



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
1 CENTRE STREET
NEW YORK, N.Y. 10007-2341

n
WWW.COMPTROLLER.NYC.GOV

SCOTT M. STRINGER
COMPTROLLER

Dear City Department:

Thank you for contacting us with your Foreign Vendor Validation request. Please take a moment to provide information pertaining to your vendor. Providing the required answers below will enable us to approve your vendor for FMS transactions and ensure the proper potential payment withholding as required by IRS regulations concerning IRS Forms 1042S. The information is important for tax reporting accuracy that takes place at year-end.

Please note the following:

- When filling out the information, please do not change the format of the questionnaire.
- City Departments will be responsible for obtaining information from your vendor relevant to this questionnaire as well as providing any FMS related data.

City Departments, please let us know if you have any questions by forwarding an e-mail to 1042vendor@comptroller.nyc.gov.

Cordially,

Tax Reporting Unit
Vendor Support Division
NYC Comptroller
Bureau of Accountancy



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FOREIGN VENDOR QUESTIONNAIRE

Vendor Questions

1. Vendor Name as it appears on the IRS W8 form:

2. What is the vendor's country of residence?

3. Substantial Presence Test: Please answer both parts. Do not check all categories.

Part 1: Have you been present in the United States for 31 days during the current year?

Yes	
No	

Part 2: Have you been present in the United States for 183 days during the 3 year period including the current year and the 2 years previous to the current year?

Yes	
No	

4. Does the vendor possess a US based Social Security Number (SSN), Employer Identification Number(EIN) or Individual Taxpayer Identification Number (ITIN)?

5. What is the physical payment address for the vendor?

6. Is the Vendor claiming a Tax Treaty Benefit? If so, please state the country.

7. Please provide contact information in for the vendor.

Contact Name	
E-mail Address	
Phone Number	
Time Zone	

8. Please use the space below to provide additional information not covered in the questions above.

Vendor Certification

I certify that the information above is true and complete to the best of my knowledge and belief.

 Vendor Signature

 Date

Department Questions

9. Source of Income Test: Please the mark territory where services will be performed. Do not check all categories.

United States	
Foreign Territory	

10. Does the vendor have an existing FMS Vendor Code? If so, please provide the Vendor Code.

11. Does the vendor have an existing contract?

Yes	
No	

If Yes, Please provide contract number. (If a vendor is signing up for bid notifications or commodity codes, please provide information in "Other Explanation.")

Contract Type	
Contract Number (if applicable)	
Other Explanation	

12. What services will be provided by the foreign vendor?

13. What object code will be used on the contract and/or subsequent payments?

14. Please use the space below to provide additional information not covered in the questions above.

Department Certification

I certify that the information above is true and complete to the best of my knowledge and belief.

_____ Fiscal Officer Signature or Designee

_____ Date

_____ Department Signer's Name

_____ Phone Number

_____ Department Signer's E-Mail Address

_____ Department Name

_____ Department Code