

Instructions for completion of Independent Contractor/Professional Services Worksheet

Form to be completed and submitted with the requisition to the Purchasing Department for all contractual services with an individual, sole proprietorship, or non-resident alien.

An independent contractor under F.S. 440:

- a. Maintains a separate business with his own work facility, truck, equipment, materials, or similar accommodations;
- b. Holds or has applied for a federal employer identification number, unless the independent contractor is a sole proprietor who is not required to obtain a federal employer identification number under state or federal requirements;
- c. Performs or agrees to perform specific services or work for specific amounts of money and controls the means of performing the services or work;
- d. Incurs the principal expenses related to the service or work that he performs or agrees to perform;
- e. Is responsible for the satisfactory completion of work or services that he performs or agrees to perform and is or could be held liable for failure to complete the work or services;
- f. Receives compensation for work or services performed for a commission or on a per-job or competitive-bid basis;
- g. May realize a profit or suffer a loss in connection with performing work or services;
- h. Has continuing or recurring business liabilities or obligations; and
- i. Is successful in his/her business when his/her business has receipts greater than expenses.

Read the following statements, check the applicable box, then sign and date below:

U.S. Citizen or Permanent Resident (includes Sole Proprietor):

I agree with the statements made above. Furthermore, I understand that as an independent contractor, I am not covered under the State of Florida Worker's Compensation Law (F.S. 440) and that I meet the independent contractor definition also defined in F.S. 440. Furthermore, I am a nonresident alien and the address and the Social Security Number above is correct. I understand that this is taxable income to me and that I am required to report this income on my U.S. tax return annually.

Non-Resident Alien (taxable income):

I agree with the statements made above by the approving department at Florida Gulf Coast University. Furthermore, I understand that as an independent contractor, I am not covered under the State of Florida Worker's Compensation Law (F.S. 440) and that I meet the independent contractor definition also defined in F.S. 440. Furthermore, I am a non-resident alien and the address and the Social Security Number or TIN above is correct. I understand that this is taxable income to me and that the appropriate amount of tax will be withheld.

Non-Resident Alien (exempt income):

I agree with the statements made above by the approving department at Florida Gulf Coast University. Furthermore, I understand that as an independent contractor, I am not covered under the State of Florida Worker's Compensation Law (F.S. 440) and that I meet the independent contractor definition also defined in F.S. 440. Furthermore, I am a non-resident alien and the address and the Social Security Number or TIN above is correct. I understand that this is non-taxable or exempt income to me.

Foreign National:

I certify that all services will be performed in the payee's home country.

Payee Signature

Phone

Date