

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

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service

► **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 <input type="checkbox"/>	
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	

Fax to (904) 273-3463
Attn: Leslie Manna or
Scan and Email to
LeslieManna@PGATOURHQ.com



Or Mail to PGA TOUR
Attn: Leslie Manna
1 PGA TOUR Boulevard
Ponte Vedra Beach, FL 32082

For Caddies with International Banking Accounts

1. Complete and sign this international direct deposit form and return to LeslieManna@pgatourhq.com.
2. Attach this form with completed IRS Form – **W-8BEN**
3. Contact Accounts Payable at APinquiry@pgatourhq.com for assistance.
4. Special Notes:
 - a. Mexico – wires must have a CLABE # (18 digits)
 - b. Canada – wires require Social Insurance Number and
 - c. Great Britain – wires in US dollars must have a bank account # and a Sort Code (6 digits)
 - d. Japan – Beneficiary name must be in half-width katakana format or payments will be rejected by bank

BENEFICIARY BANK (payee's bank):

Currency to be sent to payee: (Example: USD, CAD, MXN, GBP, Euro):

Bank Name

Bank Address

Branch Code (if applicable)

Swift/BIC Code/Routing Number

Beneficiary Name on Bank Account

Bank Account Number (outside Europe)

IBAN Number (Europe)

Account Type

INTERMEDIARY BANK (if applicable):

Bank Name

Bank City & State

ABA / Routing # (9 digits)

Account Number (if applicable)

Submitted by (print name)

Phone #

Signed

Date

Fax to (904) 273-3463
 Attn: Leslie Manna or
 Scan and Email to
 LeslieManna@PGATOURHQ.com



Or Mail to PGA TOUR
 Attn: Leslie Manna
 1 PGA TOUR Boulevard
 Ponte Vedra Beach, FL 32082

For Caddies with USA Bank Accounts

PGA TOUR/Champions Tour Caddies Direct Deposit Form

Name	Social Security Number (or Tax ID #) _____ - _____ - _____
Mailing Address	Email Address
City State Zip	Phone Number

Your Financial Institution	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Financial Institution Address	Routing Number (ACH)
	Account Number

IMPORTANT! Please attach a voided check with this form (not a deposit slip). A deposit slip is only acceptable for a savings account.

I hereby authorize PGA TOUR, Inc. to initiate credit entries and, if necessary, debit entries (adjustments for any erroneous credit entries only) to my account with the Financial Institution listed above. This authority is to remain in full force and effect until PGA TOUR, Inc. has received my written notification of its termination. I understand that PGA TOUR, Inc. and the above named Financial Institution must have a reasonable opportunity to act upon such termination notice.

Participant Signature X	Date
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