



UNIVERSITY AT ALBANY

Independent Contractor Services Approval Request Form (For Individuals Only)

Individual's Name			Taxpayer ID (SSN/TIN)		Telephone No.	
Address 1			City		State	Zip
Address 2			Present Employer		Position	
Project	Task	Award	Expenditure Type GNS		Organization 010	
Citizenship Status			<input type="checkbox"/> US Citizen	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Nonresident Alien	
Visa Status				Country of Citizenship		
<input type="checkbox"/> F	<input type="checkbox"/> J	<input type="checkbox"/> M	<input type="checkbox"/> Other (specify)			
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)						
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	Research Foundation Human Resources		Date	
_____			_____		PO Number	
Research Foundation Approval			Date	Secondary Research Foundation Approval		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

- 1. Does the employer (not the worker) control the means and method of how work is done?
- 2. Does the employer have other employees performing similar work with a similar degree of supervision?
- 3. Is the worker engaged in an activity that is in the regular business of the employer?
- 4. Is the worker paid by unit of time (i.e. hour, week, or month)?
- 5. Are oral or written reports (i.e. status reports, timesheet) required from the worker?
- 6. Is the work performed on the employer's premises?
- 7. Are supplies, materials and equipment furnished by the employer?
- 8. Does the worker provide the services on a regular, ongoing basis?
- 9. Does the employer provide detailed work instructions or procedures to the worker?
- 10. Does the employer have the right to terminate the worker at will?
- 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

- 1. Does the worker have a Federal Employer Identification number? **Note:** this is not the same as social security number
- 2. Does the worker hold his/her services out to the general public?
- 3. Does the worker advertise his/her services?
- 4. Does the worker own or, rent office space away from home?
- 5. Is the work activity in question generally performed by nonemployees?
- 6. Does worker have multiple sources of income from the activity in question?
- 7. Is the worker's enterprise of sufficient substance that it could be sold?
- 8. Is the worker allowed to delegate or assign the work to others?
- 9. Is the worker paid a specific sum at the conclusion of the project/work/services?
- 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.
- **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.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 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 generally 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.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.