

**STUDENT ENGAGEMENT  
INVOICE  
FOR SERVICES**

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Today's Date: \_\_\_\_\_

Group for which you are providing services: \_\_\_\_\_

Service to be performed: \_\_\_\_\_

Location of performance: \_\_\_\_\_

Date(s), Time(s) of Performance(s): \_\_\_\_\_

\$\$ amount to be paid (both numerical and written out): \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_  
\_\_\_\_\_

Taxpayer ID number (either a SSN or a FEIN): \_\_\_\_\_

Signature of vendor providing services: \_\_\_\_\_

If vendor is a current SIUC student, is student currently on the SIUC student employee payroll)? \_\_\_\_\_

Supervisor signature: \_\_\_\_\_

If amount to be paid is over \$100 adviser approval is required:

Supervisor signature: \_\_\_\_\_

**ADDITIONAL PAPERWORK REQUIRED TO PROCESS PAYMENT:**

- 1) SIUC Independent Contract Analysis Form  
Form must accompany contract if the contracting party is using a SSN
- 2) W-9 Form  
The name on the W-9 is who the check will be made out to.
- 3) Indemnification Clause

If payment is made to an International Citizen, additional paperwork is required!

*NOTE: This form cannot be used for payment of services of \$5,000.00 or more OR to reimburse SIUC employee or student holding graduate assistantships - please see the Student Life accountant for the correct forms.*

**INDEMNIFICATION CLAUSE**

To the extent permitted by law, \_\_\_\_\_, ("Contractor") shall indemnify and hold harmless the Board of Trustees of Southern Illinois University ("University") and nay agents and employees of the Board from and against all claims, damages, losses and expenses, including but not limited to reasonable attorney's fees, arising out of or resulting from Contractor's performance of the work described in \_\_\_\_\_, provided the such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible personal property including loss of use resulting therefrom, but only to the extent caused in whole or in part by the negligent or otherwise wrongful actions or omissions of Contractor, regardless of whether or not such claim, damage, loss or expense is caused in part by University. Such obligation shall not be construed to negate, abridge, or reduce other rights or obligations of indemnity that would otherwise exist as to a party or person described herein.

**CONTRACTOR**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Title

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	<b>4</b> 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>
<b>5</b> Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code	
<b>7</b> 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				
or				
Employer identification number				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> </table>				

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* 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); 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 for Part II, later.

<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.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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-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, later.*

# Independent Contractor Analysis Form

## INSTRUCTIONS

This form is required before processing payment for services to an individual using a Social Security Number. ***It should be completed prior to the beginning of services.*** If the University is contracting with an individual as an independent contractor, it is important to establish that the nature of the service does not constitute an employee/employer relationship. The following questions are necessary to enable proper tax withholding and reporting. Please complete the following with the prospective payee's cooperation.

## GENERAL INFORMATION

Name of Individual or Service Provider: \_\_\_\_\_

Soc Sec # (last 4 digits): xxx-xx- \_\_\_\_\_ Banner ID (if applicable): \_\_\_\_\_ Taxpayer ID (if applicable): \_\_\_\_\_

Department: \_\_\_\_\_ Form Preparer: \_\_\_\_\_ Phone: \_\_\_\_\_

## SERVICE INFORMATION

Start: \_\_\_\_\_ End: \_\_\_\_\_ Location of Services to be Provided: \_\_\_\_\_

Method of Payment:  Lump Sum  Hourly Rate  Other (explain): \_\_\_\_\_

Purpose of Work:

## DETERMINATION OF STATUS ANALYSIS

Check "YES" or "NO" to the following questions. In the space provided, give a description as to why yes or no was checked. If more space is needed, use the back of the form or attach a separate sheet. In addition, below each question is an explanation of the reasoning behind each question.

Independent Contractor status is determined by the level of control the University has over the individual. There are two major types of control when referring to independent contractor status, BEHAVIORAL and FINANCIAL. It is important to understand the difference between the "parameters of an assignment" and "controlling the means and methods of accomplishing an assignment". The parameters of an assignment may include instructions over laws, policies, or guidelines or quality assessments that relate to the acceptance or rejection of the end work product. On the other hand, the controlling of means and methods may include ongoing supervision, training given that suggests the work be performed in specific manner, and the submission of regular or written reports.

1. Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Once the individual receives the assignment, does the University have the right to further supervise or control how the individual must go about completing the work?</b>
BEHAVIORAL CONTROL	<div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="font-size: small; margin-top: 5px;">                     Explanation: Supervision or control can consist of: when and where to do the work; dates/times when the work must be completed; what tools/equipment to use; what workers to hire to assist with the work; where to purchase supplies/services; what work must be performed by a specified individual; what routines/patterns must be used; and what order the sequence must follow. The right to control how the individual must complete the work after the assignment is given would make it difficult to prove Independent Contractor status.                 </p>

2. Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Does the University have control over the expenses or business activities related to the work assignment?</b>
FINANCIAL CONTROL	<div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p style="font-size: small; margin-top: 5px;">                     Explanation: If the University has no control over the expenses in which the individual should incur to complete the work, then the individual is most likely an independent contractor. If the University requires the individual to make a significant investment (ex. requiring the individual to use equipment, tools, services, etc. of high value) in order to do the work, then this represents an independent contractor.                 </p>

3. Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>May the individual cease providing services prior to completion of the work without incurring any legal liability?</b>
FINANCIAL CONTROL	<div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p style="font-size: small; margin-top: 5px;">                     Explanation: If the individual has the right to end his/her relationship with the University at any time without incurring liability, this indicates an employer-employee relationship. The University's ability to withhold payment(s) for unsatisfactory or incomplete work is characteristic of a liability.                 </p>

# Independent Contractor Analysis Form

4. Yes  No  Does the individual provide services exclusively for SIUC? (The individual does not provide services to the general public.)

FINANCIAL CONTROL

Explanation: Providing services as a part of his or her business to the general public resembles independent contractor status.

5. Yes  No  Will SIUC provide long-term assistance to the individual such as additional personnel, support, supplies or equipment?

FINANCIAL CONTROL

Explanation: If the University furnishes significant tools, materials, and other equipment, then the relationship tends to show the existence of an employer-employee relationship, whereas personal investment shows a lack of financial control of the University and represents independent contractor status.

6. Yes  No  Is there a regular or on-going relationship with the individual? (The University is contracting with the individual for more than a one-time task?)

RELATIONSHIP STATUS

Explanation: Back-to-back, recurring contracts could be considered a continuing relationship rather than a separate, finite relationship. Also, any expectations or guarantees for a new contract after the current request would resemble an employer-employee relationship.

7. Yes  No  Has the individual performed similar work for the University as an employee within this calendar year?

RELATIONSHIP STATUS

Explanation: If an employee is to perform similar duties to that of their previous job, they should be hired as an employee. Different duties may qualify the individual as an independent contractor; however, this alone does not constitute justification for independent contractor status.

8. Yes  No  Is the Supplier, or a family member of a supplier, currently an employee on any SIU campus?

RELATIONSHIP STATUS

9. Yes  No  Have you been employed by SIU or the State of IL in the last 3 years OR has a member of your immediate family been employed by SIU or the State of IL in the past 2 years?

RELATIONSHIP STATUS

I attest that all information on this form is true and correct to the best of my knowledge. I understand that the services will be performed as an independent contractor and not as an employee. The University will not withhold any taxes from the payments made under this contract. The payments of the services will constitute self-employment income for income tax purposes and may be subject to reporting to the Internal Revenue Service on Form 1099. If I also certify that I am eligible to perform services based on the following status: US Citizen  Permanent Resident  Foreign National with proper work authorization

PROSPECTIVE PAYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I certify that the information on this form is true and correct to the best of my knowledge. I understand the responses to this questionnaire may serve as evidence or support in an accurate reflection of services provided, and that I may be held accountable for any willful misrepresentation of the services provided in the event of an IRS audit.

FISCAL OFFICER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Department: \_\_\_\_\_ Contact: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Upon completion, forward this form to Human Resources, Mailcode 6520 or fax to 618/453-1353.  
Once reviewed, form will be returned to the requesting department for further processing.\***

**HR USE ONLY:** Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

STATUS: Extra Comp (FA/AP)  Continuing Ed  Civil Service Extra Help  Student Employee  Independent Contractor

SIUC acknowledges the Internal Revenue Service and the SIUE campus for the use of information presented in this form.