Consultant and Independent Contractor Questionnaire

Instructions: The Service Provider must complete and submit this form along with an IRS Form W-9, Request for Taxpayer Identification Number.

NAME OF INDIVIDUAL/ENTITY PROVIDING SERVICES:

TAX IDENTIFICATION NUMBER: (SSN OR FEIN)

(Check all that apply.) YES NO

1. Does the University have the right to control how work is to be performed? ☐ ☐

2. Do you set your own hours of work? ☐ ☐

3. Do you make your services available to the general public, and therefore will not receive the majority of income from the University? ☐ ☐
   If yes, attach a separate list of clients.

4. Does the University provide training? ☐ ☐

5. Has an agreement or contract been signed between you and the University? ☐ ☐
   If yes, please attach a copy of the agreement or contract.

6. Do you perform the majority tasks on University premises? ☐ ☐

Sign Here ► _______________________________ __________________

Signature of individual providing services Date

FOR DEPARTMENT ADMINISTRATOR USE ONLY

I have reviewed this form. To the best of my knowledge, I believe this information is accurately stated.

Signature: _______________________________ Date: _______________

Department: __________________________________________

Fac Ex Address: __________________________ Phone: ____________

This form may be used as supporting documentation in the event that the Internal Revenue Service questions the payments made to you as an independent contractor.