



**DREXEL UNIVERSITY  
COLLEGE OF MEDICINE**

Office of Tax Compliance  
3201 Arch Street, Suite 420  
Philadelphia, PA 19104  
(215) 895-1463

**CERTIFICATION FOR  
DETERMINATION  
OF  
INDEPENDENT CONTRACTOR  
STATUS**

This form has been developed to assist Drexel University and its subsidiaries in determining whether the individual providing services to the University and its subsidiaries should be deemed an independent contractor, as defined by the Internal Revenue Service, or an employee subject to employment tax withholding. This form must be completed and signed by the individual performing the services. **No payment will be made for services until this form has been reviewed and signed by the University official responsible for contracting for the services, as well as that official's supervisor, and the University's Office of Tax Compliance.**

<b>Section 1: SERVICE PROVIDER'S INFORMATION</b>	
Service Provider's Name:	Business Address:
SSN/FEIN/ITIN	
Check appropriate box: .....Individual /Sole proprietor .....Corporation ..... Partnership .....Limited liability company. Enter the tax classification (D = disregarded entity, C = corporation, P = partnership) .....Other _____	
Are you a U.S. citizen or resident alien? .....Yes .....No  If no, country of citizenship: _____  If not a U.S. citizen or resident alien, payments may be subject to withholding under Internal Revenue Code § 1441.	Brief description of the nature of the services to be provided (attach additional sheet if necessary) :
Period of Service: Start Date: ____ / ____ / ____ End Date: ____ / ____ / ____	
<b>Section 2: QUESTIONS TO DETERMINE STATUS</b>	
1. Are you a student at Drexel University and/or Drexel University College of Medicine (defined as the "University")?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you an existing employee of the University?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you expect that the University will hire you as an employee after completion of the services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Were you a University employee during the current or past calendar year?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. If the answer to question 4 is "yes," did you perform the same or similar type of services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Will you determine the order or sequence to be followed in completing the work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Will you use your own supplies, tools and equipment (including, for example, office equipment and software) in completing your services?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Will you determine where to purchase any supplies or services that are needed to complete the work and assume all costs for the purchases?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Do you have the right to retain and supervise University personnel in carrying out your duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. Can you perform your services without additional training by University personnel?	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Do you, as opposed to the University, bear the financial risk in providing the services to the University?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Will there be unreimbursed expenses that you will be solely responsible for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Do you provide your services to clients other than the University?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14. Do you market your services to the public?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Do you perform your services at a location that is not at the University?	Yes <input type="checkbox"/> No <input type="checkbox"/>

16. Please provide any other information that may be relevant to the determination of your status as an independent contractor including your business card, website address, client lists, etc.

### Section 3: CERTIFICATION BY SERVICE PROVIDER

I certify that I am entitled to claim independent contractor status and that I (a) offer my services to multiple clients; (b) have complied with all business licensing requirements; (c) pay my own federal, state, city, self employment, and other taxes; (d) am not eligible for workers' compensation, unemployment compensation, or other employee benefits; and (e) maintain my own books and records. I understand that the University will issue a Form 1099-MISC to independent contractors who receive more than \$600 in remuneration during a calendar year. I understand that I may be held responsible for any penalties assessed against the University as a result of incorrect information in this form.

_____	_____
<b>Signature</b>	<b>Date</b>
_____	_____
<b>Telephone Number (Business and Mobile)</b>	<b>Email Address</b>

### Section 4: CERTIFICATION BY UNIVERSITY OFFICIAL

I certify that: (a) the foregoing statements are true and correct to the best of my knowledge; and (b) if the IRS subsequently determines that employee status should have applied, all taxes, penalties and interest assessed to the University with respect to this contract will be charged to my school/department.

_____	_____
<b>Signature</b>	<b>Date</b>
_____	_____
<b>Name (Printed)</b>	<b>Title</b>
_____	_____
<b>Telephone Number (Business and Mobile)</b>	<b>Email Address</b>

### Section 5: APPROVAL OF SUPERVISOR HAVING SIGNING AUTHORITY

*This form must be signed by the supervisor of the University Official.*

_____	_____	_____
<b>P./Cost Center Administrator Name (Printed)</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>Director/Dean Name (Printed)</b>	<b>Signature</b>	<b>Date</b>
_____	_____	_____
<b>President/Vice President Name (Printed)</b>	<b>Signature</b>	<b>Date</b>

## Section 6: OFFICE OF TAX COMPLIANCE DETERMINATION

Check One:

Based upon the information provided by the Service Provider, the Service Provider meets the requirements for treatment as an independent contractor and is **approved** for payment as an independent contractor

Based upon the information provided by the Service Provider, the Service Provider does not meet the requirements for treatment as an independent contractor and is **not approved** for payment as an independent contractor

\_\_\_\_\_  
**Name** (Printed)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**