



**UNIVERSITY AT ALBANY**  
**Independent Contractor Services**  
**Approval Request Form**  
**(For Individuals Only)**

Individual's Name			Taxpayer ID (SSN/TIN)		Telephone No.		
Address 1			City		Email		
Address 2			State		Zip		
Present Employer			Position				
Project	Task	Award	Expenditure Type		Organization		
			GNS		010		
Citizenship Status		<input type="checkbox"/> US Citizen		<input type="checkbox"/> Resident Alien		<input type="checkbox"/> Nonresident Alien	
Visa Status		<input type="checkbox"/> F		<input type="checkbox"/> J		<input type="checkbox"/> M	
		<input type="checkbox"/> Other (specify)		Country of Citizenship			
<b>If the individual is NOT a U.S. Citizen and will be working in the U.S.,          please attach a completed form W-8 along with a copy of the VISA, I-94 or INS form 8233 (whichever is applicable)</b>							
Contractor Selection Criteria (Identify specific rationale for selection including justification of reasonable price)							
Description of Services (Attach additional sheets if necessary)							
Dates of Service				Fee for Service (transactions \$10,000 or more require a formal contract)			
Location Where Services Are To Be Performed							
Check all that apply							
SUNY employee		Current		Former			
RF employee		Current		Former			
UAlbany student		Current		Former			
				Sponsored Funds Personnel		Date	
Research Foundation Approval				Secondary Research Foundation Approval		PO Number	
Date				Date			

Any individual compensated for services performed must be either an employee or an independent contractor. The Research Foundation, as an employer, must adhere to applicable State and Federal laws when a worker is an employee. These laws include, but are not limited to, the providing of unemployment, worker's compensation and disability benefits as well as the withholding of State and Federal income taxes.

Under Federal law, 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 benefit/overhead charges, or to circumvent compliance with any other applicable or statutory employment regulation. It is the policy of the University at Albany to fully comply with all laws, rules and regulations regarding employment and independent contractors.

**Classification Determination**

Generally speaking, if you answer "YES" to the following questions, the worker is an EMPLOYEE and payment as an independent contractor is not appropriate. To appoint an employee, contact Sponsored Funds Personnel (437-4500)

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Does the employer (not the worker) control the means and method of how work is done?                 |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the employer have other employees performing similar work with a similar degree of supervision? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Is the worker engaged in an activity that is in the regular business of the employer?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the worker paid by unit of time (i.e. hour, week, or month)?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Are oral or written reports (i.e. status reports, timesheet) required from the worker?               |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Is the work performed on the employer's premises?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are supplies, materials and equipment furnished by the employer?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the worker provide the services on a regular, ongoing basis?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Does the employer provide detailed work instructions or procedures to the worker?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Does the employer have the right to terminate the worker at will?                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Is the worker protected from significant risk or potential loss while performing the service?       |

Generally speaking, if you answer "YES" to the following questions, the worker is an independent contractor, and payment as an independent contractor is appropriate.

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

**The Independent Contractor certifies that:**

- These services are provided to the Research Foundation in my capacity as an Independent Contractor, and, as such, I am not entitled to the rights and benefits as an employee.
- The Research Foundation retains the right to use materials first created by me in the conduct of this project to meet the requirements of the project's sponsor. The right retained by the RF does not apply to materials created by me prior to my participation in this project.
- Under penalty of Federal Law, I certify that my classification as an Independent Contractor is true and appropriate and is consistent with Internal Revenue guidelines.
- Under penalties of perjury, I certify that the Taxpayer Identification number shown on the front of this form is my correct Taxpayer Identification Number and I am not subject to backup withholding from the IRS. A current Form W-9 must accompany this Approval Request.
- Contractor shall secure and maintain insurance coverage for general liability and any other applicable insurance in amounts appropriate to the conduct of Contractor's activities.
- **Completion of this form is strictly for classification purposes. This does not constitute approval to perform services.**

\_\_\_\_\_  
Independent Contractor Signature

\_\_\_\_\_  
Date

**The Project Director's Signature below is certification that:**

- The charges to be incurred are appropriate and authorized against the account shown and are consistent with sponsor policy.
- The services are essential and cannot be provided by persons receiving salary support under this award or otherwise compensated for their services.
- Evidence is available to verify that a competitive selection process has been employed to secure the most qualified person available.
- Said selection complies with the provisions of the Research Foundation Conflict of Interest Statement.
- I have confirmed the terms of this arrangement with the payee, including the fee to be paid, frequency of payment, insurance requirement, if any, instructions for providing invoices and supporting documentation, all technical and financial requirements, and the fact that this agreement may be cancelled by the Research Foundation on thirty days' written notice.
- Under penalty of Federal Law, I certify that the appropriate classification of this individual as an Independent Contractor is true and appropriate and is consistent with Internal Revenue guidelines.

\_\_\_\_\_  
Project Director Name (Please Print)

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

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

**Give form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), 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 the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,