

George Mason University Employee or Independent Contractor Checklist

This checklist will provide support for classifying an individual as an independent contractor or employee. It should be completed by the department requesting usage of the individual and/or for payment when the total of all payments has exceeded \$250 over the last 12 calendar months. Please note that this form should only be used for individuals and may be attached to the eVA request or submitted with an Honorarium/Payment Request Form to Accounts Payable.

Printed Name:			Title:		Signature:		
•	result in tax	es, intere	ests, and pena	alties being a	lividuals. A departmen essessed by the IRS. I ests, and penalties.		
Based on the above, independent Co	-				of this individual is as act HR to begin the hi		s)
Additional resources a	about classify	ing indivi	duals can be fo	ound here: <u>h</u>	ttp://www.irs.gov/pub/i	rs-pdf/p17	<u>79.pdf</u> .
Certification							
12. If yes to the a	your knowl	edge, is	the individual	related to ar	employee at Mason?		
9. Is the individu							
Relationship of Indiv	idual and l	Mason				Yes	No
7. Type of paym	ent received	d by indiv	∕idual: Mo	onthly H	naterials from Mason? ourly Lump Sum ne last 12 months:		
Financial Control						Yes	No
 Is the person on a regular b 	expected to pasis? tment provi	attend o	departmental/f assignments,	aculty/cente	meetings or trainings and methods by		
3. Will the indivi							
Purchasing/AP. Pleas supervisor and a brie					s name, G#, prior po	sition, de _l	partment,
If Yes to either of the	first two q						
Mason in the 2. If yes to #1, w	last 12 mon vill the indivi rted employ	ths? dual be p	performing se	rvices simila	to an existing or ces for their previous		
Behavioral Control 1. Is the individu	ial a current	Mason	emplovee or h	ave they rec	eived a W-2 from	Yes	No
How was the individual	selected?	Bid	Application	Referral	Former Employee	Other_	<u>.</u>
Service Period: Begin	Date		End Dat	te			
Website:							
Payee/Vendor Name:							