

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 A8.230.4.

To be completed by service provider:

1. I will be providing services to the University of Hawaii as a 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 **the rest of this form need not be completed.** 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

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. Do you advertise your services to the public in the yellow pages, trade journals, newspapers or other media? Yes ___ No ___
9. Do you have a business checking account, business stationery, and business cards? Yes ___ No ___

I certify that the above information is true and correct and agree to indemnify the University of Hawaii for any federal and/or State tax, penalty or interest liability incurred because of any false information provided.

Service Provider/Contractor Signature

Date

DBA (If any)

Print Service Provider/Contractor Name

To be completed by University program:

1. Does the University have employees that provide the same or similar services as those to be rendered by the service provider? Yes ___ No ___
2. Will any University employee supervise the performance of the services to be rendered? Yes ___ No ___
3. Will the University provide any instruction or 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 more than a specific task or project? Yes ___ No ___
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 service provider's priorities on time, effort and hours of work? Yes ___ No ___

I certify that the above information is true and correct and understand that the University may be subject to federal and/or State tax, penalty and interest liability because of any false information provided.

Dean/Director/Provost Signature

Date

Title

College/Campus