Form W-8BEN-E

(Rev. October 2021) Substitute Form for Non-FATCA Payments

Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities) For use by entities. Individuals must use Form W-8BEN. Section references are to the Internal Revenue Code. Go to www.irs.gov/FormW8BENE 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

- U.S. entity or U.S. citizen or resident	Do NO	T use this form for:					Instead use Form:		
A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits)		,					W-9		
(unless claiming treaty benefits). A foreign partnesship, a foreign simple trust, or a foreign grantor trust (unless claiming treaty) benefits) (see instructions for exceptions). A foreign government, international organization, foreign contrail bank of issue, foreign tax-exempt organization, foreign private foundation, or government of at 15, possession daily at 15(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty) benefits) (see instructions for other exceptions). W-8ECI or W-8EXP		_					,		
- A foreign government, International organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S., possession claiming that income is effectively connected U.S. income or that is claiming the applicability of sections () 115(2). 801(6), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions)		•	•						
government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2). **Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer). **Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer). **Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer). **ANADA** **Aname of organization that is the beneficial owner 1 Name of disregarded entity receiving the payment (if applicable, see instructions) 4 Chapter 3 Status (entity type) (Must check one box only):	• A for	eign partnership, a foreign simple trust, o	or a foreign grantor tru	ust (unless claimi	ing treaty be	enefits) (see instr	uctions for exceptions) W-8IMY		
Name of organization that is the beneficial Owner	gove 501(d	rnment of a U.S. possession claiming that c), 892, 895, or 1443(b) (unless claiming	at income is effectivel treaty benefits) (see in	y connected U.S nstructions for otl	. income or her exception	that is claiming tons)	he applicability of section(s) 115(2), W-8ECI or W-8EXP		
1 Name of organization that is the beneficial owner 2 Country of incorporation or organization CANADA 3 Name of disregarded entity receiving the payment (if applicable, see instructions) 4 Chapter 3 Status (entity type) (Must check one box only):		• • • • • • • • • • • • • • • • • • • •	•	ediary acting as a	qualified d	erivatives dealer)	W-8IMY		
CANADA	Pai								
4 Chapter 3 Status (entity type) (Must check one box only):	1	Name of organization that is the benefi	cial owner						
Simple trust	3	Name of disregarded entity receiving the	e payment (if applica	ble, see instruction	ons)				
Simple trust	4	Chapter 3 Status (entity type) (Must ch	eck one box only):	Corporation	on	□ P:	artnership		
Central Bank of Issue				Complex t	trust		•		
Grantor trust Disregarded entity International organization If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. Yes No 6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address). City or town, state or province. Include postal code where appropriate. Country 7 Mailing address (if different from above) City or town, state or province. Include postal code where appropriate. Country 8 U.S. taxpayer identification number (TIN), if required 9a GilN b Foreign TIN		☐ Central Bank of Issue ☐ Priva	ate foundation				•		
6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address). City or town, state or province. Include postal code where appropriate. Country 7 Mailing address (if different from above) City or town, state or province. Include postal code where appropriate. Country 8 U.S. taxpayer identification number (TIN), if required 9a GIIN b Foreign TIN (CAN CORPENSINESS 7) c Check if FTIN not legally required		☐ Grantor trust ☐ Disre	egarded entity	Internation	nal organiza	ation			
City or town, state or province. Include postal code where appropriate. 7 Mailing address (if different from above) City or town, state or province. Include postal code where appropriate. 8 U.S. taxpayer identification number (TIN), if required 9a GIIN 9 Foreign TIN (CANCORRENAMESS #) 10 Reference number(s) (see instructions) Note: Please complete remainder of the form including signing the form in Part XXX. Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.) 11 certify that (check all that apply): a The beneficial owner is a resident of CANADA within the meaning of the income tax treaty between the United States and that country. b The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions): Government		If you entered disregarded entity, partnership, si	mple trust, or grantor trust	above, is the entity	a hybrid makir	ng a treaty claim? If "	Yes," complete Part III. Yes No		
To Mailing address (if different from above) City or town, state or province. Include postal code where appropriate. Country B U.S. taxpayer identification number (TIN), if required 9a GIIN	6	Permanent residence address (street, apt	. or suite no., or rural ro	oute). Do not use	a P.O. box	or in-care-of add	ress (other than a registered address).		
City or town, state or province. Include postal code where appropriate. 8 U.S. taxpayer identification number (TIN), if required 9a GIIN		City or town, state or province. Include	postal code where a	ppropriate.			Country		
8 U.S. taxpayer identification number (TIN), if required 9a GIIN	7	Mailing address (if different from above)							
Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.) Can Company that meets the ownership and base erosion test		City or town, state or province. Include postal code where appropriate.				Country			
10 Reference number(s) (see instructions) Note: Please complete remainder of the form including signing the form in Part XXX. Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.) 11 I certify that (check all that apply): a	8	U.S. taxpayer identification number (TIN), if required							
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Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.) 1	10	Reference number(s) (see instructions)							
I certify that (check all that apply): a	Note:	Please complete remainder of the form in	ncluding signing the fo	orm in Part XXX.					
a ☐ The beneficial owner is a resident of	Par	t III Claim of Tax Treaty Be	nefits (if applicab	le). (For chap	ter 3 pur	ooses only.)			
treaty between the United States and that country. b	11	_ ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	CANADA	^					
b The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions): Government Tax-exempt pension trust or pension fund Other tax-exempt organization Publicly traded corporation Subsidiary of a publicly traded corporation No LOB article in treaty	а	✓ The beneficial owner is a resident of the control of the co	of CANADA	4		with	in the meaning of the income tax		
requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions): Government Tax-exempt pension trust or pension fund Other tax-exempt organization Publicly traded corporation Subsidiary of a publicly traded corporation Tax-exempt provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions): Company that meets the ownership and base erosion test Company that meets the derivative benefits test Company with an item of income that meets active trade or business test Favorable discretionary determination by the U.S. competent authority received No LOB article in treaty		treaty between the United States a	nd that country.						
 ☐ Tax-exempt pension trust or pension fund ☐ Other tax-exempt organization ☐ Publicly traded corporation ☐ Subsidiary of a publicly traded corporation ☐ Company that meets the derivative benefits test ☐ Company with an item of income that meets active trade or business test ☐ Favorable discretionary determination by the U.S. competent authority received ☐ No LOB article in treaty 	b	requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that m							
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 □ Other tax-exempt organization □ Publicly traded corporation □ Subsidiary of a publicly traded corporation □ Company with an item of income that meets active trade or business test □ Favorable discretionary determination by the U.S. competent authority received □ No LOB article in treaty 		<u> </u>							
 ☐ Publicly traded corporation ☐ Subsidiary of a publicly traded corporation ☐ No LOB article in treaty 									
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c The beneficial owner is claiming treaty benefits for U.S. source dividends rec or business of a foreign corporation and meets qualified resident status (see in	0 1	st from a U.S. trade					
12 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph	XII - 3						
	vithholding on (specify type of income):	ROYALTY INCOME					
Explain the additional conditions in the Article the beneficial owner meets to be eli	gible for the rate of withholding:						
COPYRIGHT ROYALTIES ELIGIBLE FOR A 0% RATE OF WITHHOLDING	COPYRIGHT ROYALTIES ELIGIBLE FOR A 0% RATE OF WITHHOLDING						
Part XXX Certification							
Under penalties of perjury, I declare that I have examined the information on this form and to the best certify under penalties of perjury that:	of my knowledge and belief it is true, correct, a	and complete. I further					
 The entity identified on line 1 of this form is the beneficial owner of all the income or proce chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y; 	eds to which this form relates, is using this form	to certify its status for					
 The entity identified 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 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); and							
• For broker transactions or barter exchanges, the beneficial owner is an exempt foreign pers	on as defined in the instructions.						
Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, cowner or any withholding agent that can disburse or make payments of the income of which the entity of I agree that I will submit a new form within 30 days if any certification on this form becomes income.	n line 1 is the beneficial owner.	line 1 is the beneficial					
\square I certify that I have the capacity to sign for the entity identified on line 1 of this form	1.						
Sign Here							
Signature of individual authorized to sign for beneficial owner	Print Name	Date (MM-DD-YYYY)					

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