



VANDERBILT
UNIVERSITY
MEDICAL
CENTER

STATEMENT FOR SERVICES PERFORMED OUTSIDE OF THE USA

I, _____, certify or affirm that:

1. I am not a Citizen or Permanent Resident of the USA, or a Resident Alien for Tax Purposes in the USA or a U.S. Entity.
2. My country of residence is _____ and my country of tax residence is _____.
3. All of the services performed, or to be performed, on behalf of Vanderbilt, as agreed upon under separate contract or other document, will be performed outside of the USA. All services will be conducted in the country of _____.

Signature

Date