

Independent Contractor Status Determination and Documentation Form

A. Name of individual or organiz	zation (MUST MATCH PSA AND W-9):				
B. YES NO Limited Lia	ability Company (LLC). MUST select the federal entity type	e (Individual, Partnership, S-Corporation, or Corporation)			
C. Entity Type:					
☐ Individual and or Sole Proprie	etor Partnership S-Corporation Corporation	Government Tax-exempt Organization			
☐ Private Foundation ☐ Disre	egarded Entity	plex Trust			
D. If payment will be made to an Individual, Sole Proprietor, a Partnership, or a Disregarded Entity complete section 2. If not, please sign and date.					
Section 2: Individual Current II. Name of Individual of	Relationship with The University of Southern Mississippi				
II. Is this Individual / Bu II (a). If "Yes",	usiness Owner related to a current USM employee? Yes, to whom? What relation				
☐ YES ☐ NO B. Has this ☐ YES ☐ NO C. Does th☐ YES ☐ NO D. Is this in If the answer is "No" to all questing the answer is "Yes" to A, B, or	ndividual currently an employee with The University of Souts individual been an employee of USM within the past 12 more department plan on hiring this individual as an employee windividual a state retiree or member of PERS? dons, proceed to questions in Section 3. C above, the individual must be classified as an employee an pendent Contractor status must be approved by PERS.	nths?			
	lines (Complete only ONE section, A, B, or C, depending	on the services to be performed by the individual.)			
	er/Instructor 1. Is the individual a "guest lecturer", e.g., an individual who	o lectures at only one or two class sessions?			
☐ YES ☐ NO	2. Is the individual the primary instructor in a department co	urse being offered for academic credit toward a University degree? presentation versus presenting materials that have been prepared/dictated			
□ YES □ NO □ YES □ NO	 E - Researchers hired to perform services for a University dep Please complete the following questions: Will the individual perform research for a University facul faculty member or director serves in a supervisory capacity. University faculty member or director)? Will the individual serve in an advisory or consulting capabetween equals" type arrangement? uals Not Covered Under Section 3A or 3B. Does the individual routinely provide the same or similar or business? Aside from a general request to work during USM hours, the individual is required to work, as opposed to allowing hourly rate similar to what other employees are paid on ca Aside from requesting what type of work needs to be done how to perform the work rather than rely on the individual worker? Does the individual engage in entrepreneurial activities in Does the individual have his/her own insurance for work-researched in the properties of the same of the properties of the properti	e, will the department provide the individual with specific instructions I's expertise and/or provide significant supplies and equipment for the an established business at risk for loss?			
Individual/Business owner	:	, date:			
Third Party Completion:	organizamie Print Na	me , date:			

The University of Southern Mississippi Separate Contracts

Purchase Req #	
1	

Separate Contracts		Purchase Order #			
* DENOTES REQUIRED FIELDS TO BE O	COMPLETED BY THE CON	TRACTOR/CONSULTANT:			
Contractor/Consultant Name *					
(Must Match Name on W-9):					
Address *:					
Street	City	State Zip			
Contractor/Consultant's SSN/EIN * (Must Match SSN/EIN on W-9):					
Contractor/Consultant's Employer *					
Receiving Monthly PERS Benefit?* Incorporated?* Separate USM Contract?* US Citizen or US Entity?* Will the total contract payment(s) equal or exceed \$5,000?	Yes No Yes No Yes No Yes No Yes No Yes No				
Description of Contracting/Consulting Services:*					
Performance Period Start Date:*	End Date:*				
Location of performance:* Cost of Contracting/Consulting: (a) Fee/Hour/Per day: (c) Total Fee: (a) * (b) = (c)	(b) Number of				
(d) Travel Costs:	e) Other Costs:				
(c) + (d) + (e)	Nature of Other Costs:				
Services shall not exceed:	Other Costs shall not exceed:				
According to the Privacy Act for Collection of SSNs: We are required to inft (SSN) to be used for Federal and S.	orm you that The University of Southern Mississ tate reporting, as mandated by Federal and Stat	ippi is requesting your Social Security Number te law.			
Approval and Acceptance of Agreement*					
TO BE COMPLETED BY SIGNATORY AT	UTHORITIES AT THE UNIV	ERSITY OF SOUTHERN			
Department or Grant Name:					
College/Unit Name					
USM Expenditure Authority:		Phone Number:			
Chartfield String to be Charged: Fund Dep	otID Program	Project/Grant			
If grant, has funding agency prior approval been obtained?	v'es No	Not Required			
Approval and Acceptance of Agreement		Date			
Expenditure Authority/Grant Principal Investigator: Tax Compliance Officer					
Required for all agreements					
Office of Research Administration					
Next Level Approval (services over 5,000) VP Approval (services over \$10,000)					
Office of Procurement Director (required if contract					