**Please type this form’s responses. Thank you.**

|  |  |
| --- | --- |
| **Independent Contractor’s Name**  |  |
| **Tax Identification Number (TIN)**  |  |

This form must be completed to help the University of Minnesota determine whether an employer/employee relationship exists for employment tax purposes. Responses provide information about the degree of control and independence in the relationship between the individual performing services and the University. Additional information may be requested to make an appropriate determination. Final determination is made by Controller’s Office and is not based on any one answer alone.

**Submit this form with the Supplier Authorization Form with UM1679A.**

|  |
| --- |
| **Section 1 – Current Employer/Employee Relationship** |
| Does the University or one of its system campuses currently employ this individual? | Was the individual on the University payroll (regular or temporary appointment) prior to the date these services are to begin? | Does the University plan to hire this individual as an employee soon after the period of their services as an independent contractor? | Is the individual currently working as an independent contractor for the University, and/or have they worked as an independent contractor for the University within the past 12 months? |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

**Section 2 – Types of Services Provided – Only complete one part (A, B, or C) as applicable**

# A: Lecturer/Instructor Not Applicable [ ]

|  |  |  |
| --- | --- | --- |
| Is the individual a “guest lecturer”, an individual who lectures infrequently, for example, at only one or two class sessions? | Is the individual the primary instructor in a department for a course being offered for academic credit toward a University degree? | Is the individual responsible for the content of the lecture/ presentation (vs. presenting materials prepared/dictated by the University)? |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

|  |  |  |
| --- | --- | --- |
|  | **UNIVERSITY OF MINNESOTA****INDEPENDENT CONTRACTOR AUTHORIZATION FORM - UM 1650** | Last updated 07/06/18 |

# B: Researcher / Participants Not Applicable [ ]

|  |  |  |
| --- | --- | --- |
| Will the individual serve in an advisory or consulting capacity with a University faculty member or director in a “collaboration between equals” type arrangement? | Will the individual perform research in an arrangement whereby a University faculty member or employee serves in a supervisory capacity? | Is the individual being paid as a grant participant as defined by the terms of the grant or account string being used? |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

# C: Individuals who are NOT Instructors/Lecturers or Researchers: (complete if A & B were Not Applicable)

|  |  |  |
| --- | --- | --- |
| Does the individual perform any of the following services (regardless of job title): actor, research project interviewer, medical residency program preceptor, assistant coach, medical care instructor, athletic band director, FDA reporting coordinator, or 4-H livestock coordinator? | Will the department provide the individual with specific instructions, supplies, and equipment to perform the required work, rather than rely on the individual’s expertise, supplies, and equipment? | Will the University set the number of hours or days that the individual is required to work, as opposed to allowing the individual to set their own work schedule? |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Will the University pay the individual an hourly rate similar to what the University pays employees for similar work? | Does the individual engage in entrepreneurial activities in an established business at risk for loss? (This is an IRS definition.) | Does the individual routinely provide the same or similar services to other clients outside of the University as part of a continuing trade or business? |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Does the individual have their own insurance for work-related injuries? [ ]  Yes [ ]  No |
| Provide a detailed description of the services provided by the individual:   |