



### Independent Contractor Questionnaire

*To be completed by prospective vendor*

For the purposes of establishing qualification under IRS definition of Independent Contractor, please respond to the following:

Is there a defined schedule of when and where the work is to be performed?	YES	NO
Is there an option to conduct the work at an alternate location?	YES	NO
Is there an option to establish your own work schedule?	YES	NO
Are any tools or equipment required to perform the service for which you are contracted?	YES	NO
Are the tools supplied by the organization?	YES	NO
Do you supply any of your own tools of the trade?	YES	NO
Are your services offered to the public-at-large for hire within the scope of your work?	YES	NO
Do you offer your services to the public and thereby realize either a profit or loss of income?	YES	NO
Do you incur business related expenses i.e., business cards, web site, advertising, office supplies, etc., that are deductible against earnings?	YES	NO
Are you reimbursed for all business-related expenses?	YES	NO
Are you aware that as an independent contractor you are self-responsible for FICA, state and federal tax reporting?	YES	NO
Are you aware that this is a fee for services provided engagement with no guarantee of extension?	YES	NO

Information provided on this form is true, correct, and complete to the best of my knowledge.

_____	_____	_____
Vendor Signature	Vendor Name	Date
_____	_____	_____
CCRI Authorized Signature	CCRI Authorized Printed Name	Date

<b>OFFICE USE ONLY</b>	
Vendor Banner ID: _____	Assigned PO Number: _____



### Independent Contractor Questionnaire

*To be completed by department chair or program director*

For the purposes of establishing qualification under IRS definition of Independent Contractor, please respond to the following:

Is there a formal contract of expected deliverables? (If yes, please provide a copy to the Purchasing Office with this completed form)	YES	NO
Is it necessary for CCRI to provide training to this individual?	YES	NO
Is the individual required to follow instructions from the college on how to complete the work?	YES	NO
Do you instruct or supervise the individual while they are working?	YES	NO
Do you permit the individual to schedule their own meeting times and locations?	YES	NO
Do you reimburse for any business-related expenses?	YES	NO
Does the college provide support personnel for the individual?	YES	NO
Is the individual working for the college in any other capacity? If yes, please define.	YES	NO

Information provided on this form is true, correct, and complete to the best of my knowledge.

_____	_____	_____
Dept. Chair or Program Director Signature	Printed Name	Date