



Hamilton

Independent Contractor Questionnaire Form

Hamilton requests this information in order to evaluate the appropriate service provider classification under IRS guidelines (i.e., employee vs. independent contractor). Return your complete questionnaire to the Hamilton department seeking to engage your services.

Part I Service Provider Information

Name: _____ DBA: _____

Federal ID # _____ Is this your social security # ? Yes No

Describe Provider Services:

Where do you advertise your services? (check all that apply) Word of mouth Yellow Pages Publications Web

List publication names and web URL, if applicable: _____

Provide names and contact numbers of your three major customers other than Hamilton:

1. _____ Customer issued a 1099

2. _____ Customer issued a 1099

3. _____ Customer issued a 1099

Identify the types of costs you incur in your business: My business office is in my home

Equipment _____

Payroll (# of employees) _____

Other (explain) _____

What tax returns do you file? Payroll tax Sales tax. In what State _____

Other (explain) _____

How do you bill your customers? (check all that apply)

Hourly Fee for Project Other (explain) _____

How much time to you expect to devote to Hamilton business in the next 12 months?

Less than 10% At least 10% but less than 25% At least 25% but less than 50% 50% or more

Part II Service Provider Attestation & Certification

I am a citizen of the U.S. or a permanent resident (green card). I am not a Hamilton student or Hamilton employee. If Hamilton hires me as an independent contractor, I am responsible for taxes, insurance coverage, and business expenses, and that I am not eligible for any employer-provided benefits.

Signature: _____ Date: ___/___/_____

Name: _____ Title: _____

Phone: (____) _____ Email: _____

Return To:

Created: 4/17/06
Business Office