

## Employee or Independent Contractor Identification Form

Please provide the following information for the Tax Office to determine the payment for treatment of services provided are in the capacity of an employee or independent contractor (supplier/vendor):

### The current or former employees' relationship to the University:

Individual Name: \_\_\_\_\_

Position title: \_\_\_\_\_

The department/business unit currently or formerly employed in the last two (2) years: \_\_\_\_\_

If registration as a supplier/vendor in SIMBA is only to receive an employee award, fellowship, or stipend, provide name of award, brief description, and how employee selected (if an award, the remaining questions are not applicable):

Provide a narrative of the specific duties performing or performed as/when an employee:

### Supplier/Vendor Services to be performed:

The department, business unit, and/or student organization seeking services:

Provide a narrative of the specific services to be performed:

If approved to be a supplier/vendor, will an approved PSU contract be executed?

Is a current University employee instructing, including detail oversight, or is the current employee/hiring department relying on the expertise of the individual (this excludes general guidelines)?

Does the individual perform and/or offer the services to other clients? \_\_\_\_\_

If yes, as a trade or business? \_\_\_\_\_

Name of business if not operating under individual name: \_\_\_\_\_

Will the individual receive a flat fee or paid a set rate per hour? \_\_\_\_\_ Total Amount: \_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

Completed form is to be emailed to [Tax Services](#). Any questions and/or need for clarification should also be sent to Tax Services.

### Tax Office Use

Review: \_\_\_\_\_

Date: \_\_\_\_\_

Explanation:

Signature: \_\_\_\_\_