



# INDEPENDENT CONTRACTOR DETERMINATION FORM & CONTRACTUAL SERVICE AGREEMENT

Please complete all questions and follow all instructions. If you have questions, please contact either:  
Procurement Services by email – [pcps@mail.wvu.edu](mailto:pcps@mail.wvu.edu) or phone (304) 293-5711 or  
Tax Services by email – [tax@mail.wvu.edu](mailto:tax@mail.wvu.edu) or phone (304) 293-3379, extension 3.

1.  If the individual performing the service is a Foreign National, **STOP** at this point and contact Tax Services by email at [tax@mail.wvu.edu](mailto:tax@mail.wvu.edu) or phone (304) 293-3379, extension 3.
2.  If the individual performing the service is doing so as the instructor of record of a for credit class, the employee status is applicable. **STOP** at this point. You will need to work with your Department to establish an employee assignment and then refer the individual to Payroll and Employee Processing by email at [payroll@mail.wvu.edu](mailto:payroll@mail.wvu.edu) or phone (304) 293-3379, extension 1 to complete the applicable employment forms.
3.  If the individual is performing or assisting in the performance of research or performing services as an advisor or consultant, sections 1 through 4 must be completed. If the individual is potentially receiving a fellowship, please contact Tax Services by email at [tax@mail.wvu.edu](mailto:tax@mail.wvu.edu) or phone (304) 293-3379, extension 3.
4.  If the individual is performing services as an athletic game official, entertainer, or guest lecturer in a for-credit or not for credit course and is not otherwise a University employee, sections 1 through 4 must be completed.

**Please print**

College: _____ Department: _____ <b>Department Contact:</b> Name: _____ Phone: _____ Email: _____	<b>Contractor Contact Information:</b> Name: _____ Phone: _____ Email: _____
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**Date(s) of Service:** From: \_\_\_\_\_ To: \_\_\_\_\_

The rate of pay shall be \_\_\_\_\_ per \_\_\_\_\_ not to exceed \$ \_\_\_\_\_.

\*The contract amount must include all travel costs.

**I agree to perform the following service for WVU and its Affiliates:**

Detailed description of service to be performed (attach additional documentation as needed):

The following sections should be completed by the Individual in conjunction with the Department.

**Section 1: FINANCIAL CONTROL**

		Yes	No
1.1	Does the individual have an independently established business related to the contractual service to be performed?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Will the individual be paid on a recurring or regular basis similar to a payroll cycle?	<input type="checkbox"/>	<input type="checkbox"/>
1.2a	If not, when will the individual be paid for services? For example: upon completion; at agreed upon deadlines; etc. Please indicate when:		
1.3	Does the individual offer similar services to entities other than the University on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>
1.4	Does the University have the right to withhold payment if it determines the work is unsatisfactory?	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Will the individual pay for ALL expenses related to the requested services or will the University reimburse related expenses? Please indicate by circling answer.	<input type="checkbox"/>	<input type="checkbox"/>

**Section 2: RELATIONSHIP**

		Yes	No
2.1	Does the individual have a continuing relationship with the University either as an employee or as a contractor on a recurring, on-going, or year-to-year basis?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Will the University be responsible for hiring, supervising, and paying workers who will substantially assist or work with the individual in performing the requested services?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Will the individual be required to comply with instructions from a University supervisor, as to where, how, and when the work is to be performed?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Is the individual required to receive training from a University representative related to the requested services?	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Will the individual work as part of a team of regular employees and is the individual's participation essential to the successful performance of the team?	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3: BEHAVIORAL CONTROL**

		Yes	No
3.1	Is the University concerned with the step-by-step methods used to obtain the results of the agreed-upon services and not just with the end result?	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Will the University provide tools, equipment, a specific work area or other materials needed by the individual to perform the agreed-upon services?	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Can the University terminate the agreement with the individual for reasons other than nonperformance? For example, can the individual be terminated for violating University personnel policy?	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Can the individual terminate the agreement with the University without notice or reason?	<input type="checkbox"/>	<input type="checkbox"/>
3.5	Does the University control the work location, such as a requirement to work on or at a University facility?	<input type="checkbox"/>	<input type="checkbox"/>

## Section 4: SERVICE PROVIDER INFORMATION

Select type of payee:  Individual  Sole Proprietorship  LLC\*

**\*If entity type is an LLC, please provide the income tax filing type:** \_\_\_\_\_

Service Provider: \_\_\_\_\_  
(Last, First, MI)

SSN/FEIN: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I understand that if I am **not** a United States citizen nor an individual considered a Resident Alien for income tax purposes that **all payments may be subject** to Federal tax withholding at a rate of either 14% or 30%. I understand that WVU and/or WVU Research Corporation will deduct all required tax withholding amounts due from each payment.

**Vendor: (signature required)**

\_\_\_\_\_  
*Printed name Signature Date*

**Note: Please return completed, signed form to the College listed on page 1.**