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, partnership or other, EIN No Federal ID no				
	Note: If the services will be rendered by a corporation or partnership, the service provider will be considered an independent contractor and <b>the rest of this form need not be completed</b> . However, the service provider may be requested to provide its most recent corporate exhibit or partnership annual registration statement. All others must complete the rest of this form.				
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	t			
_					
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.	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.	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 be rendered to the University?  Yes  No				

8.	Yes No	e public in the yellow	v pages, trade journals, newspapers or other media?
9.	Do you have a business checking ac	ccount, business sta	tionery, and business cards?
	•	•	ee to indemnity the University of Hawaii for any ecause of any false information provided.
Sei	vice Provider/Contractor Signature	Date	DBA (if any)
Pri	nt Service Provider/Contractor Name		
То	be completed by University progra	m:	
1.	Does the University have employees the service provider? Yes	s that provide the sa No	me or similar services as those to be rendered by
2.	Will any University employee superv	rise the performance	of the services to be rendered?
3.	Will the University provide any instru	uction training to the	service provider? Yes No
4.	Is the success or continuation of you rendered by the service provider?	. •	nt to an appreciable degree upon the services to be No
5.	Is the service provider being engage Yes No	ed to perform more th	nan a specific task or project?
6.	Will any University employee determ achieve the desired result? Yes	nine the methods or No	means that the service provider will employ to
7.	Will any University employee set the Yes No	services provider's	priorities on time, effort and hours of work?
	ertify that the above information is true d/or State tax, penalty and interest liab		derstand that the University may be subject to federal false information provided.
De	an/Director/Chancellor Signature	Date	
	Title		
	College/Campus		