

COLUMBIA UNIVERSITY INDEPENDENT CONTRACTOR CERTIFICATION

(Required for all Sole Proprietors)

1. ARC Vendor ID Number (VIN) _____

Employer Identification Number (EIN) _____ - _____

Full name of business for the VIN or EIN given above:

Business address for tax purposes:

Street Address: _____

City: _____ State: _____

Zip or Post Code: _____ Country: _____

2. Tax Status:

U.S. citizen

Resident Alien: Country of citizenship: _____ Non - Resident Alien:

Non-exempt (may be subject to withholding under Internal Revenue Code section 1441)

Exempt by virtue of tax treaty. Treaty country _____

Foreign National

3. Are you, or have you been in the last 12 months, an employee of Columbia University, CUMC or any affiliated institution?

Yes No

If yes, check all that apply Part-time Full-time Faculty

Other (specify) _____

4. Have you received wages or any other payments from Columbia University, CUMC or any affiliated institution within the last twelve (12) months?

Yes No

If yes, then check the appropriate blank below. If "other" specify the type of payment.

- Consulting or other service fee
- Wages
- Other (specify) _____

5. Please tell us about the services that you will provide to Columbia University:

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. I will receive a flat fee for my services (i.e., fixed, negotiated, T&M, etc.) in accordance with a written contract | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My services are made available to other organizations on a regular and consistent basis. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I will provide all the required equipment to complete my services. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I have the right to employ others to assist me in carrying out the contracted services as assigned. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The retention of any such people is solely within my discretion, and any compensation will be paid by me. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I perform my duties on the University's campus such as in a classroom or office space. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. All expenses incurred in connection with the performance of my services for the University, including travel expenses are to be borne by me, unless reimbursement is permitted in the terms of the contract and invoiced with appropriate documentation. | <input type="checkbox"/> | <input type="checkbox"/> |
| h. I retain the right to set my own daily schedule to perform and/or complete the contracted services. | <input type="checkbox"/> | <input type="checkbox"/> |

- i. If required, I will submit periodic written and/or oral progress reports to the responsible department chairman or business administrator as to the the Project or work being performed. Yes No status of
 - j. The right to control the progress of the project or work being performed, is at my discretion. Yes No
 - k. I contract to provide these services on a project-by-project basis. Nothing in, this shall imply that either party has the right or obligation to receive or provide services for any period other than that covered by the contract. Yes No
 - l. I will not earn benefits (e.g., vacation, health insurance, retirement) from the University for my services to be performed. Yes No
 - m. I will not receive training, supervision, or instruction from the University on how to perform and/or complete the contracted services. Yes No
 - n. I understand that the University is not responsible for the financial results of the contracted services. Yes No
 - o. I am providing additional information which may be relevant to the determination of my status as an independent contractor (e.g. copies of invoices to other customers, newspaper and/or yellow pages advertisements, business cards, etc).
- _____
- _____
- _____
- _____

6. Certification by Independent Contractor:

I hereby certify, that I am an independent contractor and that I have complied with all business licensing requirements I certify that I pay my own/entity's federal, state, and city income/social security and other 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 six hundred dollars (\$600) in remuneration during a calendar year. I acknowledge that providing false information will result in my not being eligible to contract with the University in the future, and may result in further penalties.

Signature: _____ Date: _____

7. Certification by the responsible Columbia University Officer:

I certify that the foregoing statements represent the truth to the best of my knowledge and that all appropriate University purchasing approvals have been fulfilled. I understand that if it is subsequently determined that additional fees, costs, and/or penalties arise with respect to this contract, they may be charged to my school or department. This certification applies:

- one time only
- for one year from the date of certification

Signature: _____ Title: _____ Date: _____

8. Purchasing Office approval:

Signature: _____ Title: _____ Date: _____

9. If not approved, any payment for services must be processed through the Columbia University Office of Human Resources and payment made via the payroll system.