**UNCG Independent Contractor Determination**

Approval is required prior to commencement of service

(Effective for calendar year approval was received)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION I:** COMPLETED & SIGNED BY SERVICE PROVIDER (hereinafter referred to as Provider(s)) | | | | | | | | | | | | | | | | | | | | | | |
| **1.1 Personal Information** | | | | | | | | | | | | | | | | | | | | | | |
| Provider: First, MI, Last Name | | | | | Address: Mailing Address | | | | | | | | | | | | | | | | | |
| City/State/ZIP: City, State, Zip | | | | | | | | | | | | | Country: Country | | | | | | | | | |
| Phone: #-(###)-###-#### | | | | | Fax: #-(###)-###-#### | | | | | | | | E-mail: name@anywhere.com | | | | | | | | | |
| Individual Social Security Number (last 4 digits only): #### Company Tax ID Number (if applicable): ##-####### | | | | | | | | | | | | | | | | | | | | | | |
| BANNER ID Number (if known/applicable): ######### | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | |
| **1.2 Relationship Disclosure** | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | Please indicate if you are: a U.S. Citizen  a Legal Permanent Resident \*  a Non-Resident Alien \*\*  \* Please attach a copy of the I-551 form.  \*\* Please attach a copy of the NRA001 form with supporting documentation. | | | | | | | | | | | | | | | | | | | | |
| **2.** | | Do you have a business association with a UNCG employee or officer? | | | | | Yes | | No | | | If yes, name and department.  First, MI, Last & Department | | | | | | | | | | |
| **3.** | | Are you a retired State of North Carolina Employee? | | | | | Yes | | No | | | If yes, date of retirement: mm/dd/yyyy | | | | | | | | | | |
| **4.** | | Have you ever been employed by UNCG or another North Carolina State Agency (excludes NC Community Colleges and K-12 NC Public School System) | | | | | Yes | | No | | | If yes, agency name & date(s):  Agency name & mm/dd/yyyy | | | | | | | | | | |
| **5.** | | Within this calendar year, have you been a UNCG Undergraduate or Graduate Student Employee or Graduate Assistant? | | | | | | | | | | | | | | | | | Yes | | | No |
| **6.** | | Do you work exclusively for UNCG and not offer your services to the general public as part of a trade or business? If “NO”, what percentage of work will be devoted to UNCG work over the next 6-month period? ##.##% | | | | | | | | | | | | | | | | | Yes | | | No |
| **7.** | | How many hours per week will be dedicated to UNCG work or on a UNCG project(s)? ###.## | | | | | | | | | | | | | | | | |  | | |  |
| **1.3 Control Analysis** | | | | | | | | | | | | | | | | | | | | | | |
| **Part A: Behavioral Control Factors:** | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | Will UNCG have the right to provide instructions about when and where the result of the job is to be accomplished? | | | | | | | | | | | | | | | | | Yes | | | No |
| 2. | | Will UNCG have the right to specify the means and methods by which the result is to be accomplished? | | | | | | | | | | | | | | | | | Yes | | | No |
| 3. | | Will you set your own hours of work and are you responsible for your own schedule? | | | | | | | | | | | | | | | | | Yes | | | No |
| 4. | | Will you decide the order or sequence of services to obtain the desired result? | | | | | | | | | | | | | | | | | Yes | | | No |
| **Part B: Financial Control Factors:** | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | Do you have an investment in your own trade or business? | | | | | | | | | | | | | | | | | Yes | | | No |
| 2. | | Will you pay for your own business/travel expenses? | | | | | | | | | | | | | | | | | Yes | | | No |
| 3. | | Will you provide your own tools/supplies/materials? | | | | | | | | | | | | | | | | | Yes | | | No |
| 4. | | Will you submit an invoice for commission or project? | | | | | | | | | | | | | | | | | Yes | | | No |
| 5. | | Do you bill by:  the hour?  the project?  other? enter other billing method here | | | | | | | | | | | | | | | | |  | | |  |
| 6. | | Have you received 1099’s from other customers/clients over the past 12 months? | | | | | | | | | | | | | | | | | Yes | | | No |
| **Part C: Relationship Factors:** | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | Do you provide the same or similar services to the general public as part of a trade or business? | | | | | | | | | | | | | | | | | Yes | | | No |
| 2. | | Do you advertise your services, i.e., website, business journals, word of mouth, etc. | | | | | | | | | | | | | | | | | Yes | | | No |
| 3. | | Do you have your own insurance for work-related injuries?  If “YES”, please provide a copy of insurance verification. | | | | | | | | | | | | | | | | | Yes | | | No |
| 4. | | Will you maintain independent activities, i.e., maintain your own office? If “Yes”, please indicate the location of your office, i.e., home, separate building, etc. enter office location | | | | | | | | | | | | | | | | | Yes | | | No |
| 5. | | Do you hire additional employees when needed? | | | | | | | | | | | | | | | | | Yes | | | No |
|  | |  | | | | | | | | | | | | | | | | |  | | |  |
| By signing below, I certify that all information provided in this application is correct and, if applicable, that I am a vendor in good standing with both State and Federal agencies. Additionally, I understand that payments as I agree to below are subject to IRS regulations and may be taxable income, subject to backup withholding and 1099 or 1042-S federal reporting. Payment in excess of $1,500 may be subject to 4% N.C. withholding tax. Depending on services provided to UNCG, I may be subject to a criminal background check. This form should not be construed as acceptance of an offer for services. If UNCG engages me as an independent contractor, I understand that I am responsible for taxes, insurance coverage and business expenses. I also understand that I am not eligible for any employer provided benefits. | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Provider:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | **Date**: mm/dd/yyyy | | | | | | | |
| **Name:** Provider Name | | | | | | | | **Title:** Provider Title | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | |
| **SECTION II:** SERVICE DATA – Completed by UNCG department initiating service(s) | | | | | | | | | | | | | | | | | | | | | |
| Before an individual is hired as an independent contractor, the following checklist should be completed to help determine whether an employer/employee relationship exists. The questions provided below will assist in determining whether the individual performing services will be classified as an employee of UNCG for federal, state and FICA tax purposes, or as an independent contractor. | | | | | | | | | | | | | | | | | | | | | |
| **2.1 Key Duties/Tasks/Responsibilities** | | | | | | | | | | | | | | | | | | | | | |
| Using the space provided below, please provide a summary of the key duties/tasks/responsibilities of the requested provider and anticipated total cost. | | | | | | | | | | | | | | | | | | | | | |
|  | | **Description** | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | | | | | | | |  | | |
| **2.2 Current Relationship with UNCG YES NO** | | | | | | | | | | | | | | | | | | | | | |
| A. | | Does the provider currently work for UNCG as an employee? | | | | | | | | | | | | |  | | | |  | | |
| B. | | Does UNCG desire to hire the provider as an employee immediately following the termination of his or her services as an independent contractor? | | | | | | | | | | | | |  | | | |  | | |
| C. | | Does UNCG have a written contract with the provider for the services being performed? | | | | | | | | | | | | |  | | | |  | | |
| D. | | During the 12 months prior to the date on which the services commenced, was the provider on UNCG payroll (regular, temporary or student)? | | | | | | | | | | | | |  | | | |  | | |
| E. | | Will UNCG set the number of hours and/or days of the week that the provider will be required to work? | | | | | | | | | | | | |  | | | |  | | |
| F. | | Will UNCG pay the provider on an hourly rate similar to what other employees are paid on campus for similar work? | | | | | | | | | | | | |  | | | |  | | |
|  | |  | | | | | | | | | | | | |  | | | |  | | |
| G. | | Does UNCG anticipate a continuing relationship with the provider? | | | | | | | | | | | | |  | | | |  | | |
| H. | | Will UNCG pay the provider regardless of performance or outcome? | | | | | | | | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **2.3 Classification Guidelines** | | | | | | | | | | | | | | | | | | | | | |
| **A.** | | **Instructional Services** | | | | | | | | | | | | | **YES** | | | | **NO** | | |
|  | | 1. Is the provider a “guest lecturer”, e.g., an individual who lectures at only one or two class sessions? | | | | | | | | | | | | |  | | | |  | | |
|  | | 1. Is the provider the primary instructor in a department course being offered for academic credit toward a university degree? | | | | | | | | | | | | |  | | | |  | | |
|  | | 1. Is the provider the primary instructor in a non-credit adult continuing education course offered by UNCG? | | | | | | | | | | | | |  | | | |  | | |
|  | | 1. Does the provider present material that has been prepared/dictated by UNCG (versus being responsible for presenting his/her own prepared content)? | | | | | | | | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **B.** | | **Research Services** | | | | | | | | | | | | | **YES** | | | | **NO** | | |
|  | | 1. Will the provider perform work using UNCG facilities (as opposed to facilities available to them outside of UNCG?) | | | | | | | | | | | | |  | | | |  | | |
|  | | 1. Will the provider perform research for a UNCG faculty member under an arrangement whereby the faculty member serves in a supervisory capacity (i.e., the applicant will be working under the direction of the UNCG faculty member)? | | | | | | | | | | | | |  | | | |  | | |
|  | | 1. Will the provider serve in an advisory or consulting capacity with a UNCG faculty member or director in a “collaboration between equals” type arrangement? | | | | | | | | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **C.** | | **Other Services** | | | | | | | | | | | | | **YES** | | | | **NO** | | |
|  | | 1. Does the provider routinely provide the same or similar services outside of UNCG to the general public as part of a continuing trade or business? | | | | | | | | | | | | |  | | | |  | | |
|  | | 1. Will the department provide the provider with specific instructions or training regarding performance of the required work rather than rely on the expertise of the applicant and/or provide significant supplies and equipment for the worker? | | | | | | | | | | | | |  | | | |  | | |
|  | | 1. Does the provider engage in entrepreneurial activities in an established business at risk for loss? | | | | | | | | | | | | |  | | | |  | | |
|  | | 1. Does the provider provide similar services to other clients? | | | | | | | | | | | | |  | | | |  | | |
|  | | 1. Is the provider required to comply with contract terms or otherwise face legal repercussions? | | | | | | | | | | | | |  | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **2.4 Department Information** | | | | | | | | | | | | | | | | | | | | | |
| UNCG Department: Department Name | | | | | Contact: Contact Name | | | | | | | | Phone: ###-###-#### | | | | | | | | |
| Fund # ###### Account # ###### | | | | | | | | | | | | | | | | | | | | | |
| Term of Service: | | | Start Date: mm/dd/yyyy | | | | | | | End Date: mm/dd/yyyy | | | | | | | | | | | |
| Will services be performed in North Carolina? | | | | | | | | | | | | | | | | Yes | | | | No | |
| If “NO”, please indicate below the State and Country where the services are to be performed.  State: Name of State Country: Name of Country | | | | | | | | | | | | | | | | | | | | | |
| Will the provider have unsupervised contact with students and/or minors? | | | | | | | | | | | | | | | | Yes | | | | No | |
| **(If “YES”, the Department must submit the Department Request for Background Check Authorization form,** [**http://web.uncg.edu/hrs/Recruitment/Background\_Check/**](http://web.uncg.edu/hrs/Recruitment/Background_Check/)**, to Human Resources to obtain the Criminal Background Check Disclosure release from the provider. Results must be received and cleared by HR before work may begin.)** | | | | | | | | | | | | | | | | | | | | | |
| I certify that I have reviewed UNCG Independent Contractor guidance at <https://purchasing.uncg.edu/contract-services/independent-contractor/> and have provided the appropriate information. | | | | | | | | | | | | | | | | | | | | | |
| **Department Preparer:** | | |  | | | | | | | | | | |  | | | | | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | Date: mm/dd/yyyy | | | | | | | |
| Name: Preparer Name | | | | | | | | | Title: Position Title | | | | | | | | | | | | |
| Dept.: Department Name Phone: ###-###-#### E-mail: e-mail address | | | | | | | | | | | | | | | | | | | | | |
| I have reviewed the above responses and acknowledge that as a person with authority over the indicated fund, I understand that should the IRS disagree with this classification UNCG may hold my department financially responsible for any additional compensation (due to gross up, including fringe rate), taxes, interest, penalties, or administrative fees that the IRS, Wage and Hour Administration or others might assess. | | | | | | | | | | | | | | | | | | | | | |
| **Department Reviewer/Approver (Dean/Department Head/PI):** | | | | | | | | | | | | | |  | | | | | | | |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | Date: mm/dd/yyyy | | | | | | | |
| Name: Reviewer/Approver Name | | | | | | | | | Title: Position Title | | | | | | | | | | | | |
| Dept.: Department Name Phone: ###-###-#### E-mail: e-mail address | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Instructions: **Once Section I and Section II have been completed and signed, please forward the form to** [**procure@uncg.edu**](mailto:procure@uncg.edu) **.** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |