

Vejledning til W-8BEN

Bemærk, at Saxo Bank ikke yder skatterådgivning, og dette dokument er kun vejledende for, hvordan formularen skal udfyldes.

Hvis du er usikker på, hvordan din specifikke formular skal udfyldes, anbefaler vi, at du kontakter en ekstern skatterådgiver eller konsulterer IRS og deres instruktioner: [Instructions for Form W-8BEN](#)

Eksempel på udfyldelse af en W-8BEN

Vi har lavet et eksempel på, hvordan formularen kan udfyldes. Bemærk, at W-8BEN kun skal udfyldes, hvis du er privatperson og ikke skattepligtig i USA.

Part I – Investoroplysninger

Part I Identification of Beneficial Owner (see instructions)	
1 Name of individual who is the beneficial owner	2 Country of citizenship
Obligatorisk felt	Obligatorisk felt - ingen forkortelser eks.Denmark
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.	
Obligatorisk felt	
City or town, state or province. Include postal code where appropriate.	Country
Obligatorisk felt	Obligatorisk felt - eks.Denmark
4 Mailing address (if different from above)	
Postadresse - udfyldes kun hvis anderledes end fast adresse	
City or town, state or province. Include postal code where appropriate.	Country
Postadresse - udfyldes kun hvis anderledes end fast adresse	Postadresse
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	
6a Foreign tax identifying number (see instructions)	6b Check if FTIN not legally required ☐
Obligatorisk felt - i DK CPR nummer	
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions)
	MM-DD-AAAA

Her skal du indtaste dine faste oplysninger. Felterne, der skal udfyldes, er markeret på billedet.

Sørg for, at der ikke er forkortelser i landenavnet, f.eks. skal "Denmark" skrives fuldt ud.

Fødselsdatoen skal angives i amerikansk datoformat: måned, dag og år.

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of Indsat bopæls/skatte land within the meaning of the income tax treaty between the United States and that country.

10 **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 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III 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:	
- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes; - The person named 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 applicable 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(f); - The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; 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 I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.	
☐ I certify that I have the capacity to sign for the person identified on line 1 of this form.	
Signature Obligorisk felt	MM-DD-AAAA
Signature of beneficial owner (or individual authorized to sign for beneficial owner)	Date (MM-DD-YYYY)
For Paperwork Reduction Act Notice, see separate instructions. Cat. No. 25047Z Form W-8BEN (Rev. 10-20-21)	

Husk at bruge amerikansk datoformat: måned, dag og år.