

INDEPENDENT CONTRACTOR QUESTIONNAIRE

District 1199C Training & Upgrading Fund is submitting this questionnaire to you as a potential vendor/independent contractor to provide services to the organization. We are asking for this information to assist us in evaluating your status of “independent contractor” based on IRS guidelines. We will ask you to complete the IRS form W-9 to obtain your US Federal ID Number and other information. Do not include your US Federal ID Number on this questionnaire.

Name: _____

DBA: _____

Do you use your U.S. Social Security number as your business Federal ID Number **Yes: ___ No: ___**

Briefly describe the nature of the services you perform:

Have you worked for District 1199C Training & Upgrading Fund as an employee in the last 12 months? **Yes: ___ No: ___**

Where do you advertise your services? **Word of Mouth**__ **Yellow Pages Publications**__ **Web**__
(check all that apply)

Answer “**Yes**” or “**No**” to the questions below:

- 1. For this project will you be given instructions on how to accomplish it?
- 2. Will District 1199C Training & Upgrading Fund be training you on how to do this work?
- 3. Can you hire others to finish the project if you do not render the services personally?
- 4. Will you be setting your own hours?
- 5. Do you have a continuing relationship with District 1199C Training & Upgrading Fund?
(Continuing meaning ongoing work which has no specific project end date. Non-continuing meaning you have a specific goal or end date. Projects that are frequent but at irregular interval, or on call when work is available constitutes a non-continuing relationship).
- 7. Do you control where you work?
- 8. Do you control the order of how you will perform your work?
- 9. Will you be providing interim or progress reports?
- 11. Are you responsible for your business expenses?
- 12. Do you furnish your own tools and equipment?
- 13. Do you have other clients?
- 14. Do you file self-employed tax returns?
- 15. Do you carry any personal or business liability insurance?
- 16. Are you the sole proprietor of your business?

Your Name:

_____ SIGNATURE	_____ DATE
_____ PRINT	

Project title: _____	Length of service: _____
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Project supervisor _____	_____
SIGNATURE	DATE
_____ PRINT	

Please attach your business card if you have one.