

Bowdoin College is requesting the information below in order to determine the appropriate service provider classification (employee vs. independent contractor) under federal and state laws and regulations. **Please complete and return this questionnaire, along with a completed and signed IRS W-9 form (Rev. August 2013) to the Bowdoin Department that is seeking to engage your services. Thank you.**

Name:

Doing Business As (if applicable):

Address:

Telephone:

Email Address:

1. Please describe the exact nature of your trade, occupation, profession or business (referred to hereafter as "business"):

2. Please indicate how your business is organized:

Sole Proprietor    Corporation    Limited Liability Company    Partnership    Professional Corporation

3. How long have you been independently engaged in this business?

4. Did you file a business tax return last year for this business?  Yes  No

If no, why not?

5. Do you have an IRS determination (SS-8) of independent contractor status?  Yes  No   If yes, provide the date:

6. Do you have the opportunity to make a profit or loss in this business:  Yes  No

7. Do you have a substantive investment in knowledge, facilities, tools, instruments, materials or products for this business?  Yes  No

If yes, please provide specific examples:

8. Do you advertise this business?  Yes  No

If yes, please provide specific examples of where you advertise:

9. How many clients did your business work for in the past 12 months?

a. Please provide names of three major customers (other than Bowdoin College) within the past 12 months:

Did client issue a 1099?  Yes  No

Did client issue a 1099?  Yes  No

Did client issue a 1099?  Yes  No

10. Do you work for more than one client at a time?  Yes  No

11. Do you use assistants to help perform your work?  Yes  No (If yes, answer questions a and b below.)

a. Do you personally pay your assistants?  Yes  No

b. Are you responsible for supervising the details of your assistants' work?  Yes  No

12. Have you worked as an employee for Bowdoin College in the past?  Yes  No

If yes, please provide dates and positions:

Service Provider Certification

I hereby certify that all of the information I have provided above is true and accurate. I also certify that I am legally authorized to work in the United States.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: