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.

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

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