

Supplier #: _____



University of Pennsylvania Service Provider Questionnaire

The information on this form is used to determine whether an individual or an LLC operating as a sole proprietor/individual providing services is an independent contractor under IRS guidelines. This form must be completed and signed by the individual performing the services and reviewed and signed by the individual responsible for contracting for the services, prior to the rendering of any services. No payment for any services will be made otherwise. **This form is not intended for enrolled Penn students or for UPHS or Penn employees.**

SCOPE OF WORK:

Please provide a detailed description of the services that will be provided:	
Project start date	
Project end date	
Total payment (USD)	

YOUR NAME AND/OR NAME OF BUSINESS:

If sole proprietor LLC, please include your name and the name of the LLC	
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BUSINESS ADDRESS FOR TAX PURPOSES:

Street Address (no PO Boxes)	
Street Address (2)	
City, State, & Zip / Country	
Email for purchase orders	
Phone number	

Please answer ALL OF the following questions:

YES NO

1. Are you a US Citizen?

a. If YES, skip to question 3

b. If NO, Country of Citizenship:

2. Are you a Resident Alien (Green Card holder)?

a. If YES, please supply photocopy of green card.

b. If you are not a US citizen or Permanent Resident, and the proposed work will take place within the United States, please provide your Visa Type and expiration date:

3. Are you an enrolled student of the University of Pennsylvania?

4. Are you an employee of the University of Pennsylvania?

a. If yes, please check all that apply:

Part-time

Full-time

Faculty

Staff or other (specify)

5. Have you ever received wages or any other payments from the University of Pennsylvania, the Health System, or any of its affiliate institutions?

a. If yes, please check the appropriate box:

Salary or Wages/Taxes withheld through payroll system

Other (please specify):

b. Specify time-period worked (date/date range):

6. Will you receive a flat fee for your services?

7. Are your services made available to the public on a regular and consistent basis?

8. Do you contract with others to provide similar services?

9. Will you provide all the required equipment to complete your duties?

10. Will you retain others to assist you in carrying out your services?

a. If YES, will the retention of any such individuals be solely within your discretion, with their compensation to be paid by you?

11. Will you use a University classroom or office space to perform your duties?

12. Will expenses incidental to the performance of your duties for the University, including travel expenses, be borne to you, unless reimbursement is permitted in terms of the contract and invoiced with appropriate documentation?

13. Will you have the right to schedule the work to be completed?

14. If required, will you submit periodic progress reports to the responsible department chairman or business administrator as to the status of the project or work being performed?

15. Will you control the progress of the project or work being performed?

16. Do you contract to provide these services on a project-by-project basis?

17. Will the services be provided outside of Pennsylvania?

a. If yes, provide location (other US State or foreign country):

18. If services are being provided outside of the US, do you have the appropriate visas and/or work authorizations to provide the services in the country?

I understand that the University will make the determination as to whether I will be treated as an independent contractor or an employee.

By signing below, I hereby certify that I am entitled to claim independent contractor status. I have complied with all business licensing requirements. I certify that I pay all applicable taxes in accordance with relevant tax laws. I acknowledge that, as an independent contractor, I am not eligible for workers compensation, unemployment compensation, or other University employee benefits. I understand that the University will issue the required tax document as it relates to my tax status. I acknowledge that providing false information will result in my not being eligible to contract with the University in the future and may result in further penalties.

Signature: *(Service Provider)*

Date:

Signature: *(Departmental Requestor)*

Print name:

Email address:
