

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

Are you a citizen of the United States? _____

If the answer is “NO”, what visa type are you traveling on? _____

If you are not a U.S. Citizen or do not have Permanent Residency you need to complete a W-8 and a GLACIER record, contact Accounts Payable @ (520) 621-9097.

Name: _____ Telephone: _____ Fax: _____ Email: _____

Mailing Address: _____

Taxpayer Identification Number: _____ - _____ - _____
 Social Security Number (SSN) Employer Identification Number (EIN) Arizona Sales Tax ID (if applicable)

Federal Tax Classification: Individual C Corporation S Corporation Partnership Trust/Estate Other _____
 Limited Liability Company (C = Corporation, S = S Corporation, P = Partnership) _____

Describe the services to be provided: _____

Term of service (specific dates): _____ Total fee \$: _____

How fee is determined: Fixed: _____ Milestone: _____ Hourly Rate: _____ Other: _____
 (Rate) (Describe Method)

Do you have a relative employed at the University? _____ If “YES” please provide their name and department: _____

http://pacs.arizona.edu/manual_page01#Conflict

Section I – Relationship with the University

	Yes	No
A. Do you currently work for the University as an employee?	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the University extended you an offer of employment?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you worked as an employee of the University during the 12 months prior to the date of this contract?	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is “NO” to all questions, proceed to Section II.
 If the answer is “YES” to any of the questions, the individual should be classified as an employee and paid via payroll.

Section II – Classification Guidelines (Complete only one, A, B or C, depending on the services you will provide)

	Yes	No
A. Guest Speaker/Continuing Education Instructor		
1. Will you teach a course from which students will receive credit toward a degree?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer is “Yes”, treat the individual as an employee. If “No”, proceed</i>		
2. Will the University provide you course materials and tools?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the University reimburse you for course related expenses?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer to questions 2 and 3 is “Yes”, treat the individual as an employee. If the answer to either is “No”, proceed</i>		
4. Have you been invited, as a guest speaker, to lecture in a seminar, colloquium, class, etc?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you been engaged by the University fewer than 5 times in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer to questions 4 and 5 is “Yes”, treat the individual as an independent contractor. If the answer to either question is “No”, proceed to question 6.</i>		
6. Have you provided the same or similar services to other unrelated entities in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
7. Will the department provide specific instructions regarding performance of the required work rather than relying on your expertise?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Regardless of whether question 6 is answered “Yes” or “No”, if the answer to question 7 is “Yes”, then the individual will be treated as an employee.</i>		
B. Researcher		
1. Will you perform research under the supervision of a University professor or employee?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer to question 1 is “Yes”, treat the individual as an employee.</i>		
2. Will you serve in an advisory or consulting capacity with a University Professor or employee?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you provided the same or similar services to other unrelated entities in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will your period of service be completed within a finite time frame?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer to questions 2, 3, and 4 is “Yes”, treat the individual as an Independent Contractor, otherwise treat the individual as an employee.</i>		
C. Individual not covered under A and B		
1. Have you provided the same or similar services to other unrelated entities or to the general public as a trade or business during the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will your period of service be performed within a finite time frame?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will the department provide specific instructions regarding performance of the required work rather than relying on your expertise?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the University set the number of hours and/or days of the work week that you are required to work, as opposed to you setting your own work schedule?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer to question 1 and 2 is “Yes” and 3, and 4 is “No”, treat the individual as an Independent Contractor. Otherwise the individual should be paid as an employee via payroll.</i>		

PART II Independent Contractor Determination – to be completed by individual performing service:

NOTE: UAccess Financials Supplier Diversity = Small Business or Individual

Independent Contractor Determination: By signing below, I warrant and affirm that the information provided in Part I is true, complete and correct. I agree to personally, indemnify and hold the University of Arizona harmless from any claim, damages or liabilities resulting directly or indirectly from reliance thereon. I understand that I qualify or do not qualify (**You must check one, and only one**) as an Independent Contractor and that I am responsible for any taxes resulting from this engagement.

Name (print): _____ Title: _____

Signature: _____ Date: _____

Return this signed form to the University department/unit that engaged you to perform services. **Do NOT begin work until** you have received a signed copy of this form from the University.

If you qualify as an independent contractor, most engagements require you to obtain a **Purchase Order** from the University **prior to beginning work. Do not begin work until you have a purchase order or have verified that you are not required to obtain one.** Failure to follow this instruction may result in nonpayment for services. This form combined with the University Purchase Order constitutes the entire agreement between you and the University of Arizona. If you do not qualify as an independent contractor you must go through the payroll process before performing services.

Please provide original signed form to the University department / unit representative engaging your services.

**PART III -- For Official Use Only --TWO SIGNATURES ARE REQUIRED FOR PAYMENT IF INDEPENDENT CONTRACTOR
THIS PART TO BE COMPLETED BY UNIVERSITY DEPARTMENT/UNIT REPRESENTATIVE:**

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

The signer below should be the University Employee most familiar with the independent contractors operations

(Print Name) (Sign Name) Date: _____

I have reviewed University Policy 9.12 and the information provided on the reverse side of this form as it pertains to services provided. Based upon my review, and/or other knowledge that I may possess, I have determined that the reverse side of this form is complete and the Individual qualifies or does not qualify (**You must check one and only one**) as an Independent Contractor as that term is defined by the Internal Revenue Code.

The signer below should be the University Employee with the authority to request payment for the independent contractor (i.e., approve a Disbursement Voucher or Requisition)

(Print Name) (Sign Name) Date: _____

Authorized College/Division Representative (if applicable) _____ Date _____
(Sign Name)

PART IV – Prior to submitting the completed form, it is the department's responsibility to assure that appropriate evidence has been documented to support the position that the University is engaging an independent contractor.

University Tax Services oversees the Independent Contractors policy and guidelines. The department may contact [Tax Services](#) if assistance is needed in making the independent contractor determination.

SUBMIT COMPLETED FORM TO:
THE UNIVERSITY OF ARIZONA
FINANCIAL SERVICES - ACCOUNTS PAYABLE
1303 E UNIVERSITY BLVD, BOX 5
TUCSON, AZ 85719

OR

SECURE UPLOAD:
<https://www.fso.arizona.edu/accounts-payable/upload>