

Application for United States Residency Certification

OMB No. 1545-1817

▶ See separate instructions.

Important. For applicable user fee information, see the Instructions for Form 8802.

For IRS use only:

Additional request (see instructions)

Foreign claim form attached

Pmt Amt \$ _____

Deposit Date: ___/___/___

Date Pmt Vrfd: ___/___/___

Electronic payment confirmation no. ▶

26RR43FE

Applicant's name

MANIKANDAN SELVAGANESAN

Applicant's U.S. taxpayer identification number

040-37-6197

If a joint return was filed, spouse's name (see instructions)

BALA PRIYA SURESH

If a joint return was filed, spouse's U.S. taxpayer identification number

APPLIED FOR

If a separate certification is needed for spouse, check here

1 Applicant's name and taxpayer identification number as it should appear on the certification if different from above

2 Applicant's address during the calendar year for which certification is requested, including country and ZIP or postal code. If a P.O. box, see instructions.

3700 CASA VERDE ST APT# 3506,SANJOSE,CA-95134

3a Mail Form 6166 to the following address:

3700 CASA VERDE ST APT# 3506,SANJOSE,CA-95134

b Appointee Information (see instructions):

Appointee Name ▶ **MANIKANDAN SELVAGANESAN**

CAF No. ▶ _____

Phone No. ▶ (_____) **408-917-0752**

Fax No. ▶ (_____) _____

4 Applicant is (check appropriate box(es)):

a **Individual.** Check all applicable boxes.

U.S. citizen U.S. lawful permanent resident (green card holder) Sole proprietor

Other U.S. resident alien. Type of entry visa ▶ **L1**

Current nonimmigrant status ▶ **RESIDENT** and date of change (see instructions) ▶ _____

Dual-status U.S. resident (see instructions). From ▶ _____ to ▶ _____

Partial-year Form 2555 filer (see instructions). U.S. resident from ▶ _____ to ▶ _____

b **Partnership.** Check all applicable boxes. U.S. Foreign LLC

c **Trust.** Check if: Grantor (U.S.) Simple Rev. Rul. 81-100 Trust IRA (for Individual)

Grantor (foreign) Complex Section 584 IRA (for Financial Institution)

d **Estate**

e **Corporation.** If incorporated in the United States only, go to line 5. Otherwise, continue.

Check if: Section 269B Section 943(e)(1) Section 953(d) Section 1504(d)

Country or countries of incorporation ▶ _____

If a dual-resident corporation, specify other country of residence ▶ _____

If included on a consolidated return, attach page 1 of Form 1120 and Form 851.

f **S corporation**

g **Employee benefit plan/trust.** Plan number, if applicable ▶ _____

Check if: Section 401(a) Section 403(b) Section 457(b)

h **Exempt organization.** If organized in the United States, check all applicable boxes.

Section 501(c) Section 501(c)(3) Governmental entity

Indian tribe Other (specify) ▶ _____

i **Disregarded entity.** Check if: LLC LP LLP Other (specify) ▶ _____

j **Nominee applicant** (must specify the type of entity/individual for whom the nominee is acting) ▶ _____

Applicant Name MANIKANDAN SELVAGANESAN	Applicant TIN 040-37-6197
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Appointee Name (If Applicable)

Calendar year(s) for which certification is requested (must be the same year(s) indicated on line 7)

2020

11 Enter the number of certifications needed in the column to the right of each country for which certification is requested.
Note. If you are requesting certifications for more than one calendar year per country, enter the total number of certifications for all years for each country (see instructions).

Column A			Column B			Column C			Column D		
Country	CC	#	Country	CC	#	Country	CC	#	Country	CC	#
Armenia	AM		Finland	FI		Latvia	LG		South Africa	SF	
Australia	AS		France	FR		Lithuania	LH		Spain	SP	
Austria	AU		Georgia	GG		Luxembourg	LU		Sri Lanka	CE	
Azerbaijan	AJ		Germany	GM		Mexico	MX		Sweden	SW	
Bangladesh	BG		Greece	GR		Moldova	MD		Switzerland	SZ	
Barbados	BB		Hungary	HU		Morocco	MO		Tajikistan	TI	
Belarus	BO		Iceland	IC		Netherlands	NL		Thailand	TH	
Belgium	BE		India	IN	1	New Zealand	NZ		Trinidad and Tobago	TD	
Bermuda	BD		Indonesia	ID		Norway	NO		Tunisia	TS	
Bulgaria	BU		Ireland	EI		Pakistan	PK		Turkey	TU	
Canada	CA		Israel	IS		Philippines	RP		Turkmenistan	TX	
China	CH		Italy	IT		Poland	PL		Ukraine	UP	
Cyprus	CY		Jamaica	JM		Portugal	PO		United Kingdom	UK	
Czech Republic	EZ		Japan	JA		Romania	RO		Uzbekistan	UZ	
Denmark	DA		Kazakhstan	KZ		Russia	RS		Venezuela	VE	
Egypt	EG		Korea, South	KS		Slovak Republic	LO				
Estonia	EN		Kyrgyzstan	KG		Slovenia	SI				
Column A - Total			Column B - Total		1	Column C - Total			Column D - Total		

12 Enter the total number of certifications requested (add columns A, B, C, and D of line 11) **1**