



<i>For Internal Use Only:</i> Supplier # _____

University of Pennsylvania Service Provider Questionnaire

The information on this form is used to determine whether an 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 brief description of the services that will be provided. Description should include duration, estimated cost, location of activity/services, etc.

Your Name and/or Name of Business:

(If a business, specify if Business is a sole proprietorship, LLC, corporation, etc.)

Business Address for Tax Purposes:

Street Address (No P.O. Boxes)	Street Address (2)
City, State, & Zip Code	
Email for purchase orders:	

Please answer all of the following questions:

1. Are you a U.S. Citizen? Yes No

2. Are you a Resident Alien (Green Card Holder)? Yes No

If no, Country of citizenship: _____

Please refer to Financial Policy No. 2319.4.

If yes, please supply photocopy of green card.

3. Are you an enrolled student of the University of Pennsylvania? Yes No

4. Are you an employee of the University of Pennsylvania, HUP, or CPUP? Yes No

If yes, please check all that apply:

Part-time

Full-time

Faculty

Staff or other (specify) _____

5. Have you received wages or any other payments from the University of Pennsylvania, the Health System or any of its affiliate institutions? Yes No

If yes, check the appropriate box:

Salary or Wages/Taxes withheld through payroll system

Other (please specify) _____

Specify time period worked (date/date range): _____

6. Will you receive a flat fee for your services? Yes No

7. Are your services made available to the public on a regular and consistent basis? Yes No

8. Do you contract with others to provide similar services? Yes No

9. Will you provide all the required equipment to complete your duties? Yes No

10. Will you retain others to assist you in carrying out your services? Yes No

11. If yes to #9, will the retention of any such individuals be solely within your discretion, with their compensation to be paid by you? Yes No

12. Will you use a University classroom or office space to perform your duties? Yes No

- | | | |
|---|-----|----|
| 13. Will expenses incidental to the performance of your duties for the University, including travel expenses, be borne by you, unless reimbursement is permitted in the terms of the contract and invoiced with appropriate documentation? | Yes | No |
| 14. Will you have the right to schedule the work to be completed? | Yes | No |
| 15. 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? | Yes | No |
| 16. Will you control the progress of the project or work being performed? | Yes | No |
| 17. Do you contract to provide these services on a project-by-project basis? | Yes | No |
| 18. Will the services be provided outside of Pennsylvania? | Yes | No |
| If yes, provide location (U.S. state or foreign country) _____ | | |
| 19. If services are being provided outside of the U.S., do you have the appropriate visas and/or work authorizations to provide the services in the country? | Yes | No |

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 _____ DATE: _____
Individual to perform service(s)

SIGNATURE _____ DATE: _____
Departmental requestor of service(s)

Print Name: _____

Email Address: _____