

COLUMBIA UNIVERSITY INDEPENDENT CONTRACTOR CERTIFICATION

1. Social Security Number (SSN) _____ - _____ - _____

Employer Identification Number (EIN) _____ - _____

Full name of business for the SSN or EIN given above:

Business address for tax purposes:

Street Address: _____

City: _____ State: _____

Zip or Post-Code: _____ Country: _____

2. Tax Status:

(a) U.S. citizen

(b) Resident Alien: Country of citizenship: _____

(c) Non – Resident Alien:

Non-exempt (These payments may be subject to withholding under Internal Revenue Code section 1441)

Exempt by virtue of tax treaty. Treaty country _____

Foreign National

3. Are you an employee of Columbia University, CUMC or any affiliated institution? Yes No

If yes, check all that apply Part-time Full-time Faculty

Other (specify) _____

4. Have you received wages or any other payments from Columbia University, CUMC or any affiliated institution within the last year?

Yes No

If yes, check the appropriate blank below. If (c), specify the type of payment.

(a) Consulting or other service fee

(b) Wages

(c) Other (specify) _____

5. Please tell us about the services that you will provide to Columbia University:

a. I will receive a flat fee for my services (i.e. fixed, negotiated, T&M, etc.). Yes No

b. My services are made available to other organizations on a regular and consistent basis. Yes No

c. I will provide all the required equipment to complete my services. Yes No

d. I have the right to employ others to assist me in carrying out the contracted services as assigned. Yes No

e. The retention of any such people is solely within my discretion, and any compensation will be paid by me. Yes No

f. I use University classroom or office space to perform my duties. Yes No

g. All expenses incurred in connection with the performance of my services for the University, including travel expenses are to be borne by me, unless reimbursement is permitted in the terms of the contract and invoiced with appropriate documentation. Yes No

h. I retain the right to set my own daily schedule to perform and/or complete the Yes No

contracted services.

- i. **If required, I will submit periodic progress reports to the responsible department chairman or business administrator as to the status of the project or work being performed.** ___ Yes ___ No
- j. **The right to control the progress of the project or work being performed, is at my discretion.** ___ Yes ___ No
- k. **I contract to provide these services on a project-by-project basis. Nothing in this shall imply that either party has the right or obligation to receive or provide services for any period other than that covered by the contract.** ___ Yes ___ No
- l. **I am providing additional information which may be relevant to the determination of my status as an independent contractor (e.g. copies of invoices to other customers, newspaper and/or yellow pages advertisements, business cards, etc).**

6. Certification by Independent Contractor: I hereby certify, that I am an independent contractor and that I have complied with all business licensing requirements I certify that I pay my own/entity's federal, state, and city income/social security and other taxes in accordance with estimated tax payment requirements. I acknowledge that, as an independent contractor, I am not eligible for workers compensation, unemployment compensation or other University employee benefits. I understand that the University will issue a Form 1099-MISC to independent contractors who receive over six hundred dollars (\$600) in remuneration during a calendar year. I acknowledge that providing false information will result in my not being eligible to contract with the University in the future, and may result in further penalties.

Signature: _____

Date: _____

7. Certification by the responsible Columbia University Officer:

I certify that the foregoing statements represent the truth to the best of my knowledge and that all appropriate University purchasing approvals have been fulfilled. I understand that if it is subsequently determined that additional fees, costs, and/or penalties arise with respect to this contract, they may be charged to my school or department. This certification applies:

___ one time only

___ for one year from the date of certification

Signature: _____

Signature: _____

Title: _____ **Date:** _____

Title: _____ **Date:** _____

8. Purchasing Office approval:

Signature: _____

Title: _____ **Date:** _____

9. If not approved, any payment for services must be processed through the Columbia University Office of Human Resources and payment made via the payroll system.

Using the form through the website:

Through our **website**, we would ask the Service Provider,

Are you a firm or a sole proprietor?

- For ***sole proprietors*** and ***independent contractors***, without employees, we would capture additional data to determine “employee vs. independent contractor” status using this new format that would be completed by the Service Provider and certified by the University Department Business Administrator requesting the Purchase Order or Contract.
- For ***firms*** (e.g. LLP’s, Corporations, Partnerships), we will continue to gather the general information necessary to validate the status and financial standing of all Vendors we work with at the University via the Vendor Questionnaire, but would no longer require the IRS information formerly collected for all Service Providers via the Department’s Consultant Worksheet.