



Name of Business or Individual: _____

Email Address: _____

If Business, Name of Owner(s): _____

Date(s) of Service: _____

SSN/ITIN or R# of Individual/Business Owner: _____

Total Contract Amount: _____

*Travel expenditures authorized by the dept. must have original travel receipts and be submitted within 60 days of travel for nontaxable reimbursements

YesNo

1. Are you a U.S. Citizen or Permanent Resident Alien?
2. Are you a current employee or have been a Texas Tech University, Health Sciences Center, Or Health Sciences Center El Paso ("TTUS") employee during the past twelve months?
If you answered "yes" the Tax Office will contact the department for further information.
The service may require payment through Payroll & Tax Services
3. Do you plan to become a TTUS employee within the next 12 months?
4. Do you receive restriction, supervision, or control from TTUS other than conveyance of the scope of services desired? (e.g., Does TTU impose restrictions on what supplies to purchase, what tools to use, what order to follow, or control over the processes of the service?)
5. Are you being trained by the TTUS to perform the job/services for which you are receiving compensation? (e.g. does TTUS train you, provide instruction manual, determine processes, or explicit instruction?)
6. Are you required to perform the services personally? (e.g., cannot delegate the job to others)
7. Does TTUS hire, supervise, and pay assistants to help you with the services provided?
8. Are the services being provided to TTUS on a continuing (frequent or long-term) basis?
9. Do you have the ability to negotiate a mutually agreeable work time and/or date (work schedule)?
10. Have you provided similar services to other unrelated entities OR to the public as a trade or business?
11. Will compensation be paid on an hourly, weekly, monthly, or other regular basis?
12. Does TTUS provide the tools, materials, and supplies necessary to complete the work?
13. Can TTUS discharge you for reasons other than non-performance of the contract?
14. Could you face potential financial loss or liability if contract terms are not met?

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR THE PAYMENT DIRECTLY TO THE INTERNAL REVENUE SERVICE FOR ANY TAXES THAT MAY BE APPLICABLE TO THIS INDEPENDENT CONTRACTOR PAYMENT.

Signature of Business Owner/Individual: _____

Date: _____

Financial Manager/Contract Administrator Signature: _____

Date: _____

IF APPROVED, THIS PAYMENT DOES NOT CONSTITUTE AN EMPLOYER-EMPLOYEE RELATIONSHIP.

Payroll & Tax Services: _____

Date: _____