

INDEPENDENT CONTRACTOR QUESTIONNAIRE
(TO BE COMPLETED BY GTCC PERSONNEL)

This questionnaire must be completed to determine if an individual is eligible to be an independent contractor and must be submitted to Finance with a Scope of Work and the Professional Services Agreement **before** any service is performed.

In addition to this questionnaire, the Scope of Work, PSA and the forms to be completed by the potential contractor will all be evaluated in the determination of status. You will be notified of the determination. If it is determined that the individual qualifies as an independent contractor, a purchase order will be issued to the independent contractor and an invoice can be submitted to Accounts Payable after the work is completed. If it is determined that the individual should be paid as an employee, please prepare the required paperwork to have the individual's payment processed through Payroll **before work commences**.

Please provide the following information concerning the individual you are considering hiring making additional comments as appropriate:

Name of the individual/business: _____

Social Security Number _____ or Federal Identification Number _____

Business License Number _____ Issued by _____

Type of Entity: Individual Sole Proprietor Partnership LLC Corporation

Business Address: _____

Brief description of services to be performed (attach a Scope of Work): _____

Period when services are to be performed _____

Amount to be paid for services _____

Is the individual a U.S. Citizen, Permanent Resident or Non-Resident Alien? _____

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

Yes No Has this individual ever been an employee or student-employee of GTCC?

Yes No Is this individual currently working for any other agency of the State of NC?

If the answers to both employment questions are “no”, continue survey. Otherwise sign survey and submit to Finance with attachments.

- Yes No Is the individual working exclusively for GTCC?
- Yes No May this individual designate another to perform the services?
- Yes No Are the services of the individual integrated into your department? For example, are you hiring someone to teach a course?
- Yes No NA If this individual is teaching a class, are they listed as the instructor in the class schedule/course catalog?
- Yes No Will this individual hire, supervise and pay other workers to perform the service?
- Yes No Does GTCC provide on-going training and direction concerning how to complete the task? Are you giving more than general directions and the objective of the task?
- Yes No Is there a regular or on-going relationship with the individual? Have you hired this individual in the past?
- Yes No Does the individual have a place of business other than his/her home?
- Yes No Will this individual be able or need to perform some of the services at a business location he/she provides?
- Yes No Will the individual perform all work at GTCC-designated locations?
- Yes No Will the individual determine his/her hours of work?
- Yes No Will GTCC reimburse the individual for any expenses incurred while performing these services?
- Yes No Will GTCC furnish the individual with the tools, materials, equipment and supplies needed to perform the services?
- Yes No Will the individual be paid on a lump sum basis?
- Yes No Can the individual quit prior to the completion of the project without penalty?
- Yes No Is there any other information which would support treatment of the individual as an independent contractor? Please describe below.

CERTIFICATION OF HIRING MANAGER:

I certify that I have completed this form to the best of my knowledge and have attached the Scope of Work and Professional Services Agreement as required prior to any work being performed by the potential contractor.

Signature

Date

Printed Name and email address

Department

DO NOT WRITE BELOW THIS LINE – FOR FINANCE USE ONLY

Status Determination: Independent Contractor

Employee

Determination sent to hiring manager via email on _____
(date)

Signature

Date

Printed Name

Department

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.