

VDFS
VERWERTUNGSGESELLSCHAFT
DER FILMSCHAFFENDEN
GENOSSENSCHAFT MIT BESCHRÄNKTER HAFTUNG

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Important Information about Tax at Source

In case of payments to our members not seated in Austria we have to follow the following tax rules:

- We require a **Certificate of Residence** from your competent tax authority according to the conventions of the avoidance of double taxation between the country of residence and the country of income earned (Austria). In the USA this document is called „FORM 6166“ available at the relevant IRS – Internal Revenue Services Office.

It is important for you to know that the Certificate of Residence has to be renewed every beginning of a year.

- If we receive the Certificate (**download: www.bmf.gv.at - Form ZS - QU1**) we can pay out the full amount except in these countries where we have to deduct the following percentages regardless of any Certificate of Residence. These percentages will not be refunded from tax authorities:

USA	10%
Canada	10%
Spain	5%
Switzerland	5%
Israel	10%
Japan	10%

- If we do not get the Certificate (your letter, fax oder e-mail in this case has to be sent to VDFS within two weeks after receiving the invoice) **we have to deduct 20% tax at source**. **The deducted amount** can be reclaimed from the Austrian Tax Authorities together with the proof that tax has been paid for this amount in the country of residence:

Finanzamt Eisenstadt
Neusiedlerstrasse 46
7000 Eisenstadt
Austria
(Phone: +43 2682 603-0)

We can only accept all informations about payments in WRITING (letter, fax, e-mail). If you need further information please feel free to ask!

VDFS

Application for United States Residency Certification

▶ See separate instructions

Additional request (see instructions)

Foreign claim form attached

Electronic payment confirmation no. ▶

Applicant's name	Applicant's U.S. taxpayer identification number
If a joint return was filed, spouse's name (see instructions)	If a joint return was filed, spouse's U.S. taxpayer identification number
If a separate certification is needed for spouse, check here ▶ <input type="checkbox"/>	

1 Applicant's name and taxpayer identification number as it should appear on the certification if different from above

2 Applicant's address during the calendar year for which certification is requested, including country and ZIP or postal code (see instructions)

3a Mail Form 6166 to the following address:

b Appointee Information (see instructions):

Appointee Name ▶ _____ CAF No. ▶ _____
 Phone No. ▶ (_____) _____ Fax No. ▶ (_____) _____

4 Applicant is (check appropriate box(es)):

- a** Individual. Check all applicable boxes.
 - U.S. citizen U.S. lawful permanent resident (green card holder) Sole proprietor
 - Other U.S. resident alien. Type of entry visa ▶ _____
 Current nonimmigrant status ▶ _____ and date of change (see instructions) ▶ _____
 - Dual-status U.S. resident (see instructions). From ▶ _____ to ▶ _____
 - Partial-year Form 2555 filer (see instructions). U.S. resident from ▶ _____ to ▶ _____
- b** Partnership. Check all applicable boxes. U.S. Foreign LLC
- c** Trust. Check if: Grantor (U.S.) Simple Rev. Rul. 81-100 Trust IRA (for Individual)
 Grantor (foreign) Complex Section 584 IRA (for Financial Institution)
- d** Estate
- e** Corporation. If incorporated in the United States only, go to line 5. Otherwise, continue.
 Check if: Section 269B Section 943(e)(1) Section 953(d) Section 1504(d)
 Country or countries of incorporation ▶ _____
 If a dual-resident corporation, specify other country of residence ▶ _____
 If included on a consolidated return, attach page 1 of Form 1120 and Form 851.
- f** S corporation
- g** Employee benefit plan/trust. Plan number, if applicable ▶ _____
 Check if: Section 401(a) Section 403(b) Section 457(b)
- h** Exempt organization. If organized in the United States, check all applicable boxes.
 Section 501(c) Section 501(c)(3) Governmental entity
 Indian tribe Other (specify) ▶ _____
- i** Disregarded entity. Check if: LLC LP LLP Other (specify) ▶ _____
- j** Nominee applicant (must specify the type of entity/individual for whom the nominee is acting) ▶ _____

Applicant Name	Applicant TIN	For IRS use only: Pmt Amt \$ _____
Appointee Name (If Applicable)		Date Pmt Verified: ____ / ____ / ____

Calendar year(s) for which certification is requested (must be the same year(s) indicated on line 7)

11 Enter the number of certifications needed in the column to the right of each country for which certification is requested.

Column A			Column B			Column C			Column D		
Country	CC	#	Country	CC	#	Country	CC	#	Country	CC	#
Armenia	AM		France	FR		Lithuania	LH		Spain	SP	
Australia	AS		Georgia	GG		Luxembourg	LU		Sri Lanka	CE	
Austria	AU		Germany	GM		Mexico	MX		Sweden	SW	
Azerbaijan	AJ		Greece	GR		Moldova	MD		Switzerland	SZ	
Bangladesh	BG		Hungary	HU		Morocco	MO		Tajikistan	TI	
Barbados	BB		Iceland	IC		Netherlands	NL		Thailand	TH	
Belarus	BO		India	IN		New Zealand	NZ		Trinidad and Tobago	TD	
Belgium	BE		Indonesia	ID		Norway	NO		Tunisia	TS	
Bermuda	BD		Ireland	EL		Pakistan	PK		Turkey	TU	
Canada	CA		Israel	IS		Philippines	RP		Turkmenistan	TX	
China	CH		Italy	IT		Poland	PL		Ukraine	UP	
Cyprus	CY		Jamaica	JM		Portugal	PO		United Kingdom	UK	
Czech Republic	EZ		Japan	JA		Romania	RO		Uzbekistan	UZ	
Denmark	DA		Kazakhstan	KZ		Russia	RS		Venezuela	VE	
Egypt	EG		Korea, South	KS		Slovak Republic	LO				
Estonia	EN		Kyrgyzstan	KG		Slovenia	SI				
Finland	FI		Latvia	LG		South Africa	SF				
Column A - Total			Column B - Total			Column C - Total			Column D - Total		

Number of Forms 6166	User Fee	Number of Forms 6166	User Fee		
1 - 20	\$ 35.00	101 - 120	\$ 60.00	12a Enter the total number of certifications requested (add columns A, B, C, and D of line 11) ▶	12a
21 - 40	\$ 40.00	121 - 140	\$ 65.00	b If the total number of certifications is 20 or less, go to line 13.	12b \$35
41 - 60	\$ 45.00	141 - 160	\$ 70.00	c If the total on line a is greater than 20, enter \$5 for each additional 20 certifications (see instructions)	12c
61 - 80	\$ 50.00	161 - 180	\$ 75.00		
81 - 100	\$ 55.00	181 - 200	\$ 80.00	13 Amount owed. Add lines 12b and 12c ▶	13