

**CLASSIFICATION AS INDEPENDENT CONTRACTOR OR EMPLOYEE  
FOR TECHNICAL OR PROFESSIONAL SERVICES**

Name of Individual:		SSN:
Address of Individual:		
Country of Citizenship:	Name of country where services are to be performed:	
Citizenship Status:	US Citizen	Resident Alien
		Nonresident Alien

**Citizens Status Definitions**

- *Resident Alien:* The term applied by the IRS to a noncitizen in the U.S. who either holds an Alien Registration Receipt Card (INS-551), commonly known as a "Green Card," representing approval from the U.S. Immigration and Naturalization Service to remain in the U.S. for an indefinite period of time, or meets the requirements of the substantial presence test for taxation and withholding purposes.
- *Nonresident Alien:* The term applied by the Internal Revenue Service (IRS) to a person the U.S. who is neither a U.S. citizen nor a resident alien.
- *Visa Status:* Nonresident aliens who have a visa must indicate the type of visa that they hold. The visa type can be obtained from the visa or from the alien's Arrival Departure Record (Form 1-94). The visa type determines the type of payment the nonresident alien can receive.
- *NAFTA Status:* Canadian and Mexican business persons can enter the U.S. under one of four categories covered under the North American Free Trade Agreement (NAFTA). Only two of the four categories apply to Research Foundation business. The alien must indicate that they are either a B-I Temporary Business Visitor or a TN Professional.

Is individual a student at this campus?	Yes	No	* If a Binghamton university student then payment must be thru RF payroll office.
Is individual previously or currently a State University or Research Foundation Employee?	Yes	No	
If previously employed as SUNY or RF employee, are the services to be performed similar to what performed as employee?	Yes	No	

Describe services to be performed:

Scheduled dates of performance/service:

Education/experience qualifications:

Describe selection process:

Describe why the services are essential:

Estimated payment, Fee for Service:	Expenses:	Total:
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Review this notice before engaging the services of an Independent Contractor. Any individual paid with Research Foundation funds for services performed is either an employee or an independent contractor. This designation is determined by an assessment of the individual's qualifications and the nature of the services performed-it is not discretionary on the part of the project director. There are numerous state and federal taxes and laws that apply if the worker is an employee, including withholding taxes, FICA, unemployment compensation, disability, etc. Employees are entitled to these rights and benefits-independent contractors are not.

**It is illegal to knowingly classify an employee as an independent contractor in order to avoid Affirmative Action recruitment efforts, immigration restrictions, and/or payment of statutory taxes, fees, insurance premiums, fringe benefits, or any other applicable or statutory employment regulation.**

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Generally speaking, if you answer "**YES**" to the following questions, the worker is an EMPLOYEE and the use of the Independent Contractor Agreement form is not appropriate. Contact Sponsored Funds Administration for further information. **Yes or no are the only acceptable answers.**

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- |   | YES | NO |
|---|-----|----|
| 1. Does the employer (not the worker) control the means and method of how work is done?           |     |    |
| 2. Is the worker engaged in an activity that is in the regular business of the employer?          |     |    |
| 3. Is the worker paid by unit of time (i.e. hour, week, or month)?                                |     |    |
| 4. Are oral or written reports (i.e. status reports, timesheet) required from the worker?         |     |    |
| 5. Is the work performed on the employer's premises?  |     |    |
| 6. Are supplies, materials and equipment furnished by the employer?                               |     |    |
| 7. Does the worker provide the services on a regular, ongoing basis?                              |     |    |
| 8. Does the employer provide detailed work instructions or procedures to the worker?              |     |    |
| 9. Does the employer have the right to terminate the worker at will?                              |     |    |
| 10. Is the worker protected from significant risk or potential loss while performing the service? |     |    |
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Generally speaking, if you can answer "**YES**" to the following questions, the worker is an independent contractor, and the use of the Independent Contractor Agreement form is appropriate. **Yes or no are the only acceptable answers.**

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- |  | YES | NO |
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| 1. Does the worker have a Federal Employer Identification number?<br><b>Note:</b> this is not the same as social security number |     |    |
| 2. Does the worker hold his/her services out to the general public?  |     |    |
| 3. Does the worker advertise his/her services?   |     |    |
| 4. Does the worker own or, rent office space away from home?   |     |    |
| 5. Is the work activity in question generally performed by nonemployees?   |     |    |
| 6. Does worker have multiple sources of income from the activity in question?  |     |    |
| 7. Is the worker's enterprise of sufficient substance that it could be sold?   |     |    |
| 8. Is the worker allowed to delegate or assign the work to others?   |     |    |
| 9. Is the worker paid a specific sum at the conclusion of the project/work/services?   |     |    |
| 10. Does the worker perform a "high-skill" activity (i.e. doctor, lawyer)?   |     |    |
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#### **Certification of the Project Director**

*I certify that the work to be performed is essential to the project, that the services cannot be provided by any other person receiving salary support under the grant/contract, and that the rate is appropriate based on the qualification of the selectee and the nature of the work to be performed. I certify that the statements made above are true and accurate representation of the facts.*

\_\_\_\_\_  
Signature of Project Director

\_\_\_\_\_  
Date

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#### **Research Foundation Approval**

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Research Foundation Authorization

\_\_\_\_\_  
Date