

Payee Name: _____

**Lehigh University
Confirmation of Independent Contractor Status (See IRS Publication 15-A)**

This form should be completed by the individual who will be providing professional services to Lehigh University.

	YES *	NO
Current Payroll Status:		
Was the person being paid through Payroll during the current or previous calendar year? ⊕		
If yes, was it for similar type of work? ⊕		
Behavioral Control:		
Does the supervisor give the worker direction on:		
When and where to do the work?		
What tools and equipment to use?		
What workers to hire or assist with the work?		
Where to purchase supplies and services?		
What work must be performed?		
What order or sequence of work to follow?		
Does Lehigh provide training to the worker?		
Financial Control:		
Will we be reimbursing them for business expenses beyond travel?		
Is Lehigh this person's only client?		
Are they guaranteed a regular wage amount on monthly/bimonthly or weekly basis?		
Type of Relationship:		
Do we provide them with insurance/pension/sick pay/vacation pay? ⊕		
Are the services provided related to a key aspect of our business (teaching, curriculum development, development, counseling students, etc)? ⊕		

Payee Signature: _____ Date: _____

University Representative Signature: _____ Date: _____

Please complete the following items (if checked):

_____ 1. What University department did the individual work:

_____ 2. What was the scope of the position:

_____ 3. Please describe in detail the work you have just completed:

_____ 4. Please complete the attached Form W-9

_____ 5. Please list other clients for which you provide your services

_____ 6. Attach a business card (if available)

_____ 7. Please list website address listing your services or copy of advertisement from Telephone Book.

_____ 8. Do you maintain an office? If so, please list the address below
