



University of Pennsylvania Service Provider Questionnaire (SPQ)

The information on this form is used to determine whether an individual, sole proprietor, or single member LLC providing services is an independent contractor under IRS guidelines. This form must be completed and signed by the individual performing the services and by the individual responsible for contracting for the services, **prior to beginning any services**. No payment for any services will be made otherwise. **This form may not be used for enrolled Penn students, nor for current employees of Penn, its Health System or any of its affiliate institutions.**

Scope of Work: Completed by School or Center

1. Submission Date:
2. Provide a detailed description of the work that will be performed and expected deliverables.
3. Estimated start date:
4. Anticipated end date:
5. Maximum total project cost (in USD):

Part I: Completed by Proposed Individual Service Provider

1. First and Last Name:
2. Individual/Sole Proprietor Single Member LLC Other (specify):
3. Name of sole proprietor or LLC (if applicable):
4. Address for tax purposes:
5. Email address: _____ Web address: _____
6. Will the services be provided in one location? Yes No
 - a. If yes, please provide where will the services be performed (complete i or ii):
 - i. State
 - ii. Country
 - b. If no, list all locations (State and/or Country) and percentage of time spent in each.
7. If you will provide services within the U.S., are you a U.S. citizen or a permanent resident? Yes No
 - a. If no, indicate visa type.
 - b. If no, indicate citizenship.
8. If you will provide services outside the U.S., do you hold citizenship or an appropriate work authorization status to work in the country of service for the full duration of the proposed engagement?
 Yes, citizenship Yes, valid work authorization status No

9. Are you a current or former employee of the University, Health System, or any of its affiliate institutions? Yes No

a. If yes, please provide current and/or former title(s) and date(s) of service:

10. If yes, are you a retiree of the University, Health System, or any of its affiliate institutions? Yes No

11. Are you an enrolled student of the University of Pennsylvania Yes No

12. Do you market your services to other clients and potential clients, other than the University?

Yes No

a. If yes, will you be working exclusively for the University, and not for any other clients, during the service period? Yes No

13. If your costs for performing the services exceed the price Penn has agreed to pay, do you bear the risk of economic loss? Yes No

14. Have you ever previously performed services for the University as an independent contractor?

Yes No

a. If yes, please indicate department(s) and time period(s) services were performed:

15. Will assistance be needed to perform the services? Yes No

a. If yes, explain.

I understand that the University will make the determination as to whether I will be treated as an independent contractor or an employee.

By signing below, I hereby certify that I am entitled to claim independent contractor status, and consistent with this, I certify that I have complied with all business licensing requirements and have paid all taxes owed in connection with the operation with my business, as required by applicable law. Further, I acknowledge and agree that the University of Pennsylvania bears no responsibility for any taxes, fees, or any other amounts assessed by a governmental authority against me or my business in connection with the operation of my business. However, the University does/will act as a withholding agent for state taxes where required by law. 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 the required tax document as it relates to my tax status. 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: _____