

**Bradley University
Independent Contractor Form**

(Form to be completed by Independent Contractor)

The Determination of Independent Contractor Status Form (on the reverse side) must be completed prior to the completion of this form. The Independent Contractor must complete the Independent Contractor Form in its entirety.

Independent Contractor Information/Certification

Name _____
Individual name as it appears on social security card or SS-4 application

Social Security Number or Employee Identification Number _____

DBA _____
Business name, if different from individual name

Individual Sole proprietor Partnership Corporation Other (explain) _____

Address _____

City, State & Zip _____

Telephone Number _____

Description of Services/Activities _____
(Attach contract or agreement if total value of services are \$1,000.00 or greater)

Date(s) of Service _____ Total Fee \$ _____

The above information is true and correct and I agree to accomplish the above-described services for the fee indicated. Furthermore, I am an U.S. citizen or resident for tax purposes. I understand that this is taxable income to me and that I am required to report this income on my annual U.S. tax return.

Signature _____ Date _____
Individual Performing Services

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER (W9-Substitute Form)

Federal Law requires that we have on file a W-9 form with the Social Security number and signature for each individual or business to which the University makes a non-payroll payment. The IRS may impose a penalty of up to \$500.00 for non-compliance or supplying false information.

Certification Under penalties of perjury, I certify that: (1) The social security number or employee identification number shown above is my correct taxpayer identification number; and (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

SIGNATURE _____ Date _____
Individual Performing Services