



## Employee v. Independent Contractor Questionnaire Form

Smith College requests this information to evaluate whether to classify this worker as an employee or independent contractor pursuant to Smith College's policy. Return your completed questionnaire to the Smith College department seeking to engage your services.

### Part I Worker Information

Name: \_\_\_\_\_ DBA \_\_\_\_\_  
*(If applicable)*

Smith College department engaging your services: \_\_\_\_\_

Describe provider services: \_\_\_\_\_

\_\_\_\_\_

**Where do you advertise your services? (check all that apply)**     Word of mouth     Yellow Pages     Publications     Web

List publication names and web URL, if applicable: \_\_\_\_\_

Provide names, dates of service provided, and contact numbers of your three major customers other than Smith College:

- 1. \_\_\_\_\_  Customer issued a 1099
- 2. \_\_\_\_\_  Customer issued a 1099
- 3. \_\_\_\_\_  Customer issued a 1099

Identify the types of costs you incur in your business:     Business office  
 Equipment \_\_\_\_\_  
 Payroll (# of employees) \_\_\_\_\_  
 Other (explain) \_\_\_\_\_

What tax returns do you file?     Payroll Tax     Sales tax (in what states) \_\_\_\_\_  
 Other (explain) \_\_\_\_\_

How do you bill your customers? (check all that apply)  
 Hourly     Fee for Project     Other (explain) \_\_\_\_\_

How much work time do you expect to devote to Smith College business in the next 12 months?  
 Less than 10 %     10% to 50%     51% to 99%     100%

### Part II Worker Attestation & Certification

I am a citizen of the U.S. or a permanent resident (green card holder). I am not a Smith College student or employee. If Smith College hires me as an independent contractor, I am responsible for taxes, insurance coverage, and business expenses; and I understand that I am not eligible for any employer-provided benefits.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Please Print)*

E-mail: \_\_\_\_\_