

PROSPECTIVE GRANTEE TIPS FOR COMPLETING W-8 EXP TAX FORM¹

Fillable form can be found at <https://www.irs.gov/pub/irs-pdf/fw8exp.pdf>

Instructions for Form W-8 BEN-E can be found at <https://www.irs.gov/pub/irs-pdf/iw8exp.pdf>

PART I: IDENTIFICATION OF BENEFICIAL OWNER

1. The name of **organization** to receive payment
2. Country where the organization was formed
3. Identify type of organization
4. **FATCA status (Chapter 4 status): Do not complete this section. It is not applicable for grant payments.**
5. Fill in permanent address of organization.
Fill in City or town, State or province, Country, and Postal Code where appropriate.
6. Fill in mailing address, if different than permanent address identified above.
Fill in City or town, State or province, Country, and Postal Code where appropriate.
7. Complete if organization was provided a TIN (Tax Identification Number) by the U.S.A. government.
8. a. If provided a GIIN (Global Intermediary Identification Number), indicate with checkmark. These are only given to PFFI or Registered Deemed Compliant FFIs and will likely not apply.
b. If your country of residence for tax purposes has issued you a taxpayer identification number (TIN), enter it here. If not, leave blank. If your country of residence for tax purposes has issued you a taxpayer identification number (TIN), enter it here. If not, leave blank.
9. For your internal reference only. May leave this blank.

PART II: QUALIFICATION STATEMENT FOR CHAPTER 3 STATUS

- Answer depending on how you answered Line 3.

<u>If you chose type of entity as:</u>	<u>Then complete:</u>
Foreign government	Part II, Line 10
International organization	Part II, Line 11
Foreign tax-exempt organization	Part II, Choose Line 13a or 13 b
Foreign 501 (c) organization, not a private foundation	Part II, Choose Line 13c
Foreign 501 (c) organization, private foundation	Part II, Choose Line 13d

PART III: QUALIFICATION STATEMENT FOR CHAPTER 4 (if required) Do not complete this section. It does not relate to grant payments.

PART IV: CERTIFICATION:

- Sign document and print or type name on line next to signature.
- Fill in date of signature in MM-DD-YYYY format. EXAMPLE: April 28th, 2017 would be 04-28-2017.
- Check box below your signature to indicate that you are authorized to sign the form on behalf of the entity identified in Part I.

¹ The officers and staff persons of The McKnight Foundation are not tax experts and cannot provide professional tax advice. This tip sheet is meant for general guidance only. Please consult your tax professional regarding your organization's particular circumstances. Thank you.