**This questionnaire may be requested to be completed for any payee electing independent contractor status for services performed. Please complete the questions below and provide additional comments as necessary. The answers provided will assist in determining if the services performed qualify for Independent Contractor status as defined by the Internal Revenue Service and will be used to substantiate the University's positions in the event of an Internal Revenue Service inquiry.**

| | | |
|---|---|---|
| **1. Is the Individual a current or former Notre Dame faculty, staff or student employee?** | ( ) YES | ( ) NO |
| **If yes, please describe how the service performed as an independent contractor is different from the duties and responsibilities performed as an employee.** | | |
| **2. Does the individual routinely provide the same or similar services outside of Notre Dame to the general public as part of a continuing trade or business?** | ( ) YES | ( ) NO |
| **3. Will the department provide the individual with specific training (vs. general instruction) regarding performance of the required work rather than rely on the individual's expertise?** | ( ) YES | ( ) NO |
| **4. Will the individual perform work using University facilities (as opposed to facilities available to him/her outside of Notre Dame)?** | ( ) YES | ( ) NO |
| **5. Will the department provide the individual with significant equipment or supplies?** | ( ) YES | ( ) NO |
| **6. Will the department hire assistants for the individual?** | ( ) YES | ( ) NO |
| **7. Will the individual set their own work schedule (as opposed to the department setting the number of hours and/or days of the week that the individual is required to work)?** | ( ) YES | ( ) NO |
| **8. Is the payment a flat fee?** | ( ) YES | ( ) NO |
| **9. Will the individual receive any benefits similar to those offered for employees (i.e. vacation or sick pay)?** | ( ) YES | ( ) NO |
| **10. Is there a written agreement (i.e. contract, memorandum of understanding, statement of work) between the University and the individual? If yes, please attach a copy.**<br>See Copy Attached | ( ) YES | ( ) NO |

**I certify the above to be true and correct.**

**Completed by: _____**          **Date: _____**