

**MISSOURI STATE UNIVERSITY
INDEPENDENT CONTRACTOR FORM**

REQUISITION # _____

(May be used in place of W9 or VRF for independent contractors **only**)

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

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

INSTRUCTIONS:

Complete only if you are 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 IRS regulations. If it is determined that the payee is NOT an independent contractor, then they are an employee and must be paid through the payroll system by completing the appropriate paperwork with Human Resources or a student employment clearance form, if the payee is a Missouri State University student.

Payee BearPass Number: **M** _____

Payee Name (as shown on your income tax return)** _____

Payee Address _____

Telephone _____ Fax _____ Email _____

Social Security Number ** _____

****SSN should match payee name that is provided****

I am a U.S. Citizen.

I am a Missouri Resident.

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 paper work and tax documents required prior to receiving compensation.

Describe the Services to be provided: _____

Dates Service(s) Performed (specific dates): _____ to _____ Total Amount Due \$ _____

How amount is determined: Fixed/Project/Lump Sum Pay _____ Hourly/Weekly/Monthly Rate _____

Other (Describe Method) : _____

Section I- Relationship with the University

YES NO

- A. Are you an employee or related to an employee of the University?
If YES, state relationship
- B. Do you currently work for Missouri State University as an employee?
- C. Have you worked as an employee of Missouri State University during the 12 months prior to the date of this contract?
- D. Has the University extended you an offer to be employed by the University?

(Please note employment status as staff/faculty for full/part/temporary-time differs from contracted labor.)

If the answer is "NO" to all questions, proceed to Section III. If the answer is "YES" to any of the questions, complete Section II.

Section II- Job Duties (current or past)

- A. What is/was your current/past job title (with the University)? _____
- B. What department do/did you work for? _____
- C. Are the services you are providing related to current job duties? Yes No
- D. Please describe job duties: _____
- _____

If job duties are related to contract duties, the payee should be classified as an employee and paid via payroll.

Section III- Classification Guidelines (Complete subsection A only, unless the services provided are associated with subsection B or C)

A. Independent Contractor Questions	YES	NO
1. Have you provided this same or similar services to other unrelated entities or to the general public as a trade or business?		
2. Will your period of service be performed within a set time frame per this contract?		
3. Will the department provide specific instructions regarding performance of the required work rather than relying on your expertise? (Training and direction concerning how to complete the task or giving payee more than general directions and objectives about the related task.)		
4. Does the University provide you long-term assistance, additional support, or reimbursement of expenses such as tools, equipment, and/or material?		
5. Will the University set the specific hours and/or days of the work week that you are required to work, as opposed to you setting your own work schedule?		
<i>(Definition- In the performance of the services, the amount of time devoted by the Independent Contractor on any given day will be entirely within the Independent Contractor's control, and the University will rely on the Independent Contractor to put in such number of hours as are necessary to fulfill the requirements of the Agreement.)</i>		

Section III- Classification Guidelines (continued from previous page)

A. Independent Contractor Questions (continued)	YES	NO
6. Is there regular or on-going relationship with you and the prospective payee? For example, are you being hired for more than a one-time task per this contract?		
7. Rather than end the relationship per this contract, does the University reserve the right to fire you at any time?		
8. Do you perform services exclusively for Missouri State University rather than working for a number of companies at the same time?		
9. Do you report to a University staff member who has the right to change HOW you do your work?		
<i>Proceed to subsections B or C if they pertain. Otherwise proceed to Part II.</i>		

B. Guest Speaker	YES	NO
1. Will you teach a course from which students will receive credit toward a degree?		

2. Will the University provide you course materials and tools?
3. Will the University reimburse you for course related expenses?
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?

C. Researcher

1. Will you perform research under the supervision of a University professor or employee?
2. Will you serve as an advisor or consultant to a University professor or employee?

YES

NO

Independent Contractor- Read PART II and sign if you agree to the determination of this contract as an Independent Contractor-ORIGINAL SIGNATURE REQUIRED FOR PAYMENT

PART II- To be read by individual providing the service- Definition of an Independent Contractor

1. Maintains a separate business with his/her own work facility, truck , equipment, materials, or similar accommodations;
2. Performs or agrees to perform specific services or work for specific amounts of money and controls the means of performing the services or work;
3. Incurs the principal expenses related to the service or work that he/she performs or agrees to perform;
4. Is responsible for the satisfactory completion of 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;
5. Receives compensation for work or services performed for a commission or on a per-job or competitive-bid basis;
6. May realize a profit or suffer a loss in connection with performing work or services; and
7. Has continuing or recurring business liabilities or obligations.

By signing below, I agree with the statements made on this form and that the form is identified as an invoice/contract. 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 in PART II of this form.

CERTIFICATION: UNDER PENALTIES OF PERJURY, I CERTIFY THAT:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (and authorized to sign an IRS Form W-9)

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement account (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

For additional information refer to the website link below: www.irs.gov and go to Form W-9.

Payee Printed Name

Payee Signature (Must be Payee Named)

Date

Return this signed form to the University department that engaged you to perform services.

If you do not qualify as an independent contractor, you must go through the payroll process before performing services.

PART III- For Official Use Only

THIS PART TO BE COMPLETED BY UNIVERSITY DEPARTMENT:

The University employee signing below warrants: that he or she has reviewed the information provided on this form; that the information is true to the best of the signer's knowledge, and; the individual's representations regarding the services to be performed and resulting compensation to be paid are correct.

The signer below should be the University Department Head/Director.

University Department

Department Head/Director Printed Name

Department Head/Director Signature

Date

Part IV- For Official Use Only

THIS PART TO BE COMPLETED BY FINANCIAL SERVICES:

I have reviewed the information on this form and contacted the department for additional information as I deemed necessary. Based upon my review and/or my conversations with _____
I have concluded that the individual named in Part I qualifies _____ or does not qualify _____ .

Accountant Approval Signature

Date