Form **8802**

(Rev. November 2018)

Department of the Treasury
Internal Revenue Service

Application for United States Residency Certification

► See separate instructions.

OMB No. 1545-1817

Impor	tant	For applicable user fee information, see the Instructions for	or Form 8	802.		For IRS use only:
□ A	dditi	onal request (see instructions)	☐ For	eign claim form attach	ed	Pmt Amt \$ Deposit Date: //
Electronic payment confirmation no. ► 26RR43FE Applicant's name Applicant's U.S. taxpayer identife MANIKANDAN SELVAGANESAN 040-37-						Date Pmt Vrfd: / /
Applic	ant's	s name		Applicant's U.S. taxpay	er identification	n number
					040-37-6197	
lf a joi	nt re	turn was filed, spouse's name (see instructions)		If a joint return was filed identification number	d, spouse's U.	S. taxpayer
BALA	PRI	YA SURESH			ADDI IED EO	D
If a se	para	te certification is needed for spouse, check here 🕨 📗]		APPLIED FO	<u> </u>
1	Ар	olicant's name and taxpayer identification number as it sh	ould appe	ear on the certification if	different from	above
2	Αp	plicant's address during the calendar year for which certifi	ication is i	requested, including cou	ntry and Z I P c	 or postal code, If a P.O.
	-	κ, see instructions.		, ,	,	
3700 (CAS	A VERDE ST APT# 3506,SANJOSE,CA-95134				
3a	Ма	il Form 6166 to the following address:				
3700 (CAS	A VERDE ST APT# 3506,SANJOSE,CA-95134				
b	αA	pointee Information (see instructions):				
		pointee Name ► MANIKANDAN SELVAGANESAN		CAF No. ►		
		one No. ► () 408-917-0752		Fax No. ► ()	
						,
4	Ар	olicant is (check appropriate box(es)):				
а	V	Individual. Check all applicable boxes.				
		☐ U.S. citizen ☐ U.S. lawful permanent re	sident (gr	een card ho l der)	☐ Sole pro	oprietor
		☑ Other U.S. resident alien. Type of entry visa ► L1				
		Current nonimmigrant status ► RESIDENT	and	date of change (see ins	tructions) ▶	
		—				
		Partial-year Form 2555 filer (see instructions). U.S. res	sident fro	m >	to ▶	
b		Partnership. Check all applicable boxes. U.S.		Foreign	LLC	
С		Trust. Check if: Grantor (U.S.) Simple		Rev. Rul. 81-100 Trust		Individual)
_	_	Grantor (foreign) Complex		Section 584	☐ IRA (for	Financial Institution)
d	Ц	Estate				
е	Ш	Corporation. If incorporated in the United States only, go				50.4(I)
		Check if: Section 269B Section 943(e)(1)	· 	Section 953(d)	Section 1	* *
		Country or countries of incorporation If a dual-resident corporation, specify other country of recountry of	eidenes 🟲			
		If a dual-resident corporation, specify other country of resident included on a consolidated return, attach page 1 of For	m 1190 a	 nd Form 851		
f		S corporation	111 1 1 Z U d	na i omi oo i.		
g	\exists	Employee benefit plan/trust. Plan number, if applicable	•			
9	ш	Check if: Section 401(a) Section 403(b)		 Section 457(b)		
h		Exempt organization. If organized in the United States, ch	_	` '		
	_			Governmental entity		
		☐ Indian tribe ☐ Other (specify) ▶	_	,		
i		Disregarded entity. Check if: LLC LP	Li	₋P ☐ Other (specit	y) ▶	
j		Nominee applicant (must specify the type of entity/individ	dual for w	hom the nominee is actir		

Form 8802 (Rev. 11-2018) Applicant name: Was the applicant required to file a U.S. tax form for the tax period(s) on which certification will be based? Check the appropriate box for the form filed and go to line 7. ☐ 990-T 🔽 1040 ☐ 1041 ☐ 1065 ☐ 1120 ☐ 1120S ☐ 3520-A ☐ 5227 ☐ 5500 ☐ Other (specify) ▶ Attach explanation (see instructions). Check applicable box and go to line 6. No. □ U.S. DRE ☐ Foreign DRE Section 761(a) election ☐ Minor child ☐ QSub ☐ FASIT ☐ Other ► Foreign partnership Was the applicant's parent, parent organization or owner required to file a U.S. tax form? (Complete this line only if you checked "No" on line 5.) Check the appropriate box for the form filed by the parent. ☐ 990-T ☐ 1040 ☐ 1041 ☐ 1065 ☐ 1120 ☐ 1120S ☐ 5500 ☐ Other (specify) ► Parent's/owner's name and address ▶ ----and U.S. taxpayer identification number ▶ No. Attach explanation (see instructions). Calendar year(s) for which certification is requested. Note. If certification is for the current calendar year or a year for which a tax return is not yet required to be filed, a penalties of perjury statement from Table 2 of the instructions must be entered on line 10 or attached to Form 8802 (see instructions). Tax period(s) on which certification will be based (see instructions). Purpose of certification. Must check applicable box (see instructions). □ VAT (specify NAICS codes) ▶ ✓ Income tax ☐ Other (must specify) ► 10 Enter penalties of perjury statements and any additional required information here (see instructions). Under penalties of perjury, I declare that I have examined this application and accompanying attachments, and to the best of my knowledge and belief, they are true, correct, and complete. If I have designated a third party to receive the residency certification(s), I declare that the certification(s) will be used only for obtaining information or assistance from that person relating to matters designated on line 9. Sign here Applicant's signature (or individual authorized to sign for the applicant) Applicant's daytime phone no.: Keep a 408-917-0752 04/15/2021 copy for Signature your records. MANIKANDAN SELVAGANESAN Name and title (print or type) Spouse's signature. If a joint application, both must sign.

BALA PRIYA SURESH

Name (print or type)

<u> </u>		
Applicant Name	Applicant TIN	
MANIKANDAN SELVAGANESAN	040-37-6197	

Appointee Name (If Applicable)

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

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	СС	#	Country	СС	#	Country	CC	1
Armenia	АМ		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	ВG		Greece	GR		Moldova	MD		Switzerland	SZ	
Barbados	ВВ		Hungary	HU		Morocco	МО		Tajikis t an	ΤI	
Belarus	во		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	СН		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		

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