

**WEBER STATE UNIVERSITY**

3850 Dixon Parkway Department 1014
 Ogden, UT 84408-1014
 Phone: (801) 626-6606 Fax: (801) 626-7464

Vendor Registration

WSU Vendor ID: _____

Complete Part I and Part II**Part I: Agreement to Pay Individual or 1099 Reportable Entity**

Legal Name:		Phone:
Doing Business As DBA:		Fax:
Address:		E-mail:
City:	State:	Zip:
U.S. Citizen: Yes <input type="checkbox"/> or No <input type="checkbox"/> (If no, contact Accounting Services BEFORE negotiating payment)		
Are you or have you been a WSU employee during the past 12 months? <input type="checkbox"/> Yes (Use a PAR) or <input type="checkbox"/> No		
Dates(s) of Service:		Amount:\$
Type of Service (check one): <input type="checkbox"/> Attorney Fees <input type="checkbox"/> Consulting <input type="checkbox"/> Honorarium <input type="checkbox"/> Instruction <input type="checkbox"/> Medical Service <input type="checkbox"/> Performance <input type="checkbox"/> Rental <input type="checkbox"/> Stipend <input type="checkbox"/> Travel <input type="checkbox"/> Other		
Description of Service/Activity:		
Check the box which describes the type of individual/entity & complete corresponding information		
Individual <input type="checkbox"/>	Individual Name	Individual's Social Security Number (SSN) - -
<i>A sole proprietorship may have a "doing business as" trade name, but the legal name is the name of the business owner.</i>		
Sole Proprietor <input type="checkbox"/>	Business or Trade Name	Business Employer ID number or -
	or Owner's Name	or Business Owner's SSN - -
Partnership <input type="checkbox"/>	Partnership's Name on IRS records	Partnership's Employer ID Number -
<input type="checkbox"/> Incorporated Legal Service <input type="checkbox"/> Incorporated Medical Service <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Sub Chapter S-Corporation <input type="checkbox"/> Other (describe)		Legal Name from the Articles of Incorporation Corporation Employer ID number -

IRS Substitute W-9: Federal law requires that we have on file a W-9 form with the **Social Security number or Employment ID number and signature** for each individual or business to whom the University makes a non-payroll payment. Therefore we ask that you complete the following information. The IRS may impose a penalty of up to \$500.00 for non-compliance or supplying false information.

Certification - Under penalties of perjury, I certify that: **(1)** The social security number shown above is my correct taxpayer identification number; and **(2)** I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by IRS that I am subject to backup withholding.

Workers Compensation Certification for consultants and independent contractors-I hereby certify, that I am entitled to claim independent contractor status and that I have complied with all business licensing requirements. I certify that I pay my own federal, state, and city income/social security taxes in accordance with estimated tax payment requirements. I acknowledge that, as an independent contractor, I am not eligible for workers compensation, unemployment compensation or other University employee benefits. I understand that the University will issue a Form 1099-MISC to independent contractors who receive over \$600 in remuneration during a calendar year.

SIGNATURE: _____ **Date:** _____

Individual Performing Services

Part II: Employee/Independent Contractor Determination

If you answer yes to any of these questions, in most cases you are considered to be an employee. Accounting Services will make the final determination as to the proper classification.**	Employee YES	Independent Contractor NO
1. Is the payee a Weber State University employee?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the individual working exclusively or substantially full-time for WSU?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the services normally performed or can they be performed by WSU employees? (Teaching, training, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the services of the individual integrated into the operations of the University?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is WSU providing long-term assistance to the individual such as additional personnel, support, supplies, equipments, tools, office space, etc, and/or does the individual receive reimbursement for travel and business expenses?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is WSU providing on-going training and direction concerning how to complete the task? Or is the individual getting more than general directions and the objectives of the task?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the prospective independent contractor report to a WSU staff member who has the right to change how, when and where the individual does his/her work?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a regular or on-going relationship with the prospective independent contractor? For example, are you hiring the individual for more than a one-time task and is he/she getting paid on an hourly, daily, or weekly basis?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is the prospective independent contractor using experience or expertise gained as a current or previous employee of WSU to provide the service?	<input type="checkbox"/>	<input type="checkbox"/>
10. Can the independent contractor quit prior to completion of the project without incurring any legal liability?	<input type="checkbox"/>	<input type="checkbox"/>
11. Can the independent contractor be terminated at will by the University?	<input type="checkbox"/>	<input type="checkbox"/>

**An independent contractor normally:

- Maintains a separate business with his own work facility, equipment, materials or similar accommodations;
- Holds or has applied for a federal employer identification number, unless the IC is a sole proprietor who is not required to obtain a federal employer identification number;
- Performs or agrees to perform specific series or work for a specific amount of money and controls the means of performing the services or work;
- Incurs the principal expenses related to the service or work that he performs or agrees to perform;
- Is responsible for the satisfactory completion to work or services that he performs or agrees to perform and is or could be held liable for failure to complete the work or services;
- Receives compensation for work or services that he performs for a commission or on a per-job or competitive-bid basis;
- May realize a profit or suffer a loss in connection with performing work or services; and
- Have continuing or recurring business liabilities or obligations.

**The IRS has issued Rev. Rul. 87-41 which specifically addresses a 20-factor test for classifying an individual as an employee or independent contractor. These questions are based on this ruling. Keep in mind that, since these questions are subjective, an individual may or may not be classified as an independent contractor based on the individual occupation or other circumstances.

If after completing this form the responses indicate the individual performing services is an **employee**, then submit request for payment on a **Payroll Action Request** (PAR) with approvals along with form I-9 to the Payroll Office, MC 1021. Form W-4 must be completed in the Payroll Office. If the responses to this form indicate the individual is an **independent contractor**, then submit request for payment on a **Purchase Requisition** (PR) along with both sides of this form. Submit PAR or PR through normal processing channels.

Reviewed by: _____ Employee OR Independent Contractor

Revised 7/11/2003 ccb