

Johns Hopkins University

Independent Contractor Certification

Instructions: Part I must be completed by the department receiving services and must be signed by the Divisional Business Officer (DBO). Part II must be completed and signed by the proposed independent contractor. All information must be entered completely and legibly to ensure timely review. Please scan and email the completed form to independentcontracts@jhu.edu or fax the completed form to the University Tax Office at 443-997-8538.

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.

Individuals signing this agreement must disclose any conflict of interest relationships that may exist between the two parties.

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.

DEFINITION

An independent contractor is an individual or non-corporate business entity that provides specialized services or expertise 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.

Name of Independent Contractor: _____

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 proposed Independent Contractor (Contractor) including an explanation of the importance of the specialized skills or expertise?

2. Will the contractor provide services that are related to patient care? **Yes** **No**

3. Estimated Start: _____ Anticipated Duration: _____

4. Total dollar amount for services to be rendered? _____

What is the funding source for the total dollar amount of services to be rendered? (i.e. sponsored programs, grants, etc.)

Please describe _____

What is the cost center / internal order #? _____

5. 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 _____

6. 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.

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

If yes, please describe _____

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

If yes, please describe _____

9. Do you contemplate continuing or recurring work with this Contractor? **Yes** **No**
If yes, please describe _____

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

If yes, please describe _____

Financial Overview

11. Type of payment the Independent Contractor receives: **Salary** **Hourly Wage**
Piece Work **Lump Sum** **Other (Specify)** _____

12. Will the Independent Contractor be reimbursed for expenses? **Yes** **No**

If yes, please describe _____

Relationship of the Independent Contractor and JHU

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

Agree **Disagree**

14. 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 _____

15. 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**

No If yes, please explain _____

16. Is the Independent Contractor required to get approval from JHU to perform services for others?
Yes **No**

If yes, please explain _____

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

18. Has your department ever hired an employee of same or similar skill-sets as the proposed independent contractor? **Yes** **No**

19. Please describe in brief how the proposed independent contractor's skills are essential to your department.

Department 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: _____

Divisional Business Office Approval:

Independent Contractor requests for services **over \$5,000** require fiscal/budget approval from the Divisional Business Office before the Tax Office will begin the review process.

Signature: _____

Print Name: _____

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. If you are doing business as a limited liability company (LLC) or an S-Corporation, how many employees do you currently have on staff? _____

2. Are you a U.S. citizen? **Yes** **No**

If no, are you a resident alien? If yes, indicate visa type _____

3. Are you currently employed by Johns Hopkins University? **Yes** **No**

If yes, please explain position and duties _____

4. Have you ever been an employee of Johns Hopkins University? **Yes** **No**

If yes, please explain:

5. Describe the Deliverables?

6. 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**

7. 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**

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

9. 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**

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

11. 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. _____

12. 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: _____