



### Independent Contractor Questionnaire and Certification

**Name:** \_\_\_\_\_

**SSN or EIN:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Assessment questions: Check yes or no**

**Yes    No**

- \_\_\_    \_\_\_    My services are made available to the public on a regular and consistent basis.
  - \_\_\_    \_\_\_    I contract with other clients to provide similar services.
  - \_\_\_    \_\_\_    I will provide all required equipment to complete the services.
  - \_\_\_    \_\_\_    I have the right to retain others to assist me in carrying out my services.
  - \_\_\_    \_\_\_    The retention of such people is solely within my discretion and I will pay them.
  - \_\_\_    \_\_\_    All incidental expenses to my performance are borne by me.
  - \_\_\_    \_\_\_    I retain the right to schedule how work is to be performed.
  - \_\_\_    \_\_\_    If required, I will submit periodic progress reports.
  - \_\_\_    \_\_\_    I contract to provide these services on a project-by-project basis
  - \_\_\_    \_\_\_    I have general liability, workers compensation and/or auto insurance in place.
  - \_\_\_    \_\_\_    I am providing additional information which is relevant to my status as an independent contractor. Check all that apply and attach a copy.
- |                            |                               |
|----------------------------|-------------------------------|
| ___ Business cards         | ___ Advertisements            |
| ___ Client list            | ___ Invoices to other clients |
| ___ Business license       | ___ Other                     |
| ___ Insurance certificates |                               |



**Certification:** I hereby certify that I am entitled to claim independent contractor status and that I have complied with all business licensing requirements. I certify that I pay my own federal, state and local income/social security and other taxes in accordance with estimated tax payment requirements. I acknowledge that as an independent contractor, I am not eligible for workers compensation, unemployment compensation or other company benefits including health insurance. I certify that my business is appropriately insured. I understand that the company will issue a Form 1099-MISC if I perform six hundred dollars or more in remuneration during a calendar year.

**Signature:**

\_\_\_\_\_

**Title:**

\_\_\_\_\_

**Company:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_