

Service Provider Information:

Service Provider Name: Business Name (if applicable):

IRS Common Law Guidelines:

Behavioral Control: (check all that apply)	Yes	No
Will you provide instruction about when, where, and how the work is to be done?	<input type="checkbox"/> Complies with the department's instructions.	<input type="checkbox"/> Determines own schedule, location, and tasks.
Will you provide training to the individual?	<input type="checkbox"/> Trained by Bowdoin.	<input type="checkbox"/> Responsible for own training.
Will you require the individual to perform the services personally?	<input type="checkbox"/> Must be performed personally.	<input type="checkbox"/> Can be performed by his/her employees or subcontractors.
Will Bowdoin establish the hours of work?	<input type="checkbox"/> Bowdoin sets the hours.	<input type="checkbox"/> Responsible for his/her own schedule.
Will Bowdoin require the services full-time during the duration of the contract?	<input type="checkbox"/> Bowdoin requires full-time commitment.	<input type="checkbox"/> Can work for others during period of the contract.
Will the work be performed on Bowdoin's premises?	<input type="checkbox"/> Performed on campus.	<input type="checkbox"/> Performed at the individual's place of business.
Will Bowdoin require progress reports on a regular basis?	<input type="checkbox"/> Bowdoin requires reports.	<input type="checkbox"/> Reports are not required unless stipulated in contract.

Financial Control: (check all that apply)	Yes	No
Will the contract be based on hourly, weekly, or monthly rate?	<input type="checkbox"/> Bowdoin pays on an hourly, weekly, or monthly basis.	<input type="checkbox"/> Bowdoin pays per project.
Will Bowdoin pay the worker's business and/or traveling expenses?	<input type="checkbox"/> Bowdoin pays the business and traveling expenses.	<input type="checkbox"/> Individual is responsible for all expenses.
Will Bowdoin furnish equipment, materials, tools, and/or supplies?	<input type="checkbox"/> Bowdoin furnishes equipment, materials, tools, and/or supplies.	<input type="checkbox"/> Individual furnishes everything.
Is the service provider's office in a home?	<input type="checkbox"/> Works at home.	<input type="checkbox"/> Rents office space at fair market value from an unrelated party.

Relationship: (check all that apply)	Yes	No
Does the service provider work for one firm at a time?	<input type="checkbox"/> Works for only one firm at a time.	<input type="checkbox"/> Performs services for multiple unrelated customers at the same time.
Does the service provider makes his/her services known to the public primarily through word of mouth?	<input type="checkbox"/> Makes his/her services known by word of mouth.	<input type="checkbox"/> Advertises his/her business in publications, yellow pages, web, etc.
Does Bowdoin have the right to discharge the worker?	<input type="checkbox"/> Bowdoin has the right to discharge.	<input type="checkbox"/> Cannot be fired if he/she produces a result based on the specifications of the contract.
Does the individual have the right to end his/her relationship with Bowdoin at any time without incurring liability?	<input type="checkbox"/> The individual can terminate at any time.	<input type="checkbox"/> The service provider incurs liability for non-delivery.
Does Bowdoin anticipate a continuing relationship?	<input type="checkbox"/> Bowdoin anticipates a continuing relationship.	<input type="checkbox"/> A continuing relationship is no anticipated. Projects will be awarded only when the need arises.
Will you integrate the worker's services into your daily operations by providing email, an office, and requiring attendance at meetings?	<input type="checkbox"/> Integrated into unit.	<input type="checkbox"/> Independent of unit activities.

Description of services to be performed including # of weeks, hours/week, anticipated rate of pay:

Contracting Department:

Name: Title:
 Department: Phone Number:
 Authorized Signature: _____ Date: _____

- Instructions:**
- Submit the following forms to the Controller's Office, Accounts Payable:
 - Independent Contractor Questionnaire
 - Independent Contractor Checklist
 - IRS Form W-9 (Rev. August 2013)
 - The Controller's Office will share classification determination with the Department.
 - Services can be performed by service provider.