



## Employee v. Independent Contractor Questionnaire Form

Hamilton College requests this information to evaluate whether to classify this worker as an employee or independent contractor pursuant to Hamilton College's policy. Return your completed questionnaire to the Hamilton College department seeking to engage your services.

### Part I Worker Information

Name: \_\_\_\_\_ DBA \_\_\_\_\_  
(If applicable)

Hamilton College department engaging your services: \_\_\_\_\_

Describe provider services: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where do you advertise your services? (check all that apply)  Word of mouth  Yellow Pages  Publications  Web

List publication names and web URL, if applicable: \_\_\_\_\_

Provide names, dates of service provided, and contact numbers of your three major customers other than Hamilton College:

1. \_\_\_\_\_  Customer issued a 1099
2. \_\_\_\_\_  Customer issued a 1099
3. \_\_\_\_\_  Customer issued a 1099

Identify the types of costs you incur in your business:  Business office  Equipment \_\_\_\_\_  
 Payroll (# of employees) \_\_\_\_\_  
 Other (explain) \_\_\_\_\_

What tax returns do you file?  Payroll Tax  Sales tax (in what states) \_\_\_\_\_  
 Other (explain) \_\_\_\_\_

How do you bill your customers? (check all that apply)  
 Hourly  Fee for Project  Other (explain) \_\_\_\_\_

How much work time do you expect to devote to Hamilton College business in the next 12 months?  
 Less than 10 %  10% to 50%  51% to 99%  100%

### Part II Worker Attestation & Certification

I am a citizen of the U.S. or a permanent resident (green card holder). I am not a Hamilton College student or employee. If Hamilton College hires me as an independent contractor, I am responsible for taxes, insurance coverage, and business expenses, and I understand that I am not eligible for any employer-provided benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

(Please Print)

E-mail: \_\_\_\_\_