



# Corporation 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.

1. Enter the month and year your business began in New York City.

Month: \_\_\_\_\_ Year: \_\_\_\_\_ Other (please explain): \_\_\_\_\_

2. Please choose the statement that best applies:

The business listed above has filed NYC general corporation tax returns under the FEIN: \_\_\_\_\_

The NYC corporation tax returns have been filed on a combined basis under the following parent company's name and FEIN.

Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

The corporation neglected to file the appropriate tax returns. Completed and signed general corporation tax returns are enclosed. (Blank forms are available at [www.nyc.gov/finance](http://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 a business address  
NAME OF CORPORATION

of \_\_\_\_\_ hereby declare and certify  
ADDRESS OF CORPORATION

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 )

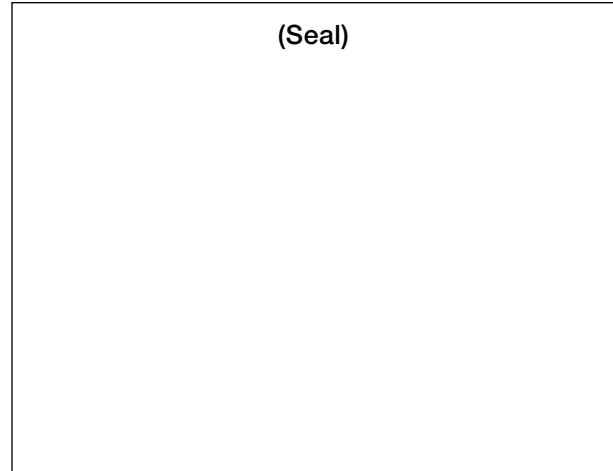
On the \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me personally came \_\_\_\_\_ to me known, who, being duly sworn, did depose and say that he/she/they reside(s) in \_\_\_\_\_ (if the place of residence is in a city, include the street and street number, if any, thereof); that he/she/they is (are) the (president or other officer or director or attorney in fact duly appointed) of the \_\_\_\_\_, the corporation described in, and which executed the above instrument; and that he/she/they signed his/her/their names thereto by authority of the board of directors of said corporation.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

\_\_\_\_\_  
PRINTED NAME:

\_\_\_\_\_  
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](mailto:taxclearance@finance.nyc.gov).