

Arizona State University

Employee/Independent Contractor Determination Checklist

NOTE: This form must be completed by the department and reviewed and approved by the Tax Services unit of Financial Services before making a commitment to an individual to be paid as an independent contractor.

This two-page checklist must be completed to provide information to Tax Services that will be used to determine if an employer/employee relationship exists for federal, state and FICA tax purposes. The questions below will provide information as to the degree of control and independence in the relationship between the individual performing services and ASU. Additional information may be requested, as necessary. Final determination is made by Tax Services and is based on consideration of all the known facts.

Sections 1 and 2 may be completed by the requesting department or the individual performing the service. Section 3 must be fully completed by the department. Section 4 must be signed by the individual performing the service. Signatures are required prior to submitting the form to Tax Services. Incomplete forms will be returned to the originating department.

EXCEPTIONS

Per FIN 421-01, the Checklist must be completed for engagements of all service providers ***except for the following***:

- Expense reimbursement only: No income or honorarium payment is included.
- Cumulative payments to the individual service provider of less than or equal to \$600 per calendar year
- Guest lecturers and speakers visiting campus for less than two weeks
- Individuals performing external peer-review consulting services as part of departmental or program accreditation or performance monitoring
- Performers giving a limited number of performances
- Athletic officials
- Corporations, partnerships or other business entities with an employer identification number (EIN)

Policy references are SPP 210, Consultants/Independent Contractors; FIN 421-01, Guest Lecturers, Consultants, and Other Independent Contractors; FIN 425-04, Nonresident Alien Independent Contractors; and PUR 202, University Policy on Signature Authority for Contracts.

NAME OF SERVICE PROVIDER _____

SECTION 1 Employer/Employee Relationship

YES NO

- A.** Has this individual been employed by ASU, in a regular or temporary appointment, during the A. ____ 12-month period prior to the date these services are to begin? ____
- B.** Does ASU plan to hire this individual as an employee soon after the period of his or her B. ____ services as an independent contractor? ____
- C.** Is this individual currently receiving payments from the Arizona State Retirement System? C. ____

SECTION 2 Complete only ONE of the following parts.

Part A: Lecturer/Instructor

If the guest lecturer or instructor's visit to ASU will be for less than two weeks, the Checklist is not required.

- 1.** Is the individual a guest lecturer, meaning an individual who lectures at only a few class 1. ____ sessions? ____
- 2.** Is the individual the instructor of record in a department course being offered for 2. ____ academic credit toward a university degree? ____

Part B: Researcher

Because research is such a key function of ASU, individuals engaged to perform research services for a department or sponsored project will generally be treated as employees, unless they are co-PIs on an ASU grant. Non co-PIs must complete Part C.

- 1.** Will the individual serve in an advisory or consulting capacity with an ASU faculty 1. ____ member or director in a collaboration-between-equals-type arrangement? ____
- 2.** Will the individual perform research in an arrangement whereby an ASU faculty member 2. ____ or director serves in a supervisory capacity? ____

Part C: All other Individuals**YES NO**

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|----|--|----|-----|-----|
| 1. | Does the individual routinely provide the same or similar services outside of ASU to the general public as part of a continuing trade or business? | 1. | ___ | ___ |
| 2. | Will the department provide the individual with specific instructions, supplies or equipment to perform the required work, rather than rely on the individual's expertise, supplies and equipment? | 2. | ___ | ___ |
| 3. | Will ASU set the number of hours and/or days of the week that the individual is required to work, as opposed to allowing the individual to set his or her own work schedule? | 3. | ___ | ___ |
| 4. | Will ASU pay the individual an hourly rate similar to what other employees are paid on campus for similar work? | 4. | ___ | ___ |
| 5. | Does the individual engage in entrepreneurial activities in an established business at risk for loss? | 5. | ___ | ___ |
| 6. | Does the individual have his or her own insurance for work-related injuries? | 6. | ___ | ___ |
| 7. | Does the individual provide similar services to other clients? | 7. | ___ | ___ |

SECTION 3 General Information - Please print clearly - All information is required

Service Provider's Name	Social Security Number
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Service Provider's Mailing Address	City	State	Zip Code
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Specific services to be provided: _____

Location where services will be provided: _____

Start Date: _____ End Date: _____ Total Fee \$ _____ *

How fee is determined: Fixed _____ Milestone Based _____ Hourly Rate _____ Other _____
(Rate) (Describe method)**SECTION 4 Certification of Service Provider**

I certify that all the information provided in this document is correct.

Signature of Individual Performing Services	Date:
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SECTION 5 Certification by ASU department

* **Please note that per ASU Procurement Policy PUR 402-01, services over \$10,000 require a Purchase Request (RX). For more information, please contact the Purchasing department.**

Department Representative Name (Please Print) _____

Department Representative Signature: _____ Date: _____

Department: (Please Print) _____

Form Prepared By: (Name) _____ (Ext) _____ (Mail Code) _____

The approved checklist will be returned to the Mail Code indicated above. For questions, please contact Tax Services at 480.965.0108.

SECTION 6 For Tax Services approval, please send to the Financial Services Tax unit, mail code 5812.

Approved by: _____ Ext: _____ Date: _____

Reviewer Notes: