UNIVERSITY OF PENNSYLVANIA
OFFICE OF THE COMPTROLLER

INDEPENDENT CONTRACTOR DETERMINATION AND CERTIFICATION

The information on this form is used to determine whether the individual providing services is an independent contractor under IRS guidelines. This form must be completed and signed by the individual performing the services; reviewed and signed by the individual responsible for contracting for the services, all prior to any payment for the services.

NOTE: IF YOU ARE PERFORMING INDEPENDENT PERSONAL SERVICES AT THE UNIVERSITY, YOU MUST COMPLETE AN IRS FORM W-9 AND A CONTRACT FOR SERVICES RENDERED.

1. Social Security Number (SSN): ____________________________
   Employer Identification Number (EIN): ____________________________
   FULL NAME OF BUSINESS FOR THE SSN OR EIN GIVEN ABOVE:
   ____________________________
   Business address for tax purposes:
   Street Address: ____________________________
   City: ____________________________ State: ____________________________
   Zip or Post Code: ____________________________ Country: ____________________________

2. Are you a U.S. citizen or resident alien? ______ Yes ______ No
   If no, country of citizenship: ____________________________
   If non-resident alien,
   Tax Status:
   ______ Non-exempt. (These payments may be subject to withholding under Internal Revenue Code section 1441.)
   ______ Exempt by virtue of tax treaty. Treaty country ____________________________
   (Refer to Financial Policy No. 2319.2.) If exempt under an applicable tax treaty you must complete a Form 8233 and attach it to this certification.

3. Are you an employee of the University of Pennsylvania, HUP or CPUP? ______ Yes ______ No
   If yes, check all that apply
   ______ Part-time ______ Full-time ______ Faculty ______ Other (specify) ____________________________

4. Have you received wages or any other payments from the University of Pennsylvania within the last year? ______ Yes ______ No
   If yes, check the appropriate blank below. If (c), specify the type of payment.
   (a) ______ Consulting or other service fee  (b) ______ Wages (c) ______ Other (specify) ____________________________
5a. I will receive a flat fee for my services.  
5b. My services are made available to the public on a regular and consistent basis.  
5c. I contract with others to provide similar services.  
5d. I will provide all the required equipment to complete my duties.  
5e. I have the right to retain others to assist me in carrying out my duties as assigned.  
5f. The retention of any such people is solely within my discretion, and any compensation will be paid by me.  
5g. I use University classroom or office space to perform my duties.  
5h. All expenses incidental to the performance of my duties for the University, including travel expenses are to be borne by me, unless reimbursement is permitted in the terms of the contract and invoiced with appropriate documentation.  
5i. I retain the right to schedule the work to be completed.  
5j. If required, I will submit periodic progress reports to the responsible department chairman or business administrator as to the status of the project or work being performed.  
5k. The right to control the progress of the project or work being performed, is at my discretion.  
5l. I contract to provide these services on a project-by-project basis. Nothing in this shall imply that either party has the right or obligation to receive or provide services for any period other than that covered by the contract.  
5m. I am providing additional information which may be relevant to the determination of my status as an independent contractor (e.g. copies of invoices to other customers, newspaper and/or yellow pages advertisements, business cards, etc).  

6. Certification by independent contractor:  
I hereby certify, that I am entitled to claim independent contractor status and that I have complied with all business licensing requirements. My Philadelphia Business Privilege license no. is ________________. I certify that I pay my own federal, state, and city income/social security and other taxes in accordance with estimated tax payment requirements. I acknowledge that, as an independent contractor, I am not eligible for workers compensation, unemployment compensation or other University employee benefits. I understand that the University will issue a Form 1099-MISC to independent contractors who receive over six hundred dollars in remuneration during a calendar year. I acknowledge that providing false information will result in my not being eligible to contract with the University in the future, and may result in further penalties.  

Signature: __________________________ Date: __________________________
I certify that the foregoing statements represent the truth to the best of my knowledge and that all appropriate University purchasing approvals have been fulfilled. I acknowledge that, if the IRS subsequently determines that employee status should have applied, all penalties assessed to University of Pennsylvania with respect to this contract may be charged to my school/department. This certification applies: _____one time _____ for one year from the date of certification.

Signature: ____________________________  Title: ___________  Date: ___________

Embossed Identification