



INDEPENDENT CONTRACTOR VERIFICATION FORM

As required by UPP 1-06, certain contracts for services may **NOT** be made, approved, performed, or paid by Marquette University unless the Contracting Party meets the Wisconsin law requirements for an independent contractor. To determine whether the Contracting Party meets the proper requirements under the law, please complete the following Form.

Section 1:

The contract designates a specific person or persons who are responsible for completing the contract work.	YES	NO
The contract is with an individual person using his or her Social Security Number (SSN) as the tax identification number, OR is with an individual using a "Doing Business As" name using the individual's SSN as the tax identification number, OR the business is a sole proprietorship or an unincorporated association using the individual's SSN as the tax identification number.	YES	NO

If the answers to both questions in Section 1 are YES, the Contracting Party must complete the remainder of this Form before Marquette may sign the contract or issue a Purchase Order. If one or more of the answers in Section 1 is NO, you must follow UPP 1-06's other requirements for contract approvals.

Section 2:

The Contracting Party holds or has applied for a Federal Employer Identification Number with the Internal Revenue Service (IRS). If "Yes," provide the following information: * Federal Identification Number: _____ - _____ * Name on file with the IRS for the above number: _____	YES	NO
The Contracting Party has filed a business or self-employment income tax return with the IRS based on substantially similar work or service in the previous year.	YES	NO

If the answers to both questions in Section 2 are NO, stop and do not complete the remainder of this Form. You must engage the Contracting Party as an employee through the Office of Human Resources. If one or more of the answers in Section 2 is YES, the Contracting Party must complete the remainder of this Form.

Section 3:

The Contracting Party will provide its own office space, equipment, and materials in connection with the performance of the contract, and Marquette will not reimburse the Contracting Party's expenses under the contract.	YES	NO
No day-to-day direction from Marquette employees is required to complete the contract.	YES	NO
The contract specifies the exact and entire amount of money that Marquette will pay the Contracting Party and does <u>not</u> provide for compensation based on hours worked or on a set rate per day, week, or month.	YES	NO
The contract specifies or references deliverables or objective criteria due under the contract and holds the Contracting Party responsible for the satisfactory performance of those deliverables or objective criteria.	YES	NO
The Contracting Party has continuing or recurring business liabilities or obligations.	YES	NO
The Contracting Party could possibly profit or suffer a financial loss in performing the contract.	YES	NO
The Contracting Party has in the past, or expects in the future, to provide similar services to clients or entities other than Marquette University.	YES	NO

If the Contracting Party answered NO to any of the questions in Section 3, stop and do not complete the remainder of this Form. You must engage the Contracting Party as an employee through the Office of Human Resources, unless specifically approved by the University Office of General Counsel.

Contracting Party Certification: I certify that the responses set forth above are true and complete to the best of my knowledge. I understand that intentionally falsified statements shall result in cancellation of the contract as void. Any services actually provided may be eligible for payment only as wages required by Wisconsin law.

Contracting Party Signature and Title: _____

Date: _____