



University of Pennsylvania Service Provider Questionnaire

The information on this form is used to determine whether an individual providing services is an independent contractor under IRS guidelines. This form must be completed and signed by the individual performing the services, and reviewed and signed by the individual responsible for contracting for the services, prior to the rendering of any services. No payment for any services will be made otherwise.

Scope of Work:

Please provide a detailed description of the services that will be provided.

Your Name and/or Name of Business:

Business address for tax purposes:

Street Address (1)	Street Address (2)
City, State, & Zip Code	Email

Please answer all of the following questions:

1. Are you a U.S. Citizen?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

2. Are you a Resident Alien (Green Card Holder)?

If no, Country of citizenship:

Please refer to Financial Policy No. 2319.4.

If yes to number 2, please supply photocopy of green card.

3. Are you an employee of the University of Pennsylvania, HUP or CPUP?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If yes, please check all that apply:

Part-time	<input type="checkbox"/>
Full-time	<input type="checkbox"/>
Faculty	<input type="checkbox"/>
Staff or other (specify) _____	<input type="checkbox"/>

4. Have you received wages or any other payments from the University of Pennsylvania, the Health System or any of its affiliate institutions?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Check the appropriate box:

<input type="checkbox"/>	Salary or Wages/Taxes withheld through payroll system	<input type="checkbox"/>	Other (please specify) _____
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Specify time period worked: _____

5. Will you receive a flat fee for your services?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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6. Are your services made available to the public on a regular and consistent basis?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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7. Do you contract with others to provide similar services?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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8. Will you provide all the required equipment to complete your duties?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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9. Will you retain others to assist you in carrying out your services?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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10. If yes to #9, will the retention of any such individuals be solely within your discretion, with their compensation to be paid by you?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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11. Will you use a University classroom or office space to perform your duties?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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12. Will expenses incidental to the performance of your duties for the University including travel expenses, be borne by you, unless reimbursement is permitted in the terms of the contract and invoiced with appropriate documentation?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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13. Will you have the right to schedule the work to be completed?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
14. If required, will you submit periodic progress reports to the responsible department chairman or business administrator as to the status of the project or work being performed?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
15. Will you control the progress of the project or work being performed?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
16. Do you contract to provide these services on a project-by-project basis?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>

I understand that the University will make the determination as to whether I will be treated as an independent contractor or an employee.

By signing below, I hereby certify that I am entitled to claim independent contractor status. I have complied with all business licensing requirements. I certify that I pay all applicable taxes in accordance with relevant tax laws. I acknowledge that, as an independent contractor, I am not eligible for workers compensation, unemployment compensation or other University employee benefits. I understand that the University will issue the required tax document as it relates to my tax status. I acknowledge that providing false information will result in my not being eligible to contract with the University in the future, and may result in further penalties.

SIGNATURE _____ DATE: _____
 Individual to perform service(s)

SIGNATURE _____ DATE: _____
 Departmental requestor of service(s)