

## **APPLICATION FOR VENDOR TAX CLEARANCE CERTIFICATE**

**IMPORTANT:** You must include all of the documentation listed below in order for us to issue a certificate indicating that you have no docketed tax warrants. Incomplete applications will be returned.

For inquiries, call customer service at 212-440-5300, option #3 - option #4.

NAME OF VENDOR:				
AGENCY THAT ISSUED YOUR VENDOR LICEN		lealth and Mental Hygiene formation on page two before c	ompleting	Department of Consumer Affairs
BUSINESS TYPE:	Corporation	Partnership	Self-E	imployer/Sole Proprietorship
For individuals and sole proprietors, enter your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN):		Partnerships, corporations, and sole proprietors with employees, enter your Employer Identification Number (EIN):		
Note: Sole proprietors with an EIN must also provide their SSN or ITIN.				
VENDOR LICENSE NUMBER:	NEW YORK STATE CERTIF NUMBER (SALES TAX ID #)		TYPE OF S	SALES:
MAILING ADDRESS:				
CITY:		STATE:		ZIP CODE:
DAYTIME TELEPHONE NUMBER:		Providing us with a daytime phone number may speed our processing of your application in the case where your application if we need to reach you.		
Do you have vehicles with commercial plates that you use in connection with your vending business?  Yes  No				
If "YES", list all such plate numbers:				
Required Documentation In order for us to process your application, you must attach the following documentation:				
<ol> <li>Vendor license or permit (front and back</li> <li>A copy of your most recently filed federa</li> <li>For individuals/sole proprietors: Form</li> <li>For partnerships: Form 1065</li> <li>For corporations: Form 1120</li> <li>If the vendor is not required to file a tax</li> <li>NOTE: If it is now between January 1 and</li> </ol>	al income tax return, including 1040, 1040A, or 1040EZ, ax return: Verification of No	including Schedule C		ear.
Certification I hereby certify that the statements made he the attached returns have been properly file		knowledge true, correct	:, and comp	olete. In addition, I affirm that

#### **Mailing Instructions**

SIGNATURE OF TAXPAYER

You may mail your completed application with all the required documentation to:

NYC Department of Finance, Collection Division, Quality Management/Special Project 59 Maiden Lane, 28th Floor, New York, NY 10038

PRINT NAME

DATE

# **MOBILE FOOD VENDORS ONLY**

# Read this page before completing the Application for Vendor Tax Clearance Certificate.

Please read your Health Department license or permit renewal notice carefully before completing this application. Most food vendor licensees and permittees will not have to complete the Application for Vendor Tax Clearance Certificate.

### If You Have Already Been Cleared by the Department of Finance

If on your license or permit renewal notice it states that "You have already been cleared by the New York City Department of Finance," you DO NOT need to complete this form or provide the New York City Department of Finance with any documentation. You do not need to visit, call, or mail anything to the New York City Department of Finance. The Department of Health has already been notified by the Department of Finance that you are cleared. You should proceed with the other requirements you need to obtain your renewal.

### If You Have NOT Been Cleared by the Department of Finance

If on your license or permit renewal notice it states that "You have not been cleared by the New York City Department of Finance," you must complete this form and mail it, along with all required documents, to the address on the other side of this sheet.

When you mail in your Application for Vendor Tax Clearance Certificate, be sure you have assembled all required documents. For information on the taxes you have not filed or may owe, call 311.