Independent Contractor Questionnaire Form

UNC Greensboro 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 UNC Greensboro 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?  [ ] Word of mouth  [ ] Yellow Pages  [ ] Publications  [ ] Web

(check all that apply)

List publication names and web URL, if applicable: ______________________________________________________

Provide names and contact numbers of your three major customers other than UNC Greensboro:

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 work time do you expect to devote to UNC Greensboro 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

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Part II Service Provider Attestation & Certification

I am a citizen of the U.S. or a permanent resident (green card). I am not a UNC Greensboro student or UNC Greensboro employee. If UNC Greensboro engages 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: _______________________________ Title: _______________________________

Phone (___) ___________________ Email: _______________________________