

## [Confirm your Taxpayer Status](#)

To comply with regulatory obligations, PayPal needs to verify your tax status. You can find more information why we need this information at [www.paypal.com/irs](http://www.paypal.com/irs).

Is the account holder a U.S Entity, U.S. Citizen, or a U.S. person under U.S tax law?

Yes

No

Note:

- If you choose yes, download a PDF copy of IRS Form W-9, available from the U.S. Internal Revenue Service at [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf). Fill out Form W-9 and send it with this document to [taxdocumentupload@paypal.com](mailto:taxdocumentupload@paypal.com)
- If you chose No, provide this completed Form to [taxdocumentupload@paypal.com](mailto:taxdocumentupload@paypal.com)

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_  
*(Include Country, Province and Postal Code in the address)*

**Email Address  
On PayPal  
Account:** \_\_\_\_\_

Under Penalties of Perjury, I certify that:

The payee providing this certification is not a United States person (i.e., a citizen or resident of the United States as determined for U.S. federal tax purposes, a corporation or partnership created or organized in the United States or under the law of the United States or of any State, any estate that would be subject to U.S. federal income tax on income from sources without the United States which is not effectively connected with the conduct of a trade or business within the United States, or any trust if a court within the United States is able to exercise primary supervision over the administration of the trust and one or more United States persons have the authority to control all substantial decisions of the trust), that the income to which this certification relates is not effectively connected with the conduct of a trade or business in the United States, and that the undersigned has examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. Furthermore, I authorize this form to be provided to any person that has control, receipt, or custody of the payment to which I am entitled or any person that can disburse or make the payments to which I am entitled.

I certify that I have the capacity to sign for the individual identified on the form

**Signature:**

**Date:**