

## Independent Contractor Determination Form

### FINANCIAL CONTROL

1. a.1 Is the proposed contractor a corporation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. a.2 If so, please provide tax identification number.	Tax ID #
1. b. Is the proposed contractor an individual?	Yes <input type="checkbox"/> No <input type="checkbox"/>
1. c.1. Is the person a foreign national? <small>(ADDITIONAL TAX FORMS ARE REQUIRED WHEN CONTRACTING WITH A FOREIGN NATIONAL)</small>	Yes <input type="checkbox"/> No <input type="checkbox"/>
1.c.2. If so, is the person a resident or non-resident alien?	Yes <input type="checkbox"/> No <input type="checkbox"/>
*If the determination indicates an employee, complete and attach an I-9. If the determination indicates a contractor, submit a W-9. These forms can be downloaded from <a href="http://www.irs.ustreas.gov/prod/forms_pubs/forms.html">www.irs.ustreas.gov/prod/forms_pubs/forms.html</a>	

### 2. CONFLICT OF INTEREST

2.a.1. To your knowledge is the contractor a CNM employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.a.2. To your knowledge is the contractor employed by CNM during the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.b. To your knowledge is the person providing services a close relative of a CNM employee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.c. To your knowledge does a CNM employee have a significant financial interest in the firm/person that CNM wishes to contract with?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.d. If the answer to any of questions 2.a.1 through 2.c. is yes, please explain and provide names 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?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Does the proposed worker perform for other clients and solicit work from other clients? Attach brochure, if available	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Is the proposed worker listed in the business pages of the telephone directory?	Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Who is responsible for each of the following business expenses?			
a) rent/utilities	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
b) tools and equipment	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
c) training	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
d) advertising	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
e) payments to business managers and agents	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
f) wages or salaries of assistants	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
g) licensing/ certification/ professional dues	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
h) insurance	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
i) postage and delivery	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
j) repairs and maintenance	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
k) supplies	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
l) travel	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
m) leasing of equipment	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
n) depreciation	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>
o) inventory/Cost of Goods (COGS)	CNM <input type="checkbox"/>	Contractor <input type="checkbox"/>	N/A <input type="checkbox"/>

7.a. Will the worker have unreimbursed costs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.b. If so, what costs will be unreimbursed?	UNREIMBURSED COSTS:
8.a. Will the worker perform the service personally?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.b. Will the worker perform the service with other individuals?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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8.c. If with others, whose employees are they?		
9. Will your department specify or require the following:		
a) When to do the work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Where to do the work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) What tools or equipment to use	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) What workers to hire to assist with the work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) Where to purchase supplies or services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) What work must be performed by a specified individual	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) What routines or patterns must be used	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h) What order or sequence to follow	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Does CNM maintain the right to provide and require the contractor to adhere to detailed instructions?		Yes <input type="checkbox"/> No <input type="checkbox"/>
11.a. Does your department substantially control the detailed method of work?		Yes <input type="checkbox"/> No <input type="checkbox"/>
11.b. Result of work?		Yes <input type="checkbox"/> No <input type="checkbox"/>
11.c. If yes to 11.b., 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?		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>RELATIONSHIP OF THE PARTIES</b>		
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?		Yes <input type="checkbox"/> No <input type="checkbox"/>
15.a. Can CNM terminate the work relationship at will without penalty?		Yes <input type="checkbox"/> No <input type="checkbox"/>
15.b. Can the worker terminate the work relationship at will without penalty?		Yes <input type="checkbox"/> No <input type="checkbox"/>
16.a. Is the service you are requesting a part of the regular business of your area?		Yes <input type="checkbox"/> No <input type="checkbox"/>
16.b. Explain how this does or does not involve your operation.		
17.a. Has your department (or CNM to your knowledge) used this contractor before?		Yes <input type="checkbox"/> No <input type="checkbox"/>
17.b.1. Do you envision using this contractor again?		Yes <input type="checkbox"/> No <input type="checkbox"/>
17.b.2. If yes to 17.b.1, explain how frequently you will use contractor again.		
17.c. If answer to 17.b.1. is yes, identify the total dollar amount you anticipate spending with this vendor.		

DETERMINATION RESULTS: Independent Contractor: Yes  No

\_\_\_\_\_  
TYPED NAME OF PERSON COMPLETING FORM

\_\_\_\_\_  
SIGNATURE OF PERSON COMPLETING FORM

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TYPED NAME CONTROL AGENT

\_\_\_\_\_  
SIGNATURE OF CONTROL AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME OF PERSON MAKING DETERMINATION

\_\_\_\_\_  
SIGNATURE OF PERSON MAKING DETERMINATION

\_\_\_\_\_  
DATE