

MISSOURI STATE UNIVERSITY™
CONSULTING & PROFESSIONAL SERVICES WORKSHEET
INDEPENDENT CONTRACTOR CLASSIFICATION CHECKLIST/INVOICE

THIS FORM SHOULD BE COMPLETED PRIOR TO THE PAYEE COMPLETING THE SERVICES

INSTRUCTIONS: Complete only if contracting for payment to an individual or paying for personal services as an independent contractor. If you are hiring an individual or sole proprietor, it is important to establish that the nature of the service does not constitute an employee-employer relationship. The Independent Contractor Questions are important to both Missouri State University and the prospective payee to enable proper tax withholding and reporting in accordance with the IRS rules.

If hiring a corporation or partnership, please complete back of form only.

TO BE COMPLETED BY DEPARTMENT:

Payee Name

To assist in determining independent contractor status, please complete the following questions. If the answer is "yes" to any question, pay on payroll system by completing either a Personnel Action form or a student employment clearance form if the payee is a Missouri State student.

Independent Contractor Questions:

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| ☐ Yes ☐ No | 1. | Is the payee a Missouri State University employee either in your department or in another university department? |
| ☐ Yes ☐ No | 2. | Is the individual working exclusively for Missouri State University? |
| ☐ Yes ☐ No | 3. | Are the services of the individual integrated into your organization? For example, are you hiring someone to teach a credit course? (Normally performed by Missouri State University employees.) |
| ☐ Yes ☐ No | 4. | Is the Missouri State University department providing long-term assistance to the individual, such as additional personnel support, supplies, equipment, etc.? |
| ☐ Yes ☐ No | 5. | Is the Missouri State University department providing on-going, training and direction concerning how to complete the task? That is, is the payee getting more than general directions and objectives of the task? |
| ☐ Yes ☐ No | 6. | Does the prospective payee/independent contractor report to a university staff member who has the right to change HOW the individual does his/her work? (An independent contractor normally must meet standards deemed in the contract and is not directly supervised by a Missouri State University employee.) |
| ☐ Yes ☐ No | 7. | Is there a regular or on-going relationship with the prospective payee/independent contractor? For example, is he/she being hired for more than a one-time task? |
| ☐ Yes ☐ No | 8. | Is the Missouri State University department dictating the number of working hours, or is the individual required to spend all of his/her work day on the project? |
| ☐ Yes ☐ No | 9. | Can the independent contractor quit prior to completion of the project without incurring any legal liability? A YES for research participants is an acceptable answer for payment as an Independent Contractor |
| ☐ Yes ☐ No | 10. | Is the individual being paid by the hour, week or month rather than by the project? |
| ☐ Yes ☐ No | 11. | Does the University have the right to fire the individual at any time rather than end the relationship as per the contract? |

If the answer to any question is "yes," do not complete the remainder of this form. The payment must be paid through the payroll system.

If the answer to all questions is "no," complete the remainder of this form and attach it to your Payment Request or UBUY payment.

Please provide a brief description of the duties to be performed.

An independent contractor:

1. Maintains a separate business with his/her own work facility, truck, equipment, materials, or similar accommodations;
2. Holds or has applied for a federal employer identification number, unless the independent contractor is a sole proprietor which is not required to obtain a federal employer identification number under state or federal requirements;
3. Performs or agrees to perform specific services or work for specific amounts of money and controls the means of performing the services or work;
4. Incurs the principal expenses related to the service or work that he/she performs or agrees to perform;
5. Is responsible for the satisfactory completion to work or services that he/she performs or agrees to perform and is or could be held liable for a failure to complete the work or services.
6. Receives compensation for work or services performed for a commission or on a per-job or competitive-bid basis;
7. May realize a profit or suffer a loss in connection with performing work or services; and
8. Has continuing or recurring business liabilities or obligations.

INVOICE

Payee Name: If you are an individual, you must generally provide the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage, without informing the Social Security Administration of the name change, please enter your first name, the last name shown on your social security card, and your new last name.

If you are a sole proprietor, you must furnish your individual name and either your Federal Tax ID number or your social security number. You may also enter your business name or "doing business as" name. Enter your name(s) as shown on your social security card and/or as it was used to apply for your EIN on Form SS-4.

Payee Name											
Payee Address											
City, State, Zip											
☐	Individual	☐	Sole Proprietor	☐	Partnership	☐	S Corporation	☐	C Corporation	☐	LLC
Federal Tax ID Number			Social Security Number			MO Tax ID Number					
Date Service Performed			to			Total Amount Due					

- ☐ I am a U.S. Citizen.
- ☐ I am a Lawful Permanent Resident. Lawful Permanent Residents should attach a copy of their I-551 Permanent Resident Card or unexpired foreign passport showing the temporary I-551 stamp.
- ☐ I am a Non-Resident or Resident alien. Non-Resident and Resident aliens should contact InternationalPayroll@missouristate.edu for tax purposes and information on appropriate paperwork and tax documents required prior to receiving compensation.
- ☐ I am a Missouri Resident or Entity.

I agree with the statements made on this form. I understand that as an Independent Contractor, I am not covered under the State of Missouri Worker's Compensation Law and that I meet the Independent Contractor definition on the front of this form. Furthermore, I am a U.S. citizen, a permanent resident of the U.S., or a nonresident alien and the address and social security number or Federal Tax ID number above is correct. I understand that this is taxable income to me and that I am required to report this income on my annual U.S. Tax Return.

Payee Signature (Must be Payee Named Above)		Telephone		Date	
University Department	Dean/Director/Chairperson Name			Date	
Approved By				Date	
(To be Completed by Financial Services)					