

STATE OF NEVADA CONTROLLER'S OFFICE

Foreign Vendor Registration

Instructions for Completion by the Vendor Representative				
 This form is to be submitted in addition to, but not in lieu the appropriation IRS W-8 form. The Vendor Representative must PRINT or TYPE the information except for signature. Originals signatures must be received by this office before payments can be made. Faxes are only acceptable for initial set up. 		 This form is for payees of the State of Nevada only. This form is for foreign vendors (Non-USA) only. Vendor is responsible for reporting changes to Vendor Asterisk (*) indicates required information. Submit additional remittance addresses on the appropriate form found at www.controller.nv.gov. 		
Vendor General Information				
* Name of Individual or Organization * Business Name Provide if different from above. * Address	Max. 30 characters Max. 30 characters Max. 30 characters			
	Max. 30 characters			
* City, Country, Zip	City		Country	Zip Code
*E-mail Address				
* DL	Phone Number		Fax Number	
* Phone/Fax Numbers	Max. 30 characters			
Primary Contact				
* United States Taxpayer Identification Number	EIN	SSN	Social Secur	entification Number ity Number a US Tax Id Number
IRS W-8 Form				
 An original IRS W-8 form must be submitted along with this Vendor Registration form before a foreign individual or company becomes a vendor for the State of Nevada. Please indicate which IRS W-8 form is attached. (<i>Current W-8 forms can be found at www.irs.gov.</i>) <u>W-8BEN or W-8BEN-E</u> – Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding <u>W-8ECI</u> – Certificate of Foreign Person's Claim for Exemption from Withholding on Income Effectively Connected with the Conduct of a Trade or Business in the United States <u>W-8EXP</u> – Certificate of Foreign Government or Other Foreign Organization for United States Tax Withholding <u>W-8IMY</u> – Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain US Branches for United States Tax Withholding 				
Signature Print Name & Title of Person Completing Form Date				
For Controller's Office Use Only				
Primary Vendor		Comments		
Entered By				