



## INDEPENDENT CONTRACTOR/CONTRACTUAL SERVICES CHECKLIST

This form will be used to determine the independent contractor status of the individual providing services requested on the requisition or contractual services agreement in accordance with current IRS regulations. Please insure all requested information is provided. Attach (or fax/mail for Purchasing requisitions) the completed checklist to the purchase requisition when submitting to the Purchasing Department.

### Part I

Payments made to individuals may be subject to IRS reporting and withholding requirements. To insure accurate information is obtained for Federal income tax purposes, please provide:

**A) The Taxpayer Identification Number (TIN) and type (EIN, SSN, or ITIN).** TIN:

Check one:  Employer Identification Number (EIN)  Social Security Number (SSN)  Individual Taxpayer ID Number (ITIN)

**B) NAME & MAILING ADDRESS as it would appear on tax return:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C) Is the individual a citizen of the United States?** (Complete and sign checklist regardless of response.)

YES  NO (Contact Payroll Services for payment instructions)

### Part II Independent Contractor Questions

	Yes	No	N/A	Check applicable answer
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the individual a University employee?
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has the individual been on the FSU payroll at any time during the last 12 months?
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is it anticipated that the the individual will be placed on the FSU payroll within the next 12 months?
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the individual follow specific instructions regarding when, where and how to work or does the University maintain the right to give specific instructions, even if the nature of the work does not call for specific instructions to be given, in order to complete the contract?
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the department provide any training to the individual regarding the nature or performance of the work?
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the individual providing a service normally considered integral to the University's mission? (e.g. Teaching a credit hour course)
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the individual required to <b>personally</b> perform the service?
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the individual hire, supervise, and pay his/her own assistants?
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there a regular/on-going relationship? (e.g. Do you anticipate hiring the individual for more than a one-time task?)
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the individual providing services exclusively to Florida State University?
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the work be performed on University premises?
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the services be paid for upon completion on a lump sum basis?
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If no, will the services be paid for on a weekly, monthly, or other repetitive basis?
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the amount to be paid per the contract or purchase order include travel expense reimbursement?
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If no, will the University be reimbursing the individual's travel expenses separately?
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the University provide the use of equipment, materials or supplies to be used in performing the service?
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does the individual maintain offices or facilities not associated with the University in the regular course of business?
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can the individual realize a profit or suffer a loss as a result of providing these services?
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the individual's services also be made available to the general public on a regular and consistent basis?
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can the individual terminate or withdraw from the contract at any time without incurring any legal liability?
21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the individual using experience/expertise gained as a current or former employee of FSU to provide the services?
22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will the individual be working, directly or indirectly, with persons under the age of 18?



***I certify that the answers to the questions on the previous page have been carefully researched and that this research included speaking with the individual in question. I additionally certify that the information provided on this checklist is accurate. I understand that this information will be used to document that the contractual service to be provided does not constitute an employee-employer relationship and to enable proper tax withholding and reporting in accordance with IRS rules and regulations.***

Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name / Title: \_\_\_\_\_

Department contact person for questions concerning this request:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Mail Code: \_\_\_\_\_

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**INTERNAL USE ONLY**

Approved for contract/purchase order.     Not approved for contract/purchase order. Returned to department for processing through the system.

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_