

TEMPLE UNIVERSITY

ACCOUNTS PAYABLE DEPARTMENT

INDEPENDENT CONTRACTOR DETERMINATION AND CERTIFICATION

The information on this form is used to determine whether the individual providing services is an independent contractor under IRS guidelines. This form must be completed and signed by the individual performing the services. Then it must be reviewed and signed by the individual responsible for contracting the services, prior to any payment being made.

NOTE: IF YOU ARE PERFORMING INDEPENDENT PERSONAL SERVICES AT THE UNIVERSITY, YOU MUST COMPLETE AN IRS FORM W-9.

- 1. Social Security Number (SSN) (last four digits only)* or Individual Taxpayer Identification Number (ITIN) (see Disclaimer Statement at the bottom of Page 2)

FULL NAME OF BUSINESS FOR THE SSN OR EIN GIVEN ABOVE

Business address
For tax purposes: Street Address: _____

City: _____

Zip or Postal Code: _____ Country: _____

- 2. Are you a U.S. Citizen or PERMANENT Resident Alien: Yes No

If no, country of citizenship

Tax status: non-exempt exempt by virtue of tax treaty.

Treaty country

If exempt under an applicable tax treaty you must complete a Form 8233 and attach it to this certification.

If non-exempt, these payments may be subject to withholding under Internal Revenue Code section 1441

- 3. Are you an employee of Temple University Yes No

If yes, are you: (Check all that apply)

Part-time Full-time Student Other (specify)

- 4. Have you received wages or any other payments from Temple University within the last year?

If yes, check the appropriate blank below. If you check (b) specify the type of payment Yes No

(a) Consulting or other service fee (b) Other (specify)

- 5. a. I will receive a flat fee for my services Yes No

- b. My services are made available to the public on a regular and consistent basis. _____ Yes _____ No
- c. I contract with others to provide similar services. _____ Yes _____ No
- d. I will provide all the required equipment to complete my duties. _____ Yes _____ No
- e. I have the right to retain others to assist me in carrying out my duties as assigned. _____ Yes _____ No
- f. The retention of any such people is solely within my discretion, and any compensation will be paid by me. _____ Yes _____ No
- g. All expenses incidental to the performance of my duties for the University, including Travel expenses are to be borne by me, unless reimbursement is permitted in the Terms of the contract and invoiced with appropriate documentation. _____ Yes _____ No
- h. I retain the right to schedule the work to be completed. _____ Yes _____ No
- i. If required, I will submit periodic progress reports to the responsible department chairman or business administrator as to the status of the project or work. _____ Yes _____ No
- j. The right to control the progress of the project or work being performed is at my discretion. _____ Yes _____ No
- k. I contract to provide these services on a project-by-project basis. Nothing in this shall imply that either party has the right or obligation to receive or provide services for any period other than that covered by contract. _____ Yes _____ No

6. Please provide and/or attach any additional information which may be relevant to the classification of the worker (e.g. copies of business cards, invoices, newspaper and/or yellow pages advertisements, etc.)

7. Certification by Independent Contractor: Under penalties of perjury, I certify that I am entitled to claim independent contractor status because (1) I offer my services to multiple clients; (2) I have complied with all business licensing requirements; (3) I pay my own federal, state, city income, FICA/MI, and other taxes in accordance with estimated tax requirements; (4) as a contractor, I am not eligible for worker's compensation, unemployment compensation, or other employee benefits; and (5) I maintain my own set of books and records. I understand that the University will issue a Form 1099-MISC to independent contractors who receive over six hundred dollars in remuneration during a calendar year.

Signature: _____ Date: _____

Dean, Director Budget Unit Head or RPD / Sponsored Program (If charged to a grant)

(1)The foregoing statements represent the truth to the best of my knowledge. (2) The independent contractor meets IRS regulations regarding independent contractor status. (3) **If the IRS subsequently determines that employee status should have applied, all penalties assessed to Temple University with respect to this contract may be charged to my school/department.**

Signature: _____ Title: _____ Date: _____

** Temple University requests your Social Security number (SSN) because federal, state, and local law requires the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy (http://policies.temple.edu/getdoc.asp?policy_no=04.75.11).*