	V-8BEN	Certificate of Foreign Stat States Tax Withholdin	g and Reporting	(Individuals		0140 No. 1545 1001	
	October 2021) For use by individuals. Entities must use Form W-8BEN-E. Internet of the Treasury Go to www.irs.gov/FormW8BEN for instructions and the latest information.					OMB No. 1545-1621	
	evenue Service	Give this form to the withholding	ng agent or payer. Do	not send to the IR	IS.		
Do NO	use this form	if:		8	2	Instead, use Form:	
• You a	re NOT an indivi	dual				W-8BEN-E	
• You a	re a U.S. citizen	or other U.S. person, including a resident alien	individual			W-9	
• You a		wner claiming that income is effectively connec		trade or business	within the Uni	ted States . W-8ECI	
• You a	re a beneficial o	wner who is receiving compensation for person	al services performed in	the United States		8233 or W-4	
• You a	re a person actir	ng as an intermediary				W-8IMY	
		nt in a FATCA partner jurisdiction (that is, a Mo ction of residence.	odel 1 IGA jurisdiction w	vith reciprocity), ce	ertain tax acc	ount information may be	
Part	Identifi	cation of Beneficial Owner (see instr	uctions)				
1	Name of individual who is the beneficial owner 2 Country of citizenship						
Mickey	key Edward Mouse Australia						
3	Permanent resid	lence address (street, apt. or suite no., or rural	route). Do not use a P.C	. box or in-care-	of address.		
	in Street				1		
City or town, state or province. Include postal code where appropriate.					Country		
	ville, Sydney, N						
	-	(if different from above)					
<u> </u>		rom permanent address					
	City or town, sta	ate or province. Include postal code where appr	opriate.		Country		
5	U.S. taxpayer id	lentification number (SSN or ITIN), if required (s		nplete IF you have a	US Social Seci	urity Number)	
6a	Foreign tax iden	tifying number (see instructions)	6b Check if FTIN not	1 /			
Va	i oreigir tax iden	tinying humber (see instructions)	OD CHECK IT THAT IOL	legally required .	1960 (BR) (BR) (BR)		
7	Reference numb	per(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions) 01/01/1970				
Part	Claim o	of Tax Treaty Benefits (for chapter 3	ourposes only) (see	instructions)			
9	I certify that the	beneficial owner is a resident of Australia			within the me	eaning of the income tax	
	treaty between t	the United States and that country.					
10	Special rates a	es 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 addi	ain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:					
		nonal conditions in the Article and paragraph to			the rate of w		
Part I	Certific	ation					
Under pen	alties of perjury, I decla	are that I have examined the information on this form and to the k	pest of my knowledge and belief	it is true, correct, and con	nplete. I further cer	tify under penalties of perjury that:	
 I am th relates 	e individual that is or am using this fo	the beneficial owner (or am authorized to sign for the orm to document myself for chapter 4 purposes;					
	rson named on line rm relates to:	e 1 of this form is not a U.S. person;					
		connected with the conduct of a trade or business in	the United States				
	-	nected with the conduct of a trade or business in the		biect to tax under an	applicable inco	me tay treatu:	
		a partnership's effectively connected taxable income;			appreadence	ne lax treaty,	
		realized from the transfer of a partnership interest sub		ection 1446m			
		of this form is a resident of the treaty country listed on line 9 of t			itv between the Ur	ited States and that country: and	
		or barter exchanges, the beneficial owner is an exempt		-		,,	
Furthermo	re, I authorize this fo	rm to be provided to any withholding agent that has control, the income of which I am the beneficial owner, I agree that	receipt, or custody of the inco	me of which I am the be	eneficial owner or ication made on	any withholding agent that can this form becomes incorrect,	
Sign H		I certify that I have the capacity to sign for the person	identified on line 1 of this f	onm.			
	12	lickey Mona.			n	8-16-2023	
		Signature of beneficial owner (or individual author	prized to sign for beneficial	owner)		(MM-DD-YYYY)	
	Mic	key E. Mouse	,	·		. ,	

Print name of signer