



## Non-United States Supplier Questionnaire

The United States Internal Revenue Service (IRS) requires that we obtain a completed Form W-8 from all foreign suppliers. The information from this questionnaire will be used to determine which IRS Form W-8 needs to be completed. Please email the completed form to (or contact with any questions regarding this form):

Hussmann: Patricia Feltz at [patricia.feltz@hussmann.com](mailto:patricia.feltz@hussmann.com)

1. What is or expected to be purchased?
  - a.  100% goods – skip the remaining questions and complete the following:
    - Supplier information at the bottom of the page.
    - Need the following ORIGINAL W-8 documents: W-8BEN or W-8ECI for all except partnerships; Partnerships complete W-8IMY and attach to the W-8IMY the W-8BEN's of the partners.
  - b.  100% services or both goods and services – go to Question 2.
2. Where are the services performed or to be performed?
  - a.  100% outside of the United States – skip the remaining questions and complete the following:
    - Supplier information at the bottom of the page.
    - Need the following ORIGINAL W-8 documents: W-8BEN for all except partnerships; Partnerships complete W-8IMY and attach to the W-8IMY the W-8BENs of the partners.
  - b.  Inside of the United States – complete the remainder of the questions. NOTE: W-8 form needed to be determined based on the following questions after our review with Tax Department.
3. How many days are your employees expected to perform services in the United States? \_\_\_\_\_
4. Does your company currently file a United States tax return?
  - a.  Yes
  - b.  No
5. Does your company have a United States employer identification number?
  - a.  Yes
  - b.  No
6. Is your company a resident in a country with a United States income tax treaty?
  - a.  Yes
  - b.  No
7. If yes to Question 6, does your company take the position that it qualifies for tax benefits under the applicable United States income tax treaty?
  - a.  Yes
  - b.  No

Supplier name: \_\_\_\_\_

Supplier address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supplier telephone number: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_

Printed Name of person completing this form: \_\_\_\_\_

Title of person completing this form: \_\_\_\_\_

Date completed: \_\_\_\_\_