



Sender Name/Email

This questionnaire, which helps Cornell determine your status as an independent contractor, as required by IRS regulations. Return this completed form to the individual who sent it to you. For more information about Cornell's requirements, see Becoming a Service Provider on Procurement's website.

Part I: Your Relationship with Cornell

Are you currently or have you been within the last five years an officer, director, trustee, CEO/CFO/COO/CIO, dean, or assistant dean at Cornell University, or are you a member of the immediate family of any person currently in one of these positions? [Yes/No]

Are you currently or have you ever been in the current or previous calendar year a faculty or staff member or a student or postdoc at Cornell University, or are you connected to any person currently in one of these roles? [Yes/No]

If you answered yes to either of the above questions about any position you have held, provide the following information about your role and duties, and then continue to complete and sign this form, and see Special Instructions for Current or Former Employees on how to submit this form.

Your Cornell Position Title Last Date of Employment or Enrollment

Your Cornell Department

Describe the nature of the duties you performed in your role at Cornell.

[Empty text box for describing duties]

Part II: Your Business Information

Your Legal Name Your Business/D.B.A. Name

Business Type [Individual] [Sole Proprietor] [Single-Member LLC]

If your business doesn't fall into any of these categories, stop here, sign this form on page 2, and send it back to the person who sent it to you. Otherwise, continue to complete the rest of the form. If you answered yes to questions in section I above, use the Special Instructions for Current or Former Employees on page 2 to submit this form.

Business Location: Is your business office in or outside of your home? [In my home] [Outside of my home]

Advertising: Where do you advertise your services? (Select all that apply.)

- [Word of mouth] [Yellow Pages] [Publications] [Websites]

Provide your business's web address and list publication names or other websites where you advertise, if applicable.

[Empty text box for web address and publication names]

Did you receive an IRS Form 1099 for performing services last year? [Yes/No]

Provide the names and contact numbers for three major customers, besides Cornell, that you've had in the past 12 months.

[Empty text box for customer names and contact numbers]

Service Provider Questionnaire, continued

Part III: Services You Would Provide

Briefly describe the nature of the services you would be performing for Cornell.

How much of your business's time do you expect to devote to all Cornell business within the **next 12 months**?

- Less than 10% At least 10%, but less than 25% At least 25%, but less than 50% 50% or more

How much of your business's time do you expect to devote to all Cornell business **over the course of the proposed contract**?

- Less than 20 hours per week 20-35 hours per week More than 35 hours per week

Part IV: Resources You Would Require

Will you need to use any Cornell facilities, equipment, or materials to provide your services?

- Yes No

If you answered **yes** to the above question, please explain.

Will you need training from Cornell to provide your services?

- Yes No

If you answered **yes** to the above question, please explain.

Part V: Your Attestation and Certification

- I am a citizen of the U.S. or a permanent resident with a green card.
- I am a foreign national and I understand that payments to me may be subject to tax withholding at a rate up to 30%.

I understand that if I accept employment at Cornell in the future, I must immediately notify Cornell Procurement and Payment Services and that failure to report a change in status could have consequences for either my employment or my independent contractor status.

If Cornell hires me as an independent contractor, I understand that I am responsible for taxes, insurance coverage, and business expenses, and that I am not eligible for any employer-provided benefits.

Your Name (Print) _____	Phone _____	Email Address _____
Your Job Title _____	Signature _____	Date _____

Submission Instructions

Submit this form by email back to the person who sent it to you, or using any special instructions they included in their email to you.

Special Instructions for Current or Former Employees: If you answered yes to questions in section I, submit this form by email, along with a detailed description of your Cornell duties, to the **University Tax Office** at tax@cornell.edu.

For Cornell Internal Use Only

Reviewer Name _____	Cornell Reviewer Signature _____	Date _____
Reviewer Title _____	Reviewer NetID _____	