scottsdale, AZ 85260

Email: entries@scottsdaleshow.com

PLEASE PRINT CLEARLY. ONLY ONE-HORSE PER ENTRY FORM. All entries must be complete and contain the correct fees. Enclose or scan copies of horse registration papers (both sides), purchase contract (if applicable), ***CURRENT*** membership cards: USEF, AHA competition (if applicable), for each rider, driver, handler and owner. **A late fee will be charged for missing registration papers or expired membership cards (AHA, USDF, USEF, & WDAA Membership Cards).**

	Registration #	Name of Horse	Date of Birth	Gender	Color	Height
	Sire	Dam	Horse USEF#		Horse USDF#	

Horse Microchip # (MANDATORY)	

Rider/Driver/Handler	AHA # / USEF#	Class #	Class #	Class #	Class #	Class #	Entry Fees
If Minor indicate Birth-date here (M-D-Y):	USDF/WDAA#	Fee	Fee	Fee	Fee	Fee	
Rider/Driver/Handler	AHA # / USEF#	Class #	Class #	Class #	Class #	Class #	Entry Fees
If Minor indicate Birth-date here (M-D-Y):	USDF/WDAA#	Fee	Fee	Fee	Fee	Fee	
Rider/Driver/Handler	AHA # / USEF#	Class #	Class #	Class #	Class #	Class #	Entry Fees
If Minor indicate Birth-date here (M-D-Y):	USDF/WDAA#	Fee	Fee	Fee	Fee	Fee	

FOR MORE THAN FOUR RIDERS WITH SAME HORSE, USE ADDITIONAL ENTRY FORM, LEAVING HORSE DATA BLANK. OWNERS ENTERING MORE THAN ONE HORSE USE ADDITIONAL ENTRY FORM(S). **Each person signing this entry form acknowledges that he/she has read the front and reverse side of this official entry form and agrees to the applicable terms, conditions, waivers, releases, indemnification, and consent set forth herein. Each person agrees that the information is accurate to the best of his/her knowledge.**

OWNER *(Exactly as it appears on horse registration papers or contract)*

Name _____ AHA# _____

Farm/Ranch _____ USEF#_____

(Name of Senior Active Competing Federation Member is required if Ownership is listed under a Farm/Ranch)

Address _____ USDF# _____

City/State_____ WDAA#_____

Zip _____Cell _____

e-mail: _____

TRAINER Name _____

AHA# _____ USEF # _____

USDF # _____ WDAA#_____

Address _____City/State/Zip _____

Phone _____ e-mail: _____

AMATEUR CERTIFICATION *(For amateurs in all amateur and amateur-owner classes)*

Name _____ USEF Amateur# _____

Age _____ Relationship to horse owner _____

STABLING INFORMATION:

Barn/Trainer I am stabling with _____

Total Entry Fees: .....$_____

____ Late Entry Fee @ $500, $1000 or $1500 .....$_____

____ Horse Stall @ $200 each .....$_____

____ Tack Room @$200 each.....$_____

____ Grounds Fee @ $60/horse .....$_____

Mandatory Fees:

____ Office Fee @ $80/horse ..... $ 80

____ USEF Drug Fee @ $25/horse ..... $ 25

(Includes $15 D&M and $10 Federation Fee)

____ Scottsdale AHA 9-90 & Recognition @ $12/horse ___ $ 12

____ West Coast Champs AHA 9-90 @ $12/horse.... $ 12

(Only for Entries into the West Coast Sport Horse Championships)

____ AHAA Recognition Fee @$5/horse..... $ 5

____ Media Fee @$25/horse..... $ 25

(Includes One Free Digital Download)

____ Cow Practice Rounds @$250/horse.....$_____

____ Hunter/Jumper Equipment Fee @$35/horse..$_____

____ Trail Equipment Fee @$35/horse .....$_____

Optional Fees:

_____ ARHA Maturity Level $100/level .....$_____

_____ Missing/Late Papers @$25/horse .....$_____

_____ Missing/Expired Cards @$10/occurrence .....$_____

_____ **3.75% Card Convenience Fee** .....$_____

Enclosed Total Fees.....$

3.75% Convenience Fee will be added to ALL CARD payments.

Card # _____

CCV: _____ Billing Zip _____

Exp. Date _____

Name _____

$100 charge: NSF checks or declined Credit Card (per attempt)

MAKE CHECKS PAYABLE TO AHAA

ENTRY DEADLINES: Postmarked by December 18th - **No penalty**

Between Dec 19th & Jan 16th - **$500/$250 penalty** *(Per Horse & Per division)*

Between Jan 17th – Feb 10th by 5pm - **$1000/$500 penalty**

February 11th after 5pm – February 21st the session prior - **$1500/$750 penalty**

Please do not mail entries after February 1st as they can be hand-delivered to the show office as of February 5th.

Owners, Trainers, Coach, Riders, Drivers & Handlers must sign a USEF and AHA release on reverse of this form *(or parent if rider, driver or handler is a minor).*

Scottsdale Arabian Horse Show Entry Agreement

AHAA ENTRY AGREEMENT – Scottsdale Arabian Horse Show All entries are accepted with the understanding that the Arabian Horse Association of Arizona will not be held responsible for any loss, damage or injury to any horse exhibited or any article of any kind. All horses shall be under the control and direction of the Show Committee but solely at the risk of the exhibitor, who will be responsible for any loss, damage or injury to any person, animals or property occasioned by him, his agents or employees, or by any animal owned or exhibited by him, and shall indemnify the Arabian Horse Association of Arizona and the City of Scottsdale and the U.S. Bureau of Reclamation against any and all loss, damages and liability thus occasioned, including, but not limited to, any and all legal costs, including attorney fees, which may be incurred as a result thereof. Exhibitors, grooms, handlers, owners, etc. are hereby warned that they may not use any device or conduct which may cause harm to any other person(s) horses, or equipment. **THE SUBMISSION OF THIS ENTRY FORM SHALL CONSTITUTE ACCEPTANCE BY EACH PERSON TO THE RULES AND PROVISIONS SET FORTH BY THE ARABIAN HORSE ASSOCIATION OF ARIZONA AND THE SCOTTSDALE ARABIAN HORSE SHOW.**

AHA ENTRY AGREEMENT – I have read the rules concerning competitions as printed in the Arabian Horse Association (AHA) Handbook / Directory and Competition Prize List and agree to be bound by and subject to those Rules. AHA ASSUMPTION OF RISK, RELEASE AND INDEMNIFICATION This document waives very important legal rights. Read it carefully before signing. In consideration for AHA permitting me to participate in this Competition, and by signing the entry blank, I agree as follows: I AGREE that I choose to participate voluntarily in this Competition, as a rider, driver, handler, lessee, owner, agent, coach, trainer, junior exhibitor, or as a parent or guardian of a junior exhibitor. I AM FULLY AWARE AND ACKNOWLEDGE THAT HORSE SPORTS AND PARTICIPATION IN THIS COMPETITION INVOLVE SERIOUS RISK OF HARM INCLUDING, BUT NOT LIMITED TO, RISKS OF ACCIDENT, SERIOUS BODILY INJURY, INCLUDING DEATH, BROKEN BONES, HEAD INJURIES, TRAUMA, PAIN, AND SUFFERING, AND PROPERTY DAMAGE. I ASSUME ALL RISKS OF HARM TO ME, MY HORSE OR MY PROPERTY. I AGREE for myself, my heirs, executors, administrators, successors and assigns to release AHA, the Competition, the facilities leased by the Competition and the owner(s) of the facilities, and all of their respective officers, officials, directors, employees, agents, personnel, volunteers, affiliated organizations and insurers (collectively, the "Released Parties") from any and all claims for damage, loss, or injury to myself, other persons, horses or other property belonging to me to the fullest extent permitted by law that arises out of or relates in any way to the Competition and my participation in the Competition INCLUDING, BUT NOT LIMITED TO, DAMAGES, LOSS, OR INJURY RESULTING FROM ANY ACTS, FAILURE TO ACT, NEGLIGENCE OR NEGLECT OF OTHER ENTRANTS, THE RELEASED PARTIES, THEIR CONTRACTORS OR INVITEES, as well as for theft, vandalism, fire, other casualty damage, or damage arising out of any defects in the premises. I AGREE to indemnify and hold harmless (that is pay all losses, damages, attorneys fees and costs of) the Released Parties from and against any and all claims, demands, penalties, actions, losses, costs, damages, injuries, liabilities and obligations (including attorney's fees) of whatsoever kind and nature, which may be asserted against or incurred by any of them as a result of (1) my participation in the Competition or (2) any act, failure to act, or neglect (a) by me, my agents, employees, riders, handlers, trainers, coaches, drivers, contractors or invitees, or (b) by any animal owned or exhibited by me or in my custody or control. I AGREE and represent that I am qualified and eligible to enter and/or participate in the Competition, and every horse I am entering is qualified and eligible as entered. I AGREE to accept AS FINAL any decision of AHA, the Show Commission or Show Officials concerning my qualification or the qualification of my horse to enter the Competition or any results of the Competition, except to the extent that the Rules of AHA, the Competition, CEF or USA Equestrian permit a protest or hearing of such decisions. Should a hearing be requested, I agree to accept AS FINAL the decision of the particular hearing body. I agree to release, hold harmless and not to sue AHA, the Competition Sponsor, their officers, directors, employees, volunteers or members concerning any decision of AHA, the Competition, its Show Commission, Show Officials or any hearing body that relates to my qualifications or my horse(s)' qualifications to enter the Competition or any results of the Competition. I AGREE that AHA has the sole right to control, sell, supervise or give away (or assign to others the right to do so) the exclusive rights to broadcast, televise, reproduce, transmit and disseminate all or part of this event, and I agree that AHA may use or assign, in any way AHA sees fit, photographs, films, videos, audios, cablecasts, or other likenesses of me and my horse taken during the course of the Competition for the promotion, coverage or benefit of the Competition or AHA. Those likenesses shall not be used to advertise a product and they may not be used in such a way which implies endorsement of any company, product, product category or service. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. By signing below as a parent or guardian of a junior exhibitor, I consent to the child's participation and agree to all of the above provisions, and further agree to assume all of the obligations of this AHA Assumption of Risk, Release and Indemnification personally and on behalf of the child. This AHA Assumption of Risk, Release and Indemnification is governed by the Laws of the State of Colorado and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue (place) for any legal action against AHA, its officers, directors, employees, volunteers or agents shall be in the local district courts or the federal court of the State of Colorado. If any part of this agreement is determined to be unenforceable, all other parts shall remain effect.

FEDERATION ENTRY AGREEMENT - United States Equestrian Federation Release, Assumption of Risk, Waiver, and Indemnification
By entering a Federation-licensed Competition and signing this entry blank as the Owner, Lessee, Trainer, Manager, Agent, Coach, Driver, Rider, Handler, Vaulter or Longeur and on behalf of myself and my principals, representatives, employees and agents, I agree that I am subject to the Bylaws and Rules of The United States Equestrian Federation, Inc. (the "Federation") and the local rules of the Scottsdale Arabian Horse Show (Competition). I agree to be bound by the Bylaws and Rules of the Federation and of the competition. I will accept as final the decision of the Hearing Committee on any question arising under the Rules, and agree to release and hold harmless the competition, the Federation, their officials, directors and employees for any action taken under the Rules. I represent that I am eligible to enter and/or participate under the Rules, and every horse I am entering is eligible as entered. I also agree that as a condition of and in consideration of acceptance of entry, the Federation and/or the Competition may use or assign photographs, videos, audios, cablecasts, broadcasts, internet, film, new media or other likenesses of me and my horse taken during the course of the competition for the promotion, coverage or benefit of the competition, sport, or the Federation. Those likenesses shall not be used to advertise a product and they may not be used in such a way as to jeopardize amateur status. I hereby expressly and irrevocably waive and release any rights in connection with such use, including any claim to compensation, invasion of privacy, right of publicity, or to misappropriation. The construction and application of Federation rules are governed by the laws of the State of New York, and any action instituted against the Federation must be filed in New York State. See GR908.4.**BY SIGNING BELOW, I AGREE** that I have read, understand, and agree to be bound by all applicable Federation Bylaws, rules, and policies including the USEF Safe Sport Policy and Minor Athlete Abuse Prevention Policies (MAAPP) as published at www.usef.org, as amended from time to time, as well as all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand.

BY SIGNING BELOW, I AGREE to be bound by all applicable AHA & Federation Rules and all terms and provisions of this entry blank and all terms and provisions of this Prize List. If I am signing and submitting this Agreement electronically, I acknowledge that my electronic signature shall have the same validity, force and effect as if I affixed my signature by my own hand. *This document waives important legal rights. Read it carefully before signing.*

RIDER/DRIVER/HANDLER/VAULTER/LONGEUR (Mandatory)	**OWNER/AGENT** (Mandatory) **Must be signed by owner if there is no trainer**	**HANDLER** (Mandatory)
Signature:	Signature:	Signature:
Print Name:	Print Name:	Print Name:
TRAINER (Mandatory)	**COACH** (If applicable)	**HANDLER** (Mandatory)
Signature:	Signature:	Signature:
Print Name:	Print Name:	Print Name:

JUNIOR (MINOR) EXHIBITOR CONSENT/WAIVER: I hereby consent to the entry of my child in this horse show and acknowledge that I have read the USEF Rules for Entry & Release and agree to the applicable terms, conditions, waivers and consent as set forth herein and accept responsibility hereunder for the participation of said Junior (Minor).

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor) _____

Print Parent//Guardian Name: _____ Emergency Contact Phone No. _____

Is Rider/Driver/Vaulter a U.S. Citizen: ☐ Yes ☐ No

Emergency Contact On-site: _____

Phone No.: _____ email: _____

WAIVER AND RELEASE OF LIABILITY,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

For and in consideration of United States Equestrian Federation, Inc. dba US Equestrian ("USEF") allowing me, the undersigned, to participate in any capacity (including as a rider, driver, handler, vaulter, longeur, lessee, owner, agent, coach, official, trainer or volunteer) in a USEF sanctioned, licensed or approved event or activity, including but not limited to equestrian clinics, practices, shows, competitions and related or incidental activities and Scottsdale Arabian Horse Show (**"USEF Event"** or **"USEF Events"**); I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors,, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the **"Agreement"**):

A. RULES AND REGULATIONS: I hereby agree that I have read, understand, and agree to be bound by all applicable Federation Bylaws, rules, and policies including the USEF Safe Sport Policy and Minor Athlete Abuse Prevention Policies (MAAPP) as published at www.usef.org, as amended from time to time.

B. ACKNOWLEDGMENT OF RISK: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with the sport of equestrian and know that horseback riding and related equestrian activities are inherently dangerous, and that participation in any USEF Event involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property (including my mount & equipment) arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, event staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of the USEF Event organizers and competition management; and other undefined, not readily foreseeable and presently unknown risks and dangers **("Risks")**.

EQUINE ACTIVITY LIABILITY ACT WARNING:

CAUTION: HORSEBACK RIDING AND EQUINE ACTIVITIES CAN BE DANGEROUS. RIDE AT YOUR OWN RISK.

Under the laws of most States, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

C. ASSUMPTION OF RISK: I understand that the aforementioned Risks may be caused in whole or in part or result directly or indirectly from the negligence of my own actions or inactions, the actions or inactions of others participating in the USEF Events, or the negligent acts or omissions of the Released Parties defined below, and I hereby voluntarily and knowingly assume all such Risks and responsibility for any damages, liabilities, losses, or expenses that I incur as a result of my participation in any USEF Events. I also agree to be responsible for any injury or damage caused by me, my horse, my employees or contractors under my direction and control at any USEF Event.

D. WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY: In conjunction with my participation in any USEF Event, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: USEF, USEF Recognized Affiliate Associations, the United States Olympic & Paralympic Committee (USOPC), USEF clubs, members, Event participants (including athletes/riders, coaches, trainers, judges/officials, and other personnel), the Event owner, licensee, and competition managers; the promoters, sponsors, or advertisers of any USEF Event; any charity or other beneficiary which may benefit from the USEF Event; the owners, managers, or lessors of any facilities or premises where a USEF Event may be held; and all directors, officers, employees, agents, contractors, and volunteers of any of the aforementioned parties **(Individually and Collectively, the "Released Parties" or "Event Organizers")**, with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature **("Liability")** which may arise out of, result from, or relate in any way to my participation in the USEF Events, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

E. COMPLETE AGREEMENT AND SEVERABILITY CLAUSE: This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I HAVE CAREFULLY READ THIS DOCUMENT IN ITS ENTIRETY, UNDERSTAND ALL OF ITS TERMS AND CONDITIONS, AND KNOW IT CONTAINS AN ASSUMPTION OF RISK, RELEASE AND WAIVER FROM LIABILITY, AS WELL AS A HOLD HARMLESS AND INDEMNIFICATION OBLIGATIONS.

By signing below, I (as the participant or as the Parent/Legal Guardian of the minor identified below) hereby accept and agree to the terms and conditions of this Agreement in connection with my (or the minor's) participation in any USEF Event. If, despite this Agreement, I, or anyone on my behalf or the minor's behalf, makes a claim for Liability against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any such Liabilities as the result of such claim.

The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

☐ **RIDER/DRIVER/HANDLER/VAULTER/LONGEUR** ☐ **OWNER** ☐ **TRAINER** ☐ **OFFICIAL** ☐ **STAFF** ☐ **VOLUNTEER** ☐ **COACH** (IF APPLICABLE)

Signature: _____ Date: _____ Print Name: _____

Parent/Guardian Signature: (Required if Rider/Driver/Handler/Vaulter/Longeur is a minor) _____ Date: _____

Print Parent//Guardian Name: _____ Emergency Contact Phone No. _____

11.16.23

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Form **W-9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See ***Specific Instructions*** on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) _____

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

5 Address (number, street, and apt. or suite no.). See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number

☐☐ – ☐☐☐☐☐☐☐

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

Form **W-8BEN**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

▶ **For use by individuals. Entities must use Form W-8BEN-E.**
▶ **Go to *www.irs.gov/FormW8BEN* 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

Do NOT use this form if:	**Instead, use Form:**
• You are NOT an individual	W-8BEN-E
• You are a U.S. citizen or other U.S. person, including a resident alien individual	W-9
• You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services)	W-8ECI
• You are a beneficial owner who is receiving compensation for personal services performed in the United States	8233 or W-4
• You are a person acting as an intermediary	W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner

2 Country of citizenship

3 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.

Country

4 Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country

5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)

6a Foreign tax identifying number (see instructions)

6b Check if FTIN not legally required ☐

7 Reference number(s) (see instructions)

8 Date of birth (MM-DD-YYYY) (see instructions)

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____.

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III 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 individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
  - (a) income not effectively connected with the conduct of a trade or business in the United States;
  - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
  - (c) the partner's share of a partnership's effectively connected taxable income; or
  - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; 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 I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶ ☐ 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 beneficial owner) | Date (MM-DD-YYYY)

Print name of signer