CONTRACTOR/CONSULTANT QUESTIONNAIRE

Payment should be made through the payroll process if the individual performing services is currently employed by the University or has been employed in the current or previous calendar year by WMU.

If the individual performing services is not a citizen or resident of the United States contact the Corporate Reporting and Taxation Department (387-2981) before completing this questionnaire.

These questions relate to the individual/business that you are considering retaining as a contractor or consultant. This questionnaire and a WMU Independent Contractor Agreement should be forwarded to **Business Services** (before services are rendered) for evaluation. A questionnaire and agreement are required in all cases that involve payment for non-employee services. Results of this questionnaire will be returned to you with the agreement. If the agreement is approved a copy of the agreement and questionnaire should be attached to a payables voucher and forwarded to Accounts Payable (along with an invoice) for payment. If the agreement is not approved the individual rendering services must be paid as an employee. In this case the appropriate Human Resources form should be completed using the normal payroll process.

Please answer the following questions relating to the individual that will perform the services:

1. Is this individual a student at WMU?
   YES ○ NO ○

2. Will the individual be trained by and/or subject to the supervision of a WMU employee?
   YES ○ NO ○

3. Does the individual/business routinely provide the same or similar services to the general public (outside of WMU)?
   YES ○ NO ○

4. Can this individual/business designate who will perform the services?
   YES ○ NO ○

5. Will this individual supervise employees of the University?
   YES ○ NO ○

6. Have you contracted with this individual/business before?
   YES ○ NO ○ If yes, when? _____

7. Will this individual perform services on a full-time basis?
   YES ○ NO ○

8. Will this individual be paid on a per job basis?
   YES ○ NO ○

Name of the individual/business: _____

Type of entity: ○ individual ○ partnership ○ corporation ○ other

Business address: _____

Social Security # _____ or Employer Identification # _____

Print or type the NAME, TITLE, DEPARTMENT AND TELEPHONE # of the person from WMU to contact if additional information is necessary. The IC agreement and questionnaire will be returned to this individual once approved/disapproved.

Name and Title: _____

Department, Mail Stop Code, and Telephone #: _____

Date: _____ Fund and Department: _____

Forward this questionnaire and the agreement to the **Business Services** Department mail stop 5222.

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