

The University of Chicago
Payroll Department
6054 S. Drexel Ave. Suite 300
Chicago, IL 60637

Consultant and Independent Contractor Questionnaire

Instructions: The Service Provider must complete and submit this form along with an IRS Form W-9, [Request for Taxpayer Identification Number](#).

NAME OF INDIVIDUAL/ENTITY PROVIDING SERVICES:	
TAX IDENTIFICATION NUMBER: (SSN OR FEIN)	

(Check all that apply.) **YES** **NO**

1. Does the University have the right to control how work is to be performed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you set your own hours of work?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you make your services available to the general public, and therefore will not receive the majority of income from the University? If yes, attach a separate list of clients.	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the University provide training?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has an agreement or contract been signed between you and the University? If yes, please attach a copy of the agreement or contract.	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you perform the majority tasks on University premises?	<input type="checkbox"/>	<input type="checkbox"/>

Sign Here ► _____
Signature of individual providing services

Date

FOR DEPARTMENT ADMINISTRATOR USE ONLY

I have reviewed this form. To the best of my knowledge, I believe this information is accurately stated.

Signature: _____
Department Administrator

Date: _____

Department: _____

Fac Ex Address: _____

Phone: _____

This form may be used as supporting documentation in the event that the Internal Revenue Service questions the payments made to you as an independent contractor.