Form	W-8BEN	Certificate of Foreign Sta States Tax Withholdir					
(Rev. C	v. October 2021) ► For use by individuals. Entities must use Form W-8BEN-E.				/	OMB No. 1545-1621	
	nent of the Treasury Revenue Service						
Do N	OT use this form i	f:				Instead, use Form:	
• You	are NOT an individ	dual				W-8BEN-E	
• You	are a U.S. citizen o	or other U.S. person, including a resident alier	n individual			W-9	
	are a beneficial ow er than personal se	vner claiming that income is effectively conne ervices)			within the Uni	ted States	
• You	are a beneficial ow	vner who is receiving compensation for perso	nal services performed in	the United States		8233 or W-4	
• You	are a person actin	g as an intermediary				W-8IMY	
	If you are residented to your jurisdic	t in a FATCA partner jurisdiction (that is, a M ction of residence.	lodel 1 IGA jurisdiction w	vith reciprocity), ce	ertain tax acc	ount information may be	
Par	t I Identific	cation of Beneficial Owner (see inst	ructions)				
1	Name of individu	al who is the beneficial owner 2 Country of c			itizenship		
3	Permanent reside	ence address (street, apt. or suite no., or rura	l route). Do not use a P.C	D. box or in-care-	of address.		
	City or town, sta	te or province. Include postal code where appropriate.			Country		
4	Mailing address	(if different from above)			1		
	City or town, sta	te or province. Include postal code where appropriate.			Country		
5	U.S. taxpayer ide	dentification number (SSN or ITIN), if required (see instructions)					
6a	Foreign tax ident	tifying number (see instructions)	6b Check if FTIN not legally required				
7	Reference numb	er(s) (see instructions)	8 Date of birth (MM	-DD-YYYY) (see ir	structions)		
Par		f Tax Treaty Benefits (for chapter 3	purposes only) (see	instructions)			
9	,	beneficial owner is a resident of within the meaning of the income t					
10	,	reaty between the United States and that country. 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 addit	tional conditions in the Article and paragraph	the beneficial owner mee	ts to be eligible fo	r the rate of w	rithholding:	
Par	III Certifica	ation					
Under p	enalties of perjury, I decla	re that I have examined the information on this form and to the	e best of my knowledge and belief	it is true, correct, and cor	nplete. I further ce	rtify under penalties of perjury that:	
		the beneficial owner (or am authorized to sign for th orm to document myself for chapter 4 purposes;	e individual that is the benefi	cial owner) of all the	income or proc	eeds to which this form	
	•	e 1 of this form is not a U.S. person;					
 This 	form relates to:						
(a) ir	come not effectively	connected with the conduct of a trade or business i	n the United States;				
(b) ir	come effectively con	nected with the conduct of a trade or business in th	e United States but is not su	bject to tax under an	applicable inco	me tax treaty;	
• •	•	a partnership's effectively connected taxable income					
• •	•	ealized from the transfer of a partnership interest su f this form is a resident of the treaty country listed on line 9 o	, ,		atu batwaan tha Ll	aited States and that country and	
		r barter exchanges, the beneficial owner is an exem		•	aty between the O	inted States and that country, and	
Further	more, I authorize this for	m to be provided to any withholding agent that has contro the income of which I am the beneficial owner. I agree that	bl, receipt, or custody of the inco	me of which I am the be			
Sign	Here	I certify that I have the capacity to sign for the perso	on identified on line 1 of this f	orm.			
5	V						
		Signature of beneficial owner (or individual aut	horized to sign for beneficial	owner)	Date	(MM-DD-YYYY)	

Print name of signer

W-8BEN 表格填寫參考

(本說明僅供 SogoTrade 客戶填寫 W-8BEN 表格參考之用。如需詳細官方說明,請參閱 IRS 網站。)

** 為必填欄位

**1. Name of Individual who is the Beneficial Owner

- 賬戶持有人英文全名。名在前,姓在後,以護照名字為準。

**2. Citizenship

- 國籍。如您擁有雙重國籍,請填寫您永久居住的國家國籍。

**3. Permanent Residence Address

- 永久居住地址。您的永久居住地址是您聲稱申報國家/地區所得稅的地址。請不要填寫金融機構的地址,郵局信箱地址或僅 用於郵寄用途的地址。

4. Mailing Address

- 郵寄地址。如果和永久居住地址一樣則不用填寫。

5. U.S. Taxpayer Identification Number

- 如果您擁有美國社會安全號碼(SSN)或個人報稅號碼(ITIN), 請填寫號碼在此欄。如您沒有美國報稅號碼請留空白。

**6a. Foreign Tax Identification Number

- 請填寫您所在國家/地區提交所得稅時使用的報稅號碼。如果您是中國, 台灣或者香港的公民, 外國稅號可填寫身份證號。

6b. Check if FTIN not legally required

目前,美國國稅局只承認四個不頒發外國稅號的國家,澳大利亞,百慕大,英屬維爾京群島和開曼群島。如您永久居住地 址(第3項)申報在這四個司法管轄區,您可以勾選此方格。無論任何原因您無法填寫外國稅號,請寫上合理的解釋並提供官 方證明文件。如果未提供外國稅號亦沒有提供合理解釋,您賬戶中收到的美國來源收入將會被收取最高預扣稅。我們的清算 公司Apex不會向平倉證券時的所得收入扣稅。

**7. Reference Number

- 請填寫 "5" 開頭共八位英數混合的SogoTrade賬戶號碼。

**8. Date of Birth

- 出生日期,格式為月月-日日-年年年年。

**9. Residence Country for certifying Tax Treaty Benefits

- 所須報稅國家/地區名稱,國家/地區名字應該和第3項永久居住地址國家/地區一致。

10. Special rates and conditions

- 特別稅率和狀況,如沒有則留空白。

**I certify that I have the capacity to sign for the person identified on line 1 of this form. (我證明我有能力代表本表格第1行中指明的人簽名。)

- 親筆簽名前勾選此方格。

**Sign Here >

- 請在旁邊橫線上簽名。必須打印表格出來親筆簽名,我們不接受任何電子簽名或複製貼上簽名。

**Date (MM-DD-YYYY)

- 簽名日期,格式為月月-日日-年年年年。

******Print Name of Signer

- 填上簽名者名字,名在前,姓在後。

Sogo_W8 Instruction (TW) 12/30/2021