



# Hamilton

## Independent Contractor Questionnaire Form

Hamilton requests this information in order to evaluate the appropriate service provider classification under IRS guidelines (i.e., employee vs. independent contractor). Return your complete questionnaire to the Hamilton department seeking to engage your services.

**Part I Service Provider Information**

Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Federal ID # \_\_\_\_\_ Is this your social security #?  Yes  No

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 and contact numbers of your three major customers other than Hamilton:

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:

My business office is in my home

Equipment \_\_\_\_\_

Payroll (# of employees) \_\_\_\_\_

Other (explain) \_\_\_\_\_

What tax returns do you file?  Payroll tax  Sales tax. In what State \_\_\_\_\_

Other (explain) \_\_\_\_\_

How do you bill your customers? (check all that apply)

Hourly  Fee for Project  Other (explain) \_\_\_\_\_

How much time to you expect to devote to Hamilton business in the next 12 months?

Less than 10%  At least 10% but less than 25%  At least 25% but less than 50%  50% or more

**Part II Service Provider Attestation & Certification**

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

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Return To:

Created: 4/17/06  
Business Office