



# Worker Classification Pre-Qualifying Questionnaire

**Section A – To be completed by the Service Provider**

Service Provider Name 1:		
DBA/Company Name 2 (if applicable)		
<b>Taxpayer Identification Number (TIN):</b> Enter your TIN in the appropriate box to the right. The TIN must match the name given on the "Service Provider" line above. For individuals, this is your social security number. For entities, this is the employer identification number (EIN).	<b>Social Security Number</b> ____-____-____	
	<b>Employer Identification number</b> _____	
Is your company reportable on IRS form 1099? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Service Provider Primary Business Address</b>		
Address Line 1:	Country:	
Address Line 2:	State:	
Address Line 3:	City:	
Postal Code:	Organization Email:	
Phone:	Fax Number:	
For questions, general information or purchase order receipt, what is your standard communication method? <input type="checkbox"/> Email <input type="checkbox"/> Fax		
<b>Boston University Contact Information</b>		
First name:	Last name:	Title:
Email:	Phone:	Fax number:
Department:	Dept. Phone:	Email:
<b>Description of Services Being Performed:</b>		
Date(s) and Location of Services:		
<input type="checkbox"/> Rate per job: \$  <input type="checkbox"/> Rate per day: \$	Total fee for services: \$	Total cost of engagement: \$
<b>Additional Statement of Work Attached?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Conflict of Interest Certification:</b> I, the Service Provider or its authorized representative, acknowledge that I have read, understand and agree (for myself or on behalf of the Service Provider) to follow the University's Supplier Code of Ethical Conduct ( <a href="http://www.bu.edu/sourcing/suppliercenter/supplier_code_conduct/">http://www.bu.edu/sourcing/suppliercenter/supplier_code_conduct/</a> )		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Independent Contractor Status:</b> The University classifies and pays individuals who provide services as employees, unless the nature of the services and other circumstances satisfy the IRS criteria for independent contractor status. The IRS advises employers to consider three aspects of the employment arrangement to determine status: financial control, behavioral control, and relationship between the parties. Please answer the following questions to help better define your business relationship with Boston University.		
1. <b>Are you an employee of Boston University?</b> If yes, check all that apply: <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Faculty <input type="checkbox"/> Other If other, please specify: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. <b>Is any member of your family or household a Boston University employee?</b> Under the University's Conflict of Interest Policy, "family" includes (1) a spouse; (2) a child, grandchild, parent, grandparent, sibling, uncle, aunt, nephew, or niece, or the spouse of any such person; (3) a person having a step-relationship described in (2) above; (4) a parent-in-law or a brother- or sister-in-law; or (5) any other person who resides in the same household. If yes, please identify such person: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. <b>Have you received wages or any other payments from Boston University within the last year?</b> If yes, check the appropriate box: <input type="checkbox"/> Consulting or other service fee <input type="checkbox"/> Wages <input type="checkbox"/> Other If other, please specify: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
4. <b>I will receive a flat fee for my services.</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
5. <b>I am customarily engaged in an independently established trade, occupation profession, or business of the same nature as that involved in the service to be provided hereunder.</b> If yes, please attach a list of the last 4 entities with whom you have contracted and the dates of such services.		<input type="checkbox"/> Yes <input type="checkbox"/> No
6. <b>I have provided services to Boston University previously.</b> If yes, how many hours of such service have you provided to Boston University in the last 12 months? _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

7. I will provide all of the required equipment to complete my duties.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. I have the right to retain others to assist me in carrying out my duties as assigned.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. The retention of any such people is solely within my discretion and any compensation will be paid by me.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. I will use University classroom or office space to perform my duties.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. All expenses incidental to the performance of my duties for the University, including travel expenses, are to be borne by me, unless reimbursement is permitted under the contract with the University and invoiced with appropriate documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. I retain the right to schedule the services to be completed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Unless exempted, I will submit periodic progress reports to the responsible department chairman or business administrator as to the status of the project or services being performed.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. The right to control the progress of the project or services being performed is at my discretion.	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. I contract to provide these services on a project-by-project basis. Nothing in this shall imply that either party has the right or obligation to receive or provide services for any period other than that covered by the contract.	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Will Boston University provide you with any training in order for you to provide the services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Please estimate the number of hours/time commitment for the services.	_____ hours
18. Unless waived by the University, the service provider shall take out and maintain, during the period in which the provider works for the University, Commercial General Liability insurance naming Trustees of Boston University as an additional insured, subject to a combined single limit of at least \$1,000,000 each occurrence and \$2,000,000 in the aggregate for bodily injury and property damage. <b>Do you carry insurance providing coverage for your operations?</b> If yes, check the appropriate category and provide the limit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Commercial General Liability Limit: \$	
<input type="checkbox"/> Errors & Omissions and Professional Liability Limit: \$	
<b>19. CERTIFICATION BY SERVICE PROVIDER:</b> I hereby certify that, to the best of my knowledge and belief, I am entitled to claim independent contractor status in accordance with Internal Revenue Service guidelines and do not intend to perform services in an employee-employer relationship with Boston University. I certify that I pay my own federal, state, and city 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 University employee benefits. I understand that Boston University will determine, prior to my engagement, whether I am qualified to receive payments as an independent contractor. If I am deemed qualified and if I am engaged by the University, I understand that the University will issue a Form 1099-MISC to me if I receive over six hundred dollars in remuneration during a calendar year. I agree to complete and submit all information, forms, and documentation required by the University as directed. 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.	
<b>Service Provider Signature:</b>	Date:
<b>Section B – To be completed by University employee directly responsible for work to be performed by Service Provider</b>	
Will the fee for the services provided by the Service Provider be funded: <input type="checkbox"/> Internally (e.g., BU Department funds) <input type="checkbox"/> Externally (e.g., grants or contracts)	
Will the service provider be used for more than one engagement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Provide a complete description of the services the service provider will perform</b> (attach additional sheets if necessary):	
<b>Section C – To be completed by Boston University Accounts</b>	
The above Service Provider is:	AP Reviewer:
<input type="checkbox"/> Qualified to be paid as an independent contractor	Signature:
<input type="checkbox"/> Not qualified to be paid as an independent contractor	Date: