



CERTIFICATION FOR DETERMINATION OF INDEPENDENT CONTRACTOR STATUS

This form has been developed to assist Drexel University, including without limitation Drexel University College of Medicine, The Academy of Natural Sciences, and its subsidiaries (Collectively, the "University") in determining whether the individual providing services to the University and its subsidiaries should be deemed an independent contractor, as defined by the Internal Revenue Service, or an employee subject to employment tax withholding. This form must be completed and signed by the individual performing the services. **No payment will be made for services until this form has been reviewed and signed by the University official responsible for contracting for the services, as well as the official's supervisor, and the University's Office of Tax Compliance.**

Section 1: SERVICE PROVIDER'S INFORMATION

Service Provider's Name:	Address:
SSN/FEIN/ITIN	
Check appropriate box: Individual /Sole proprietor C Corporation S S Corporation Partnership Limited liability company. Enter the tax classification (D=disregarded entity, C=C corporation, S=S corporation, P=partnership) Other _____	
Are you a U.S. citizen or resident alien? Yes No If no, country of citizenship: _____ If not a U.S. citizen or resident alien, payments may be subject to withholding under Internal Revenue Code § 1441.	Brief description of the nature of the services to be provided (attach additional sheet if necessary) :
Period of Service: Start Date: ____/____/____ End Date: ____/____/____	

Section 2: QUESTIONS TO DETERMINE STATUS

1. Are you a student at Drexel University and/or Drexel University College of Medicine?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you an existing employee of the University? (defined as Drexel University, Drexel University College of Medicine and/or The Academy of Natural Sciences)	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you expect that the University will hire you as an employee after completion of the services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Were you a University employee during the current or past calendar year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. If the answer to question 4 is "yes," did you perform the same or similar type of services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Will you determine the order or sequence to be followed in completing the work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Will you use your own supplies, tools and equipment (including, for example, office equipment and software) in completing your services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Will you determine where to purchase any supplies or services that are needed to complete the work and assume all costs for the purchases?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Do you have the right to retain and supervise University personnel in carrying out your duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. Can you perform your services without additional training by University personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Do you, as opposed to the University, bear the financial risk in providing the services to the University?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Will there be unreimbursed expenses that you will be solely responsible for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Do you provide your services to clients other than the University? (Please complete Question 16 and provide supporting documentation.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Do you market your services to the public?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Do you perform your services at a location that is not at the University?	Yes <input type="checkbox"/> No <input type="checkbox"/>

16. **Required:** Please provide any other information that may be relevant to the determination of your status as an independent contractor including your business card, website address, client lists, etc.

Section 3: CERTIFICATION BY SERVICE PROVIDER

I certify that I am entitled to claim independent contractor status and that I (a) offer my services to multiple clients; (b) have complied with all business licensing requirements; (c) pay my own federal, state, city, self employment, and other taxes; (d) am not eligible for workers' compensation, unemployment compensation, or other employee benefits; and (e) maintain my own books and records. I understand that the University will issue a Form 1099-MISC to independent contractors who receive more than \$600 in remuneration during a calendar year. I understand that I may be held responsible for any penalties assessed against the University as a result of incorrect information in this form.

_____ Signature	_____ Date
_____ Telephone Number (Business and Mobile)	_____ Email Address

Section 4: CERTIFICATION BY UNIVERSITY OFFICIAL

I certify that: (a) the foregoing statements are true and correct to the best of my knowledge; and (b) if the IRS subsequently determines that employee status should have applied, all taxes, penalties and interest assessed to the University with respect to this contract will be charged to my school/department.

_____ Signature	_____ Date
_____ Name (Printed)	_____ Title
_____ Telephone Number (Business and Mobile)	_____ Email Address

Section 5: APPROVAL OF SUPERVISOR HAVING SIGNING AUTHORITY

This form must be signed by the supervisor of the University Official.

_____ P./Cost Center Administrator Name (Printed)	_____ Signature	_____ Date
_____ Director/Dean Name (Printed)	_____ Signature	_____ Date
_____ President/Vice President Name (Printed)	_____ Signature	_____ Date

Section 6: OFFICE OF TAX COMPLIANCE DETERMINATION

Check One:

Based upon the information provided by the Service Provider, the Service Provider meets the requirements for treatment as an independent contractor and is **approved** for payment as an independent contractor

Based upon the information provided by the Service Provider, the Service Provider does not meet the requirements for treatment as an independent contractor and is **not approved** for payment as an independent contractor

Name (Printed)

Signature

Date