

Cómo rellenar el formulario W-8BEN-E para entidades

Tenga en cuenta que en las instrucciones que aparecen a continuación solo se muestran determinadas partes del formulario W-8BEN-E. Puede encontrar el formulario W-8BEN-E, la Guía de Clasificación de Entidades y otros documentos de ayuda en la página web del banco dedicada a [FATCA](#).

Línea 1
Introduzca el nombre de la organización que sea la beneficiaria efectiva.

Línea 2
Si se trata de una corporación, introduzca el país de constitución. Para otro tipo de entidades, introduzca el país bajo cuya legislación se ha creado, se ha organizado o está regulada la entidad.

Por favor, introduzca la condición de la entidad conforme al capítulo 3 y al capítulo 4.

- Línea 4**, para el régimen de intermediario cualificado (QI): **marque solo una casilla**
Determine la clasificación de la entidad a efectos del QI de acuerdo con la reglamentación tributaria de los EE. UU.
- Línea 5**, para la FATCA: **marque solo una casilla**
Aquí confirma que la entidad puede optar a esta clasificación en su país de residencia.

Para más información, consulte la Guía de Clasificación de Entidades en la página web del banco dedicada a la FATCA (www.credit-suisse.com/fatca).

Por favor, proporcione la dirección permanente y, si difiere, la dirección postal de la beneficiaria efectiva.

Página 1

Form W-8BEN-E (Rev. October 2021) Department of the Treasury Internal Revenue Service		Certificate of Status of Beneficial Owner for United States Tax Withholding and Reporting (Entities) ► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code. ► Go to www.irs.gov/FormW8BEN-E 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 for:		Instead use Form:		
• U.S. entity or U.S. citizen or resident		W-9		
• A foreign individual		W-8BEN (Individual) or Form 8233		
• A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits)		W-8ECI		
• A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions)		W-8IMY		
• A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(i)(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions)		W-8ECI or W-8EXP		
• Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer)		W-8IMY		
Part I Identification of Beneficial Owner				
1 Name of organization that is the beneficial owner		2 Country of incorporation or organization		
3 Name of disregarded entity receiving the payment (if applicable, see instructions)				
4 Chapter 3 Status (entity type) (Must check one box only):				
<input type="checkbox"/> Simple trust		<input type="checkbox"/> Tax-exempt organization		<input type="checkbox"/> Corporation
<input type="checkbox"/> Grantor trust		<input type="checkbox"/> Private foundation		<input type="checkbox"/> Complex trust
<input type="checkbox"/> Disregarded entity		<input type="checkbox"/> International organization		<input type="checkbox"/> Estate
				<input type="checkbox"/> Partnership
				<input type="checkbox"/> Foreign Government - Controlled Entity
				<input type="checkbox"/> Foreign Government - Integral Part
If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. <input type="checkbox"/> Yes <input type="checkbox"/> No				
5 Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)				
<input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).		<input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII.		
<input type="checkbox"/> Participating FFI.		<input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.		
<input type="checkbox"/> Reporting Model 1 FFI.		<input type="checkbox"/> International organization. Complete Part XIV.		
<input type="checkbox"/> Reporting Model 2 FFI.		<input type="checkbox"/> Exempt retirement plans. Complete Part XV.		
<input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.		<input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI.		
<input type="checkbox"/> Sponsored FFI. Complete Part IV.		<input type="checkbox"/> Territory financial institution. Complete Part XVII.		
<input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V.		<input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII.		
<input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.		<input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX.		
<input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.		<input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.		
<input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII.		<input type="checkbox"/> 501(c) organization. Complete Part XXI.		
<input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX.		<input type="checkbox"/> Nonprofit organization. Complete Part XXII.		
<input type="checkbox"/> Owner-documented FFI. Complete Part X.		<input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.		
<input type="checkbox"/> Restricted distributor. Complete Part XI.		<input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV.		
		<input type="checkbox"/> Active NFFE. Complete Part XXV.		
		<input type="checkbox"/> Passive NFFE. Complete Part XXVI.		
		<input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII.		
		<input type="checkbox"/> Direct reporting NFFE.		
		<input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII.		
		<input type="checkbox"/> Account that is not a financial account.		
6 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address (other than a registered address).				
City or town, state or province. Include postal code where appropriate.			Country	
7 Mailing address (if different from above)				
City or town, state or province. Include postal code where appropriate.			Country	
For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 59689N Form W-8BEN-E (Rev. 10-2021) Page 2				
Part I Identification of Beneficial Owner (continued)				
8 U.S. taxpayer identification number (TIN), if required				
9a GIIN	b Foreign TIN	c Check if FTIN not legally required. <input type="checkbox"/>		
10 Reference number(s) (see instructions)				
Note: Please complete remainder of the form including signing the form in Part XXX.				

Complete esta sección si se aplican los beneficios de un convenio de doble imposición entre los EE. UU. y su país de residencia fiscal.

Complete el apartado **a** y **b** categoría de LOB.

Para más información sobre las categorías de LOB, consulte la guía Convenios de doble imposición con EE. UU. en la página web del banco dedicada a FATCA.

Si no está seguro del estado de la entidad, consulte a su asesor fiscal.

Solo se debe rellenar si no se aplica la tasa estándar de convenios de doble imposición.

Introduzca su nombre y su firma de conformidad con las firmas autorizadas.

Asegúrese de introducir la fecha según el formato MM-DD-AAAA (p. ej., 03-28-2022).

Para garantizar la validez del formulario, marque la casilla de confirmación de la capacidad legal.

(Nuevo) Se aceptarán formularios firmados electrónicamente (tanto para la FATCA como para el QI).

Las firmas electrónicas, en general, deben incluir el nombre de la persona autorizada para firmar, un sello con la fecha y la hora, así como una declaración de que el documento se ha firmado electrónicamente.

Página 2

Part III Claim of Tax Treaty Benefits (if applicable). (For chapter 3 purposes only.)

14 I certify that (check all that apply):

a The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

b The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):

<input type="checkbox"/> Government	<input type="checkbox"/> Company that meets the ownership and base erosion test
<input type="checkbox"/> Tax-exempt pension trust or pension fund	<input type="checkbox"/> Company that meets the derivative benefits test
<input type="checkbox"/> Other tax-exempt organization	<input type="checkbox"/> Company with an item of income that meets active trade or business test
<input type="checkbox"/> Publicly traded corporation	<input type="checkbox"/> Favorable discretionary determination by the U.S. competent authority received
<input type="checkbox"/> Subsidiary of a publicly traded corporation	<input type="checkbox"/> No LOB article in treaty
	<input type="checkbox"/> Other (specify Article and paragraph): _____

c The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).

15 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 14a above to claim a _____ % rate of withholding on (specify type of income): _____
Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: _____

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Part XXX 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:

- The entity identified on line 1 of this form is the beneficial owner of all the income or proceeds to which this form relates, is using this form to certify its status for chapter 4 purposes, or is submitting this form for purposes of section 6050W or 6050Y;
- The entity identified 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 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(i); 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 the entity on line 1 is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity on line 1 is the beneficial owner.

I agree that I will submit a new form within 30 days if any certification on this form becomes incorrect.

I certify that I have the capacity to sign for the entity identified on line 1 of this form.

Sign Here  _____

Signature of individual authorized to sign for beneficial owner _____ Print Name _____ Date (MM-DD-YYYY) _____

Form **W-8BEN-E** (Rev. 10-2021)



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