IEEE Independent Contractor Service Provider Questionnaire

INSTRUCTIONS FOR COMPLETION BY THE SERVICE PROVIDER

IEEE requests this information in order to evaluate whether classification as an independent contractor is appropriate under federal and state law. Return your completed questionnaire to the IEEE unit seeking to engage your services.

NOTICE: Service Providers with a tax classification of Corporation or Partnership should follow IEEE's Master Service Agreement process.

First Name:

SECTION 1: NAME, BUSINESS CLASSIFICATION AND ADDRESS OF SERVICE PROVIDER

Social Security Number:		Number: or check box if include	or check box if included in attached W-9 Form				
Federal Employer ID #:		yer ID #: or check box if include	or check box if included in attached W-9 Form				
Dunn	& Bradst	reet Number (if any):					
Busin	ess	Sole Proprietor					
Classification:		Single Owner Limited Liability Company (LLC)					
Busin							
addre	ess:						
Is your Business Address the same as your hon		ss Address the same as your home address?		Yes	No		
SECT	ION 2: G	SENERAL INFORMATION					
2.1	In what state(s) or country(s) are you registered and/or authorized to do business in?						
2.2	Describe	e the services that you and your business provide.					
2.3	-	ou ever an IEEE employee or intern? enter your title, start and end dates, and briefly describe	e your duties:	Yes	No		

Last Name:

Doing Business As Name:

Please provide a business card for your business.

MI:

IEEE Independent Contractor Service Provider Questionnaire

2.4	Have you previously provided services to IEEE as an independent contractor or temporary worker? If "yes", identify the dates of service, the IEEE department/organization you provided the services to, and briefly describe your duties:		No
2.5	Do you have a personal or business relationship with any IEEE director, officer or employee or volunteer? If "Yes", enter name of the person and explain the relationship:	Yes	No
2.6	Do you have Professional Liability Insurance or other Business Insurance? If "Yes", please provide proof of insurance.	Yes	No
2.7	Describe your licensure and training/education applicable to the proposed service Please provide copies of all business licenses held.	es.	
2.8	Do you advertise your services? If "Yes", check all that apply: Professional Directory Publications Facebook Linkedin Own website -enter URL: Other – Please Explain:	Yes	No
2.9	Are you currently employed in addition to providing services as an independent contractor? If "Yes", identify your employer, whether you are full-time or part-time, and generally describe your duties.	Yes	No
	Please attach copies of any employment agreements, including any confidentiality, non-solicitation, or non-competition agreements, to which you are bound.		
2.10	Within the past year, have you had other clients besides IEEE? If "Yes", please identify the number of other clients for which you have provided services and generally describe the services provided:	Yes	No

IEEE Independent Contractor Service Provider Questionnaire

2.11	Do you have employees or do you anticipate engaging subcontractors in connection with the services provided? If "Yes", identify the number of employees/subcontractors and provide a brief description of duties for each.				Yes	No		
2.12	Have you paid all required federal, state and local business and/or self- employment taxes, and all required employment taxes for your employees, if any, in connection with your provisions of services as an independent contractor engaged by other clients?				No			
2.13	Do you possess all the material, supplies, and equipment necessary to perform the services you will provide? If "No", what materials, supplies, or equipment will you require from IEEE in order to perform the services?							
2.14	How do you bill your customers?	Fee For Project	Hourly	Monthly	Quarterly	Ot	her (exp	lain)
2.15	Do you accept of "Yes", which	ot credit card paymenth ones?	nts from you	r clients?			Yes	No

SECTION 3: SERVICE PROVIDER CERTIFICATION

I understand and agree that if IEEE contracts with me as an Independent Contractor, I will not be an employee of IEEE and I will not be eligible for any employee-provided benefits. I will be responsible for all taxes, insurance coverage, and business expenses unless stated otherwise in the contract.

I understand that I am providing information in response to this Questionnaire on which IEEE will rely in determining whether I may be engaged as an independent contractor. I certify that the information I have provided above is complete and accurate.

Signature:	Telephone No
Print Name:	Fax No
Title:	Email:
Date:	