



INDEPENDENT CONTRACTOR QUESTIONNAIRE

Name of Business or Individual:

If Business, Name of Owner(s):

SSN/ITIN or R# of Individual/Business Owner:

Date(s) of Service:

Total Contract Amount: \$

***Travel expenditures authorized by the dept. must have original travel receipts and be submitted within 60 days of travel for nontaxable reimbursement.**

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Are you a U.S. Citizen or Permanent Resident Alien? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a current employee or have you been a Texas Tech University System, Texas Tech University, Health Sciences Center, or Health Sciences Center El Paso ("TTUS") employee during the past twelve months?
If you answered "yes" the Tax Office will contact the department for further information. The service may require payment through Payroll & Tax Services. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you plan to become a TTUS employee within the next 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you receive restriction, supervision, or control from TTUS other than conveyance of the scope of services desired? (e.g., Does TTUS impose restrictions on what supplies to purchase, what tools to use, what order to follow, or control over the processes of the service?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you being trained by TTUS to perform the job/services for which you are receiving compensation? (e.g. does TTUS train you, provide instruction manual, determine processes, or provide explicit instruction?) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you required to perform the services personally? (e.g., cannot delegate the job to others) | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Does TTUS hire, supervise, and pay assistants to help you with the services provided? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are the services being provided to TTUS on a continuing (frequent or long-term) basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have the ability to negotiate a mutually agreeable work time and/or date (work schedule)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you provided similar services to other unrelated entities OR to the public as a trade or business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Will compensation be paid on an hourly, weekly, monthly, or other regular basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Does TTUS provide the tools, materials, and supplies necessary to complete the work? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Can TTUS discharge you for reasons other than non-performance of the contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Could you face potential financial loss or liability if contract terms are not met? | <input type="checkbox"/> | <input type="checkbox"/> |

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR THE PAYMENT DIRECTLY TO THE INTERNAL REVENUE SERVICE FOR ANY TAXES THAT MAY BE APPLICABLE TO THIS INDEPENDENT CONTRACTOR PAYMENT.

Signature of Business Owner/Individual

Date

Financial Manager/Contract Administrator Signature

Date

IF APPROVED, THIS PAYMENT DOES NOT CONSTITUTE AN EMPLOYER-EMPLOYEE RELATIONSHIP.

Payroll & Tax Services Signature

Date