THE UNIVERSITY OF ARIZONA **INDEPENDENT CONTRACTOR FORM** UAccess Financials #

PART I – To be completed by prospective independent contractor (i.e., the individual providing a service)

Are you a citizen of the United States? _____
If the answer is "NO", what visa type are you traveling on? _____
If you are not a U.S. Citizen or do not have Permanent Residency you need to complete a W-8 and a GLACIER record, contact Accounts Payable @ (520) 621-9097.

Name: _____ Telephone: _____Fax: _____ Email: _____

Mailing Address: _____

Taxpayer Identification Number: _____ _____ _____
Social Security Number (SSN) Employer Identification Number (EIN) Arizona Sales Tax ID (if applicable)

Federal Tax Classification: ☐ Individual ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/Estate ☐ Other _____
☐ Limited Liability Company (C = Corporation, S = S Corporation, P = Partnership) _____

Describe the services to be provided: _____

Term of service (specific dates): _____ Total fee $: _____

How fee is determined: Fixed: _____ Milestone: _____ Hourly Rate: _____ Other: _____
(Rate) (Describe Method)

Do you have a relative employed at the University? _____ If "YES" please provide their name and department: _____
http://pacs.arizona.edu/manual_page01#Conflict

Section I – Relationship with the University	Yes	No
A. Do you currently work for the University as an employee?	☐	☐
B. Has the University extended you an offer of employment?	☐	☐
C. Have you worked as an employee of the University during the 12 months prior to the date of this contract?	☐	☐
If the answer is "NO" to all questions, proceed to Section II.		
If the answer is "YES" to any of the questions, the individual should be classified as an employee and paid via payroll.		
Section II – Classification Guidelines (Complete only one, A, B or C, depending on the services you will provide)		
A. Guest Speaker/Continuing Education Instructor	Yes	No
1. Will you teach a course from which students will receive credit toward a degree?	☐	☐
If the answer is "Yes", treat the individual as an employee. If "No", proceed		
2. Will the University provide you course materials and tools?	☐	☐
3. Will the University reimburse you for course related expenses?	☐	☐
If the answer to questions 2 and 3 is "Yes", treat the individual as an employee. If the answer to either is "No", proceed		
4. Have you been invited, as a guest speaker, to lecture in a seminar, colloquium, class, etc?	☐	☐
5. Have you been engaged by the University fewer than 5 times in the past 12 months?	☐	☐
If the answer to questions 4 and 5 is "Yes", treat the individual as an independent contractor.		
If the answer to either question is "No", proceed to question 6.		
6. Have you provided the same or similar services to other unrelated entities in the last 12 months?	☐	☐
7. Will the department provide specific instructions regarding performance of the required work rather than relying on your expertise?	☐	☐
Regardless of whether question 6 is answered "Yes" or "No", if the answer to question 7 is "Yes", then the individual will be treated as an employee.		
B. Researcher	Yes	No
1. Will you perform research under the supervision of a University professor or employee?	☐	☐
If the answer to question 1 is "Yes", treat the individual as an employee.		
2. Will you serve in an advisory or consulting capacity with a University Professor or employee?	☐	☐
3. Have you provided the same or similar services to other unrelated entities in the last 12 months?	☐	☐
4. Will your period of service be completed within a finite time frame?	☐	☐
If the answer to questions 2, 3, and 4 is "Yes", treat the individual as an Independent Contractor, otherwise treat the individual as an employee.		
C. Individual not covered under A and B	Yes	No
1. Have you provided the same or similar services to other unrelated entities or to the general public as a trade or business during the last 12 months?	☐	☐
2. Will your period of service be performed within a finite time frame?	☐	☐
3. Will the department provide specific instructions regarding performance of the required work rather than relying on your expertise?	☐	☐
4. Will the University set the number of hours and/or days of the work week that you are required to work, as opposed to you setting your own work schedule?	☐	☐
If the answer to question 1 and 2 is "Yes" and 3, and 4 is "No", treat the individual as an Independent Contractor.		
Otherwise the individual should be paid as an employee via payroll.		

PART II Independent Contractor Determination – to be completed by individual performing service:

NOTE: UAccess Financials Supplier Diversity = Small Business or Individual

Independent Contractor Determination: By signing below, I warrant and affirm that the information provided in Part I is true, complete and correct. I agree to personally, indemnify and hold the University of Arizona harmless from any claim, damages or liabilities resulting directly or indirectly from reliance thereon. I understand that I qualify ☐ or do not qualify ☐ (**You must check one, and only one**) as an Independent Contractor and that I am responsible for any taxes resulting from this engagement.

Name (print): _____ Title: _____

Signature: _____ Date: _____

Return this signed form to the University department/unit that engaged you to perform services. **Do NOT begin work until** you have received a signed copy of this form from the University.

If you qualify as an independent contractor, most engagements require you to obtain a **Purchase Order** from the University **prior to beginning work**. **Do not begin work until you have a purchase order or have verified that you are not required to obtain one.** Failure to follow this instruction may result in nonpayment for services. This form combined with the University Purchase Order constitutes the entire agreement between you and the University of Arizona. If you do not qualify as an independent contractor you must go through the payroll process before performing services.

Please provide original signed form to the University department / unit representative engaging your services.

PART III -- *For Official Use Only --TWO SIGNATURES* ***ARE REQUIRED FOR PAYMENT IF INDEPENDENT CONTRACTOR***
THIS PART TO BE COMPLETED BY UNIVERSITY DEPARTMENT/UNIT REPRESENTATIVE:
The University employee signing below warrants: that he or she has reviewed the information provided on this form as it pertains to services provided; that the information is true to best of the signer's knowledge, and; the individual's representations regarding the services to be performed and concomitant compensation to be paid are correct.

The signer below should be the University Employee most familiar with the independent contractors operations

_____ _____ Date: _____
(Print Name) (Sign Name)

I have reviewed University Policy 9.12 and the information provided on the reverse side of this form as it pertains to services provided. Based upon my review, and/or other knowledge that I may possess, I have determined that the reverse side of this form is complete and the Individual qualifies ☐ or does not qualify ☐ (**You must check one and only one**) as an Independent Contractor as that term is defined by the Internal Revenue Code.

The signer below should be the University Employee with the authority to request payment for the independent contractor (i.e., approve a Disbursement Voucher or Requisition)

_____ _____ Date: _____
(Print Name) (Sign Name)

Authorized College/Division Representative (if applicable) _____Date_____
(Sign Name)

Please submit original form to Accounts Payable via DV Cover sheet OR Procurement and Contracting Services when submitting Requisition and be sure to include the UAccess Financials eDoc number to expedite processing.

PART IV -- *For Official Use Only* -- ***SIGNATURE NOT REQUIRED FOR PAYMENT***
THIS PART TO BE COMPLETED BY UNIVERSITY TAX COMPLIANCE SECTION:
I have reviewed the information provided on this form and contacted the department/unit representative for additional information as I deemed necessary. Based upon my review and/or my conversations with _____, I have concluded that the
(Department Representative Name)
Individual named in Part I qualifies ☐ or does not qualify ☐ (**You must check one and only one**) as an Independent Contractor as that term is defined by the Internal Revenue Code.
Authorized Tax Compliance Representative: _____ Date: _____
(Sign Name)

Rev Date: February 13, 2012