

Complete this form for payments to independent contractors unless they meet one of the following categories: (1)guest speakers; (2) guest class lecturers; (3) guest artists and performers; (4) athletic game officials; (5) rental services for facilities, equipment and tapes; (6) financial and legal services provided by individuals who perform these services for the general public; (7) medical services; (8) University Interscholastic League judges and assistants; (9) accreditation evaluation services and (10) professional models.

Name of Individual/Business		Street Address			City, State , Zipcode		
SSN or ITIN	Total Contract Amount		Date(s) of Ser	Date(s) of Services		Amount of this payment	
Explain <u>in detail</u> the nature of the service provided				US Tax	Status:		
				⊖ U.S.	. Citizen		
				⊂ Res	ident Alien fo	or Tax Purpose	S
🔿 Permanent Resident Alien					dent Alien (gre	en card holder)	
				n-Resident Alien for Tax Purposes			
 Are you a current employee or twelve months? If you answer paid through Payroll Office o 	"yes", <u>DO</u>	NOT complete the	•		, ,	•	YES 🗌 NO 🗌
2. Are you required to comply with instruction about how the work is to be performed?							YES 🗌 NO 🗌
3. Are you being trained by the University to perform the services?							YES 🗌 NO 🗌
4. Does the University hire, supervise and pay assistants to help you with the services provided?							
5. Are the services being provided to the University on a continuing (frequent or long-term) basis?							
6. Does the University set your work schedule, i.e. the number of hours to be worked and when?							
7. Do you market your services to the general public or are you free to provide services for other entities?							
8. Is the payment for services based on a flat fee or lump sum arrangement?							
9. Does the University provide the tools, materials and supplies necessary to complete the work?							
10. Can the University discharge you for reasons other than non-performance of the contract?							
11. Can you terminate your relationship with the University without incurring a liability for failure to complete a job						plete a job?	
I CERTIFY THAT TO THE BEST OF (This form should be signed and c			-				ECTLY.

Signature of Business Owner or Individual:

Date:

For Department Use:	Send completed form to: (Department Contact information)
Requisition Number:	