

WELLS FARGO ACCOUNTS PAYABLE

NON-RESIDENT ALIEN VENDOR TAX CERTIFICATION OF SERVICES FORM



PURPOSE: The information you provide on this form will help Wells Fargo determine your company's tax liability for services provided in the U.S., as required by Internal Revenue Code (IRC), Section 1441. See www.IRS.gov for details.

FORM INSTRUCTIONS: To ensure your form is valid, please complete all of the applicable sections in **Parts I-IV**, print legibly or type the information, and submit **one signed certification form with each invoice**. Emails accepted if form is signed. Be sure to read the footnotes at the bottom of each page. You must also have a valid, original W-8 Tax Form on file with us, or Wells Fargo may withhold based on IRC, Section 1441 as appropriate.

PART I – INVOICE INFORMATION		
1 Legal name of organization (must match name on invoice) providing goods and/or services The Jet Group Limited	2 Country of Formation or Residence* England	
3 Invoice Date 01/09/2017	4 Invoice Number 33656	5 Invoice Total Dollar Amount (must equal total in Part III, Line 16b below) 12000.00

PART II - PAYMENT INFORMATION FOR GOODS AND SERVICES PROVIDED <i>INSIDE</i> OF U.S.		
Describe goods and/or services provided on the applicable lines below		Total item amount(s) below
6a Good(s) – i.e. tangible item N/A	6b <input style="width: 100%; height: 20px;" type="text"/>	
7a Service(s) performed inside of U.S. N/A	7b <input style="width: 100%; height: 20px;" type="text"/>	
8a Software Development and Modification Service(s) performed inside of U.S. N/A	8b <input style="width: 100%; height: 20px;" type="text"/>	
9a Software Sales and/or License Service(s) used inside of U.S. N/A	9b <input style="width: 100%; height: 20px;" type="text"/>	
10a Other inside of U.S. income not listed above (e.g. rent payments) N/A	10b <input style="width: 100%; height: 20px;" type="text"/>	
10c Street Address (if 10a is for rent, provide U.S. property address) N/A	10d State <input style="width: 100%; height: 20px;" type="text"/>	10e Zip Code <input style="width: 100%; height: 20px;" type="text"/>

PART III - PAYMENT INFORMATION FOR GOODS AND SERVICES PROVIDED <i>OUTSIDE</i> OF U.S.		
Describe goods and/or services provided on the applicable lines below		Total item amount(s) below
11a Good(s) – i.e. tangible item None	11b <input style="width: 100%; height: 20px;" type="text"/>	
12a Service(s) performed outside of U.S. Squawk Services 01/07/17 to 30/06/18 - Up to 10 users	12b <input style="width: 100%; height: 20px;" type="text"/>	
13a Software Development and Modification Service(s) performed outside of U.S. None	13b <input style="width: 100%; height: 20px;" type="text"/>	
14a Software Sales and/or License Service(s) used outside of U.S. None	14b <input style="width: 100%; height: 20px;" type="text"/>	
15a Other outside of U.S. income not listed above (e.g. rent payments) None	15b <input style="width: 100%; height: 20px;" type="text"/>	
15c Street Address (if 15a is for rent, provide property address) N/A	15d State <input style="width: 100%; height: 20px;" type="text"/>	15e Zip Code <input style="width: 100%; height: 20px;" type="text"/>
16a Add totals from Parts II and III (must equal total in Part I, Line 5 above or this form is not valid).		16b 12000.00

PART IV – CERTIFICATION
By signing this form, you are certifying the information provided above is accurate.

 _____ Authorized Signature	+44 (0)20 3582 2778 _____ Telephone (000) - 000-000	09-01-2017 _____ Date (MM-DD-YYYY)	Jason Earl, Director _____ Capacity in which acting (title)
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PART V— FOR WELLS FARGO'S INTERNAL USE ONLY **VENDOR NUMBER** _____

By signing this form, you are certifying the information provided by the Vendor accurately describes the services provided, their costs and that the invoice meets Wells Fargo's compliance standards. I understand that a knowing and willful false statement on this certification form can result in disciplinary action.

_____	_____	_____	_____
Authorized Approver's Signature	Telephone (000) - 000-000	Date (MM-DD-YYYY)	Title

* Corporations must provide their country of formation. Individuals must provide their country of residence.