

**INDEPENDENT CONTRACTOR QUESTIONNAIRE**  
**(TO BE COMPLETED BY POTENTIAL INDEPENDENT CONTRACTOR)**

This questionnaire must be completed to determine if an individual is eligible to be an independent contractor and must be submitted to Finance before any service is performed.

All available information will be evaluated in the determination of status. You will be notified of the

determination. If it is determined that you qualify as an independent contractor, a purchase order will be

Yes  No

Have you performed services as an Independent Contractor for other employers?

If yes, list the three most recent:

Name of Company	Dates
_____	_____
_____	_____
_____	_____

Yes  No

Do you have employees?

If yes, provide your Workers' Compensation Insurance Carrier Name:

Yes  No  NA If you have employees, have you paid federal and state payroll taxes for your employees?

