

Johns Hopkins University
Independent Contractor Certification

Instructions: Part I is to be completed by the administrator for the department receiving services. Part II is to be completed by person to perform services. All information must be entered completely and legibly to ensure timely review. Fax the completed form to 410-516-6505.

The information on this form is used to determine whether the services and individual comply with IRS independent contractor guidelines. *The Independent Contractor Certification form must be completed and the Independent Contractor arrangement approved prior to any work being performed.*

If the Independent Contractor arrangement is not approved, payment for services must be processed through the payroll system. Refer to Human Resources for guidance.

- (1) Individuals signing this agreement must disclose any conflict of interest relationships that may exist between the two parties.
- (2) University Policy exempts guest lecturers, human subjects, individuals compensated for participation in a survey or seminar, members of Institutional Review Boards, and individuals who receive an honorarium or prize from the independent contractor certification requirement.
- (3) Individuals who do NOT qualify as independent contractors must be paid through the payroll system or pursuant to applicable procedures.
 - (a) Staff members currently on payroll and who render a service or do consulting work across departmental lines must be paid through the payroll system. Complete the appropriate payroll form and submit to the Payroll Office.
 - (b) If an individual is to be paid via payroll and is not currently a University employee, a position must be established and appropriately classified.

DEFINITION

An independent contractor is an individual or non-corporate business entity that provides personal services to the University while retaining control over the means and methods of accomplishing the result. Typically, the independent contractor will have a principal place of business other than at the University, offer services to the general public and will have clients other than the University.

**Part I – Completed by Department Administrator
Please print or type responses.**

School or Division: _____ Department: _____

Name of Person Completing Form: _____

Phone: _____ Fax: _____ Email: _____

NOTE: The independent contractor certification decision will be communicated to the individual identified above. If the decision is to be communicated to a different individual, provide the following information:

Name:

Email:

Work Overview

1. What services will be provided by the prospective Independent Contractor (Contractor)?

2. Estimated Start: _____ Anticipated Duration: _____

Total dollar amount for services to be rendered? _____

3. Will a JHU employee determine the specific hours to be worked, the way services will be performed (methods and/or sequences), or otherwise supervise or direct the work of the Contractor? Yes No

If yes, please describe _____

4. Will services be provided at a JHU location? Yes No

If yes, identify the location (if out of country, specify country) where the services will be performed. _____

5. Will Contractor receive training, guidance or assistance, or be provided with equipment, tools or supplies? Yes No

If yes, please describe _____

6. Will the Contractor be required to submit reports or attend meetings? Yes No

If yes, please describe _____

7. Do you contemplate continuing or recurring work with this Contractor? Yes No

If yes, please describe _____

8. Has the Contractor provided this or similar service to the Department within the last six months? Yes No

If yes, please describe _____

Financial Overview

9. Type of payment the Independent Contractor receives: salary hourly wage

piece work lump sum other (specify) _____

10. Will the Independent Contractor be reimbursed for expenses?
 Yes No If yes, please describe _____

Relationship of the Independent Contractor and JHU

11. Benefits including workers' compensation insurance and unemployment insurance can not be provided to the independent contractor. Confirm that benefits are not provided to the independent contractor. Agree Disagree If disagree, please explain: _____

12. Can the relationship be terminated by either party without incurring liability or penalty such as a breach of agreement?
 Yes No If no, please explain _____

13. Does the individual have a continuing relationship with the Department or University, such as by performing the work on a recurring, on-going, or year-to-year basis?
 Yes No If yes, please explain _____

14. Is the Independent Contractor required to get approval from JHU to perform services for others? Yes No If yes, please explain _____

15. Will Independent Contractor need access to the SAP System? Yes No

Department Administrator Certification:

I understand that Johns Hopkins University is relying on the information provided on this form to determine whether the individual providing services meets IRS criteria for independent contractor status. Improperly designating someone as an independent contractor can result in substantial penalties and liability for back taxes and FICA contributions. Any such liability and penalties may be assessed against my department. With that in mind, I certify that the information provided by me above is truthful, accurate and complete.

Signature: _____

Print Name: _____

Title: _____ Date: _____

Part II Completed by proposed Independent Contractor. Please print or type responses.

Business Information

Name of Independent Contractor: _____

Tax Identification Number _____

Name of Firm: _____ Title: _____

Address of Firm: _____

Phone: _____ Fax: _____ Email: _____

1. Are you a U.S. citizen? Yes No
If no, are you a resident alien? If yes, indicate visa type _____

2. Are you currently employed by Johns Hopkins University? Yes No If yes, please explain position and duties _____

3. Have you ever been an employee of Johns Hopkins University? Yes No
If yes, please explain: _____

4. Describe the deliverables?

5. If assistance is needed to perform services
(a) Will the assistance be provided by a JHU employee(s)? Yes No
(b) Will you hire your own employees? Yes No

6. If your costs for performing the services exceed the price JHU has agreed to pay, do you bear the risk of the economic loss? Yes No

7. How long have you been in business providing this service? _____

8. Do you represent yourself to the general public as being in business to perform the same or similar services on a regular basis? Yes No

9. What means do you utilize to advertise your services? Please attach business card, brochure, telephone listing. _____

10. List names of customers for whom you performed similar services within the past year:

Name of Customer	Date of Services
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

Please attach your resume, advertising materials and/or other documents supporting independent contractor status.

Certification by Proposed Independent Contractor:

I hereby certify that the information provided above is truthful, accurate and complete. I acknowledge that providing false information may result in my not being eligible to contract with the University in the future, and may result in penalties.

Signature: _____

Print Name: _____ Date: _____