To be completed by service provider:

INDEPENDENT CONTRACTOR QUESTIONNAIRE

In order to insure compliance with Internal Revenue Service withholding requirements, this questionnaire must be completed by those seeking an exception in accordance with Administrative Procedure A8.230.

1.	I will be providing services to the University of Hawaii as corporation or other, EIN No Federal ID no	, partnership		
	Note: If the services will be rendered by a corporation or partnership considered an independent contractor and the rest of this form need not service provider may be requested to provide its most recent corporate extragistration statement. All others must complete the rest of this form.	ot be completed. However, the		
2.	Will this be your first contract to provide services to a University program? Yes No			
	If no, describe the services rendered to the university within the preceding TWENTY-FOUR (24) months and the approximate date(s) the services were provided.			
	Date of Service(s) Nature of the Service	Program/Department		
3.	Do you provide the services to be rendered to the University to other clients and/or businesses? Yes No If yes, provide the names of the entities served during the last SIX (6) months (do not list more than five entities).			
4.	4. Are you an entrepreneur in business for which you are at risk for profit or	loss? Yes No		
5.	Do you maintain premises which you are entitled to deduct as a business expense to conduct your business? Yes No			
6.	6. Will you be supplying your own tools, equipment, and supplies? Yes	No		
7.	 Do you hold yourself out to the general public to provide the services to b Yes 	e rendered to the University?		

8.	Do you advertise your services to the public in the year Yes No	ellow pages, trade journals, newspapers or other media?	
9.	Do you have a business checking account, business Yes No	stationery, and business cards?	
	ertify that the above information is true and correct and deral and/or State tax, penalty or interest liability incurre		
Sei	rvice Provider/Contractor Signature Date	DBA (if any)	
Pri	nt Service Provider/Contractor Name		
То	be completed by University program:		
1.		e same or similar services as those to be rendered by No	
2.	Will any University employee supervise the performa	ince of the services to be rendered?	
3.	Will the University provide any instruction training to	the service provider? Yes No	
4.	Is the success or continuation of your program dependent to an appreciable degree upon the services to be rendered by the service provider? Yes No		
5.	Is the service provider being engaged to perform mo Yes No	re than a specific task or project?	
6.	Will any University employee determine the methods or means that the service provider will employ to achieve the desired result? Yes No		
7.	Will any University employee set the services provide Yes No	er's priorities on time, effort and hours of work?	
	ertify that the above information is true and correct and d/or State tax, penalty and interest liability because of a	understand that the University may be subject to federal any false information provided.	
Dea	an/Director/Chancellor Signature Date		
	Title		
	College/Campus		