



U.S. Residency Certs User Fee

Applicant Name

MANIKANDAN SELVAGANESAN

Type of Applicant

- Individual Applicants Applicants Other than Individuals

Applicant EIN/SSN (excludes dashes)

040376197

Submitter Name

MANIKANDAN SELVAGANESAN

Contact e-mail Address

manikandancs333@gmail.com

Your Contact Phone Number (to be used for questions regarding payment received)

408-917-0752

Number of Form(s) 8802 (not # of certificates)

1

Supplement Payment ?

- Click here only after you have been contacted for a supplement payment to be made**

Payment Amount:

- Check here if Name and Address information is the same as the Billing information.