

University of North Carolina Wilmington

INDEPENDENT CONTRACTOR PAYMENT CERTIFICATION

For payment to individuals who perform personal services.

(Approval of Human Resources is required prior to contracting for services.)

Note: An independent contractor has the right to control and direct both the result of the services and the means by which the result is achieved. In other words, the contractor has behavioral control over work performed as well as financial control over how the business aspects of the work activities are conducted. Further, an employer/employee relationship between UNCW and the independent contractor does not exist.

Section I. To be completed by the university department prior to contracting for services.

PERSONAL DATA:

Name: _____ Group Name (if applicable): _____

Social Security #: _____ Federal ID #: _____

Retired State Employee [] Yes [] No

Former UNCW or State Employee Within the Current Calendar Year [] Yes [] No

UNCW Undergraduate Student Employee, Graduate Student Employee,
or Graduate Assistant Within the Current Calendar Year [] Yes [] No

Mailing Address: _____

SERVICE DATA:

Service To Be Provided: _____

Date(s) Service To Be Rendered: _____ Account No. To Be Charged: _____

Requested Fee: \$ _____ * Basis for Fee: (flat rate, daily rate, hourly rate) _____

*** If payment to the individual(s) is \$600 or more, a biographical sketch or statement of qualifications must be attached.
* If payment to the individual(s) is \$2,500 or more, a photocopy of contract approved by Purchasing must also be attached.**

Additional Comments: _____

By signing below, I verify the following:

1. I have no current or prior personal/professional relationship with the above individual(s), **OR** any such relationship is disclosed herein and would not constitute a conflict of interest for the university: _____

2. The individual(s) indicated above will be engaged as an independent contractor to render the described personal services to UNCW. The university does not directly control the method, hours, or results of the services rendered; and the individual(s) indicated is/are not currently an employee of UNCW or the State of North Carolina.

Signature: _____ Dept: _____ Ext. _____ Date: ____/____/____
Department Chair or Director

Signature: _____ Title: _____ Date: ____/____/____
Budget Authority if different from the above (Signature indicates availability of funds for payment.)

Section II. Approval by Human Resources - To be completed prior to contracting for services.

Blanket approval by Human Resources has been received.

_____/____/____ Comments:
Human Resources Approval Date

Human Resources signature indicates approval for the department to extend a commitment to the individual(s).

Section III.

To be completed PRIOR TO SERVICE DELIVERY by the individual performing work:

*I understand that payments are subject to IRS regulations and may be taxable income, subject to 1099 reporting.
Effective January 1, 1998, payments to non-resident (out-of-state) contractors are subject to 4% N. C. withholding tax.*

Signature of Service Provider: _____ Date: ____/____/____

To be completed by the department UPON COMPLETION OF WORK: Approved Fee: \$ _____

Signature of Dept. Chair or Director: _____ Date: ____/____/____

Forward this completed form, along with check request, to the Accounts Payable Manager to initiate payment to the individual.