QUESTIONNAIRE FOR DETERMINING INDEPENDENT CONTRACTOR STATUS

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	EPENDENT CONTRACTOR NAME							
Α.								
Is in	dependent contractor a corporation ?	YES	NO					
If ye	es, list Taxpayer I.D. Number-							
PRO	CEED TO PART F							
		l .						
B.								
	dependent contractor an individual?	YES	NO					
		123	1.00					
	If yes list Social Security Number- COMPLETE PARTS C, D AND E.							
COIV	IPLETE PARTS C, D AND E.							
•								
C.								
DESC	CRIBE DUTIES TO BE PERFORMED.							
D								
DESC	CRIBE QUALIFICATIONS OF INDIVIDUAL TO PERFORM SERVICES, IF APPLICABLE							
	•							
E								
Pleas	e answer the following questions to determine independent contractor status.							
01	Must individual comply with instructions about when, where and how the work	YES	NO					
	is to be performed?							
	•	I						
02	Will the organizational unit provide pay for training of the individual?	YES	NO					
UZ	will the organizational unit provide pay for training of the individual:	ILJ	140					
00	M(II al !:- d!: :! d :- l/ : - ! - ! - ! - ! - d !:- ! - ! ! - ! ! ! - !	VEC	NO.					
03	Will the individual's services be integrated into the organizations regular	YES	NO					
	business operations ?							
04	Must the services be performed by the individual and not by a representative	YES	NO					
	or employee of the individual ?							
05	Will the organizational unit hire, supervise or pay others to help the individual	YES	NO					
	performing services ?	120						
	performing services:							
		1						
06	Will the relationship between the organizational unit and the individual be a	YES	NO					
	continuing one?							
07	Will the organizational unit set the individual's hours of work?	YES	NO					
07	will the organizational unit set the individual's nodes of work?	ILS	INC					
		•						
00	Le the individual deveting substantially full time to the duties described	VEC	NO					
08	Is the individual devoting substantially full time to the duties described	YES	NO					
09	Will the organizational unit provide the place of work and the tools required to	YES	NO					
"	perform work? will provide office space at 2 Peachtree	5						
	perform work: will provide office space at 2 reachties							
	<u>, </u>	,						
10	Will the organizational unit be able to specify processes to be used or the	YES	NO]				
	sequence of steps in the performance of services?							
	•		· · · · · · · · · · · · · · · · · · ·					
11	Lo the individual prohibited from performation similar complete for attacks	VEC	810					
11	Is the individual prohibited from performing similar services for others?	YES	NO					

12	Are oral or written reports required of the individual?	YES	NO	
13	Will payment be based on a wage or salary (as opposed to commission or lump sum) ?	YES	NO	
14	Will the individual be paid business or travel expenses ? travel as per terms of contract	YES	NO	
15	Will the individual be able to terminate the contract without liability for uncompleted work? only as allowed in contract	YES	NO	
		<u> </u>	<u> </u>	
16	Will the organizational unit have the right to terminate the services of the individual? only as allowed in contract	YES	NO	
17	Is the individual a retiree from state government?	YES	NO	

If the answer to ANY of the above questions are YES, an employer employee relationnship MAY exist Please contact your Personnel Office for further clarification.

If answers to ALL questions are NO, the individual is most likely a contractor. Proceed to part F.

F

Complete the authorization document (either Contract or request for Fee paid Services).

I certify that the answers to the above questions accurately reflect the anticipated working relationship.

Prepared By	Title	Date
Reviewed & Approved	Title	Date