

PORTLAND COMMUNITY COLLEGE
Independent Contractor Questionnaire

PCC Dept: _____ **PCC Contact:** _____
Ext: _____

Work Description of Individual:

Note: DO NOT contract with individual until the Independent Contractor (IC) status has been determined by Human Resources.

<p>QUESTIONNAIRE FOR DETERMINING STATUS AS AN "INDEPENDENT CONTRACTOR" OR "CONSULTANT" BASED ON ORS 670.600...INDEPENDENT CONTRACTOR STANDARDS</p>

This form is intended for an individual doing business in his/her own name or an assumed business name. It is not required when doing business with an established business entity with multiple employees. The form is to be completed by the contractor or their representative to determine if they are qualified to be an "Independent Contractor". It is not necessary for Independent Contractor to complete a questionnaire for each assignment if certification has been established and the scope of work has not changed. However, PCC reserves the right to ask for current information in the form of a complete or partial questionnaire at any time. ALL QUESTIONS MUST BE ANSWERED.

1) Individual/Business

Name: _____

2) Business Address & telephone

number: _____ Telephone: (____) _____

3) If you have Federal and/or State business I.D. number(s), please list:

Federal I.D. # _____ State I.D. # _____

If not, provide SS # _____

4) Does Contractor have separate telephone listings for business and personal telephones? ___ Yes ___ No

If yes, list names as they appear in directory:

Business: _____ Personal: _____

5) Please describe Contractor's business: _____

6) Is the Contractor employed as an individual (not as a contractor) in any other capacity? Yes No
If yes, in what capacity and where? _____

7) Is Contractor now, or has Contractor previously been an employee of Portland Community College?
 Yes No If yes, in what capacity?

(Approx.) Dates of employment: From: _____ to _____

8) What tools or equipment will be necessary for the performance of work under this contract?

9) Who will furnish these tools or equipment?

10) Are any special licenses or certification(s) needed to perform this work? If so, please indicate number(s) below:

Type: _____ # _____

Type: _____ # _____

11) Did Contractor perform labor or services as an independent contractor last year? Yes No If yes, did Contractor file Federal & State income tax returns in the name of the business or a business Schedule C as part of Contractor's personal income tax return for last year? Yes No

12) In which geographical area(s) is Contractor's labor or services primarily carried out:

13) List persons or business entities for whom Contractor has performed labor or services as an independent contractor within the past 12 month period:

14) How does Contractor market services? (Check all that apply).

yellow pages listings direct mail newspaper/other media personal contact

other: _____

15) Does Contractor distribute business cards? Yes No If yes, please attach business card to questionnaire.

16) Does Contractor have employees or subcontractors? Yes No

17) I have provided a completed [W-9](#) to PCC for tax reporting purposes. Yes No

COMPLETION OF THIS QUESTIONNAIRE DOES NOT AUTOMATICALLY QUALIFY YOU AS AN "INDEPENDENT CONTRACTOR" AT PCC.

Contractor or Contractor's Representative:

Signature & Date

**Return to: HRIS Manager, Portland Community College, P.O.Box 19000
Cascade Bldg SS 3rd Floor, Portland, OR 97280-0990
FAX: (503) 286-0410**

PCC Employer: If you are still not sure whether this individual is an employee or independent contractor, request from the IRS, Publication 15-A, "*Employment Taxes and Information Returns*" and Form SS-8, "*Determination of Employee Work Status for Purposes of Federal Employment Taxes and Income Tax Withholding*". Both are available **Free** by calling 1-800-829-3676.

(For Human Resources Use only) Determination:

This individual :

**does_____ (Complete a personal services agreement-contact PCC Procurement Dept for assistance.)
does not_____ (Complete an employment authorization-contact PCC Human Resources Department for assistance.)**

meets the Independent Contractor certification requirements, for the following reasons:

Human Resources Representative Signature & Date

c: Procurement
Human Resources
Department Manager