

## **WMU QUESTIONNAIRE FOR PROPOSED INDEPENDENT CONTRACTOR AGREEMENTS**

**If the individual performing services is currently employed by the University or has been employed in the current or within the 2 previous years by WMU, an independent contractor agreement may not be used.**

If the individual performing services is not a citizen of the United States, federal income tax will be withheld as required at 30%. Please contact the Corporate Reporting and Taxation Department (387-2981) to discuss possible exemption before completing the questionnaire. If the individual is claiming exemption under tax treaty, please be advised that the individual must have a U.S. Social Security Number or U.S. Tax I.D. Number to claim exemption.

These questions relate to the individual/business that you are considering retaining as a contractor or consultant. This questionnaire and a WMU Independent Contractor Agreement should be forwarded to Business Services (before services are rendered) for evaluation. A questionnaire and agreement are required in all cases that involve payment for an approved independent contractor. Results of this questionnaire will be returned to you with the agreement. If the agreement is approved, a copy of the agreement and questionnaire should be attached to a payables voucher and forwarded to Accounts Payable (along with an invoice) for payment. If the agreement is not approved the individual rendering services must be paid as an employee. In this case the appropriate Human Resources form should be completed using the normal payroll process.

Please answer the following questions relating to the individual that will perform the services:

**1. Is IC a full-time WMU student?**

Yes \_\_\_ No \_\_\_ If yes, it is University Policy to pay as a student employee (and do not complete the rest of the form).

**2. Is IC a WMU employee or been paid on the WMU payroll in the past two years?**

Yes\_\_\_ No\_\_\_ If yes, the individual must be paid as an employee (and do not complete the rest of the form).

**3. Does the IC set their own hours and/or sequence of work?**

Yes\_\_\_ No\_\_\_ If you control this then the individual is likely an employee.

**4. Will the individual be trained or supervised by a WMU employee?**

Yes\_\_\_ No\_\_\_

**5. Will this individual supervise employees of the University?**

Yes\_\_\_ No\_\_\_

**6. Will this individual perform services on a full-time basis?**

Yes\_\_\_ No\_\_\_

**7. Will this individual be paid on a per job basis?**

Yes\_\_\_ No\_\_\_

**8. Can this individual designate who can perform the services?**

Yes\_\_\_ No\_\_\_

**9. Is the Independent Contractor a citizen of the United States? (See second paragraph of page 1 re: 30% withholding.)**

Yes\_\_\_ No\_\_\_

10. Will this person be reimbursed for travel or other expenses?

Yes\_\_\_ No\_\_\_ If yes, this would normally indicate an employee/employer relationship so these expenses should be part of the overall job costs and not itemized or included separately.

11. Will this person have a continuing relationship with the University?

Yes\_\_\_ No\_\_\_ If yes, a continuing relationship with the University indicates that an employee/employer relationship exists even if the services are performed part-time, seasonal, or of short duration.

12. Is the IC currently a retiree under the MPSERS program?

Yes\_\_\_ No\_\_\_ If yes, working at WMU while a MPSERS retiree can jeopardize your MPSERS retiree benefits. It is the responsibility of the IC to determine whether or not their benefits will be impacted. WMU will not be responsible for any loss of IC's retirement benefits.

13. This contract or agreement does/does not (circle one) involve: a) the physical shipment of items from the United States to a foreign country, OR b) the release or presentation of information regarding controlled technology, research, data, information regarding WMU facilities, publications, OR other intellectual information to any foreign person(s) or entity within or outside the United States by way of visual inspection, oral transmission, conference presentation OR training? If it does, evidence of approval by WMU's Research Compliance Coordinator for export control policy compliance MUST be attached to this Questionnaire before it will be approved. See <http://www.wmich.edu/research/exportcontrol.html>.

Name of individual/business: \_\_\_\_\_

(please state name of taxpayer as reported on his/her Federal return)

Type of entity: \_\_\_individual \_\_\_partnership \_\_\_corporation \_\_\_other

\_\_\_LLC -- Corporation or Partnership \_\_\_LLC -- Single-Member\*

Social Security # \_\_\_\_\_ or Employer Identification # \_\_\_\_\_

\*(NOTE: If entity is a Single-Member LLC, provide member's social security number.)

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Print or type the NAME, TITLE, DEPARTMENT AND TELEPHONE # of the person from WMU to contact if additional information is necessary. The IC agreement and questionnaire will be returned to this individual once approved/disapproved.

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

Department, Mail Stop Code, and Telephone #: \_\_\_\_\_

Date: \_\_\_\_\_ Fund and Department: \_\_\_\_\_

Forward this questionnaire and the agreement to the Business Services Department mail stop 5222.