

**INDEPENDENT CONTRACTOR QUESTIONNAIRE**  
**(TO BE COMPLETED BY POTENTIAL INDEPENDENT CONTRACTOR)**

This questionnaire must be completed to determine if an individual is eligible to be an independent contractor and must be submitted to Finance **before** any service is performed.

All available information will be evaluated in the determination of status. You will be notified of the determination. If it is determined that you qualify as an independent contractor, a purchase order will be issued to you and an invoice **must** be submitted to Accounts Payable after the work is completed. All approved contractors must be registered with the state's e-procurement system and complete a GTCC vendor registration form. If it is determined that you should be paid as an employee, please work with the hiring department to submit the required documentation through our usual HR/payroll process **before work commences**.

Please provide the following information making additional comments as appropriate:

Name/Business Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ or Federal Identification Number \_\_\_\_\_

Business License Number \_\_\_\_\_ Issued by \_\_\_\_\_

Type of Entity:  Individual  Sole Proprietor  Partnership  LLC  Corporation

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

Business Phone and Fax Number: \_\_\_\_\_

Brief description of services to be performed: \_\_\_\_\_  
\_\_\_\_\_

Period when services are to be performed \_\_\_\_\_

Amount to be paid for services \_\_\_\_\_

Are you a U.S. Citizen, Permanent Resident or Non-Resident Alien? \_\_\_\_\_

(If Non-Resident Alien, you must also complete the Foreign National Information System Data Gathering Form)

Yes  No      Have you ever been or are you currently an employee or student-employee of GTCC?

Yes  No      Have you ever been or are you currently employed by any other agency of the State of NC or another NC community college? If yes, list agency or college and dates of employment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  No

Have you performed services as an Independent Contractor for other employers?

If yes, list the three most recent:

Name of Company	Dates
_____	_____
_____	_____
_____	_____

Yes  No

Do you have employees?

If yes, provide your Workers' Compensation Insurance Carrier Name:

\_\_\_\_\_

Yes  No

NA

If you have employees, have you paid federal and state payroll taxes for your employees?

Yes  No

NA

If you use subcontractors in your business, do you issue IRS Form 1099's to them for their services to report their income?

Yes  No

Do you have general liability insurance?

Please list your carrier: \_\_\_\_\_

Yes  No

NA

If you are a sole proprietor, do you file a Schedule C and pay self-employment taxes on your income?

Yes  No

Will you furnish the tools, materials, equipment and supplies needed to perform the services?

If yes, provide description of items furnished: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes  No

Do you advertise your services? Where? \_\_\_\_\_

If you don't advertise, how do you market your services? \_\_\_\_\_

\_\_\_\_\_

Yes  No

Is there any other information that would support treatment of you as an independent contractor? Please describe. \_\_\_\_\_

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I affirm the above are true statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATEMENT OF PURPOSE: The information on this form is being gathered to determine the status of an individual for employment taxes and income tax withholding.