

Business Vendor Clearance Affidavit

You have been identified as a business that has requested a vendor clearance certificate. **Please complete, notarize, and return this affidavit within 20 days of the date on this notice.** Failure to respond will result in the denial of your vendor clearance certificate request.

Please choose the statement that best applies:

- The business listed above has filed NYC unincorporated business tax returns under the Social Security number: _____.
- The business was not required to file unincorporated business tax returns because its gross income was less than the required filing threshold. (Please submit copies of federal Schedule C for each applicable year.)
- The business neglected to file the appropriate tax returns. Completed and signed unincorporated business tax returns are enclosed. (Blank forms are available at www.nyc.gov/finance.)

If this business has not filed the appropriate tax return, it will not be able to obtain a vendor clearance certificate.

I, _____,
FIRST NAME LAST NAME TITLE

of _____, with business address
NAME OF BUSINESS / PARTNERSHIP

of _____ hereby declare and certify
BUSINESS / PARTNERSHIP ADDRESS

that I have the authority to sign this affidavit, that I have read this affidavit and know the contents and statements contained therein, and that the information provided by me in this affidavit is true, correct, and complete.

SIGNATURE

State of New York)

) ss.:

County of)

On the _____ day of _____ in the year 20____, before me personally came _____,

Title _____, to me known, who, being duly sworn, did depose and say that he/she/they

reside(s) in _____ (if the place of residence is in a city, include the street, and street number, if any, thereof); that he/she/they is (are) the (president or other officer or director or attorney in fact duly appointed)

of the _____, doing business as _____, the business
NAME OF BUSINESS / PARTNERSHIP

described in and which executed the above instrument; and that he/she/they signed his/her/their names thereto by authority of directors, partners, and officers of said business.

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NOTARY PUBLIC SIGNATURE

PRINT

TITLE OR OFFICE

My commission expires on: _____



KNOWINGLY INCLUDING FALSE INFORMATION IN THIS AFFIDAVIT IS UNLAWFUL AND IS PUNISHABLE UNDER NEW YORK PENAL LAW.

For any questions regarding the completion of this affidavit, please email taxclearance@finance.nyc.gov.