

Independent Contractor Determination Form

Name of Business _____

Please answer the following questions about the proposed independent contractor and discuss answers as appropriate. Attach additional sheets if necessary.

Financial Control

- *1. a) Is the proposed contractor a corporation? _____ If so, please provide tax identification number. _____
 b) If the proposed contractor is an individual, please provide the individual's social security number _____
 c) Is the person a foreign national? _____ If so, is the person a resident or non-resident alien? _____
 (Additional tax forms are required when contracting with a foreign national)
 *If the determination indicates an employee, complete and attach an I9 (www.irs.ustreas.gov/prod/forms_pubs/forms.html), or if the determination indicates a contractor, complete and attach a W9 (www.irs.ustreas.gov/prod/forms_pubs/forms.html).

2. Conflict of Interest:

- a) To your knowledge is the contractor a CNM employee? _____ or employed by CNM during the last 12 months? _____
 b) To your knowledge is the person providing services a close relative of a CNM employee? _____
 c) To your knowledge does a CNM employee have a significant financial interest in the firm CNM is contracting with? _____
 If the answer to any of these questions is yes, please explain and provide names and social security numbers of the parties involved.

3. To your knowledge has the contractor/service provider been suspended, debarred or ineligible from entering into contracts with the Executive Branch of the Federal Government, or is in receipt of a notice of proposed debarment from any State agency or local public body?

4. Does the proposed worker perform for other clients and solicit work from other clients? _____ Please attach the worker/contractor's brochure or resume (if available).

5. Is the proposed worker listed in the business pages of the telephone directory? _____ Does the contractor have a NM gross receipts number? _____

6. Who is responsible for each of the following business expenses?

	CNM	Contractor	N/A
a) rent/utilities	_____	_____	_____
b) tools and equipment	_____	_____	_____
c) training	_____	_____	_____
d) advertising	_____	_____	_____
e) payments to business managers and agents	_____	_____	_____
f) wages or salaries of assistants	_____	_____	_____
g) licensing/ certification/ professional dues	_____	_____	_____
h) insurance	_____	_____	_____
I) postage and delivery	_____	_____	_____
j) repairs and maintenance	_____	_____	_____
k) supplies	_____	_____	_____
l) travel	_____	_____	_____
m) leasing of equipment	_____	_____	_____
n) depreciation	_____	_____	_____
o) inventory/COGS	_____	_____	_____

7. Will the worker have unreimbursed costs? If so, what costs will be unreimbursed?

Behavioral Control

8. Will the worker perform the service personally? _____ With other individuals? _____ Of those individuals, whose employees are they?
9. Will your department specify or require the following (circle all that apply)
- a) When to do the work
 - b) Where to do the work
 - c) What tools or equipment to use
 - d) What workers to hire to assist with the work
 - e) Where to purchase supplies or services
 - f) What work must be performed by a specified individual
 - g) What routines or patterns must be used
 - h) What order or sequence to follow
10. Does CNM maintain the right to provide and require the contractor to adhere to detailed instructions?
11. Does your department substantially control the detailed method of work? _____ Result of work? _____ If yes, please explain.
12. Will CNM provide periodic or ongoing training to the worker about procedures to be followed and methods to be used in performing the work?

Relationship of the Parties

13. How long will the worker be working on the project?
14. Will CNM provide the worker with benefits such as paid vacation days, paid sick days, insurance, retirement plan, IRC section 403(b), or cafeteria plan?
15. Can CNM terminate the work relationship at will without penalty? _____
Can the worker terminate the work relationship at will without penalty? _____
16. Is the service you are requesting a part of the regular business of your area? Explain how this does or does not involve your operation.
17. Has your department (or CNM to your knowledge) used this contractor before? _____ Do you envision using this contractor again? Please explain.

Signature of person completing this form

Extension

Date

Signature of Control Agent

Date

Review of Determination

Date