**Payments to Foreign Vendors**

**Type of Income Questionnaire**

Instructions: This questionnaire is to assist Purchase to Pay (P2P) in complying with IRS requirements regarding the proper documentation, withholding, and reporting of payments made to non­resident aliens (foreign vendors) for U.S. income tax purposes. Please complete and attach this form with your disbursement request, non-PO invoice or Paper PO invoice.

**Vendor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vendor Code (if known):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vendor document # (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Amount of payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Currency: \_\_\_\_\_\_\_\_**

|  | **Type of Income Paid to Vendor** | **Select Column A or B Based Upon** | **A.**  **Amount Within**  **United States** | **B.**  **Amount Outside**  **United States** |
| --- | --- | --- | --- | --- |
| C:\Users\V4X0151\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\VK3UHLBK\Check_mark_23x20_02.svg[1].png | ***Please check the box next to the type of income Lilly is paying*** | ***Please enter the $ amount within the appropriate location. You may have situations where the total payment includes amounts within the US and Outside the US*** | | |
|  | Goods – include amount related to Goods only. | |  |  |
|  | Expense Reimbursement/ Pass through costs | |  |  |
|  | Capital Calls – include amount related to capital call. | |  |  |
|  | Professional Services | Where services were performed |  |  |
|  | Insurance Premium (excluding agent fees) | Location of insurer |  |  |
|  | Membership | Location of organization |  |  |
|  | Industrial Royalties ( know-how, patents) | Where property is used |  |  |
|  | Industrial Equipment Royalties | Where property is used |  |  |
|  | Other royalties (copyright, recording, publishing) | Where property is used |  |  |
|  | Upfront/ Milestone Payments (divide income across the 4 options as appropriate): | |  |  |
|  | 1. Progress payment for services | Where services are performed |  |  |
|  | 1. Collaboration Agreement payment | Where work is being done |  |  |
|  | 1. Payment for use of an intangible (e.g. royalty, licensing) | Where the intangible is being used |  |  |
|  | 1. Regulatory Milestone payment for use of an intangible |  |  |  |
|  | Legal Settlement | Location of court where settlement occurred |  |  |
|  | Other – as detailed below |  |  |  |
|  | **Total amount of payment** | **Total must agree to amt. above** |  |  |

**Other Income details (please PRINT):** Provide a brief description of the nature of the payment Lilly is making to the foreign supplier AND complete column A & B above.

To the best of my knowledge and belief, I have reviewed the respective transaction & supporting documents. I have indicated above all types of income and whether location(s) of income are all with the US, all outside the US or are partially within & outside the US.

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Authorized Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Printed Title

ACCOUNTS PAYABLE USE ONLY: Tax Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHT Base Amount:\_\_\_\_\_\_\_\_\_\_\_\_

**Must simulate all invoices with this Questionnaire.**

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