



Hamilton

Independent Contractor Checklist

Part I Service Provider

Name: _____ DBA: _____ Federal ID#: _____

Part II IRS Common Law Guidelines

Behavioral Control: (check all that apply)	Yes	Employee Classification	No	Independent Contractor Classification
1. Will you provide instruction about when, where, and how the work is to be done?	<input type="checkbox"/>	Complies with the department's instructions.	<input type="checkbox"/>	Determines own schedule, location, and tasks.
2. Will you provide training to the individual?	<input type="checkbox"/>	Trained by Hamilton.	<input type="checkbox"/>	Responsible for own training.
3. Will you require the individual to perform the services personally?	<input type="checkbox"/>	Must be performed personally.	<input type="checkbox"/>	Can be performed by his/her employees or subcontractors.
4. Will Hamilton establish the hours of work?	<input type="checkbox"/>	Hamilton sets the hours.	<input type="checkbox"/>	Responsible for his/her own schedule.
5. Will Hamilton require the services full-time during the duration of the contract?	<input type="checkbox"/>	Hamilton requires full-time commitment.	<input type="checkbox"/>	Can work for others during period of the contract.
6. Will the work be performed on Hamilton's premises?	<input type="checkbox"/>	Performed at Hamilton.	<input type="checkbox"/>	Performed at the individual's place of business.
7. Will Hamilton require progress reports on a regular basis?	<input type="checkbox"/>	Hamilton requires reports.	<input type="checkbox"/>	Reports are not required unless stipulated in contract.

Financial Control: (check all that apply)	Yes	Employee Classification	No	Independent Contractor Classification
8. Will the contract be based on hourly, weekly, or monthly rate?	<input type="checkbox"/>	Hamilton pays on an hourly, weekly, or monthly basis.	<input type="checkbox"/>	Hamilton pays per project.
9. Will Hamilton pay the worker's business and/or traveling expenses?	<input type="checkbox"/>	Hamilton pays the business and traveling expenses.	<input type="checkbox"/>	Responsible for all expenses and can maximize profit by managing costs.
10. Will Hamilton furnish equipment, materials, tools, and/or supplies?	<input type="checkbox"/>	Hamilton furnishes equipment, materials, tools, and/or supplies.	<input type="checkbox"/>	Individual furnishes everything.
11. Is the service provider's office in a home?	<input type="checkbox"/>	Works at home.	<input type="checkbox"/>	Rents office space at fair market value from an unrelated party.

Relationship: (check all that apply)	Yes	Employee Classification	No	Independent Contractor Classification
12. Does the service provider work for one firm at a time?	<input type="checkbox"/>	Works for only one firm at a time.	<input type="checkbox"/>	Performs services for multiple unrelated customers at the same time.
13. Does the service provider make his/her services known to the public primarily through word of mouth?	<input type="checkbox"/>	Makes his/her services known by word of mouth.	<input type="checkbox"/>	Advertises his/her business in publications, yellow pages, web, etc.
14. Does Hamilton have the right to discharge the worker?	<input type="checkbox"/>	Hamilton has the right to discharge.	<input type="checkbox"/>	Cannot be fired if he/she produces a result based on the specifications of the specifications of the contract.
15. Does the individual have the right to end his/her relationship with Hamilton at any time without incurring liability?	<input type="checkbox"/>	The individual can terminate at any time?	<input type="checkbox"/>	The service provider incurs liability for non-delivery.
16. Does Hamilton anticipate a continuing relationship?	<input type="checkbox"/>	Hamilton anticipates a continuing relationship.	<input type="checkbox"/>	A continuing relationship is not anticipated. Projects will be awarded only when the need arises, and will be based on bids and specifications.
17. Will you integrate the worker's services into your daily operations by providing email, an office, and requiring attendance at meetings?	<input type="checkbox"/>	Integrated into unit.	<input type="checkbox"/>	Independent of unit activities.

Part III Signature

Signature: _____ Date: ___/___/_____

Name: _____ Title: _____

Business Office/HR Only:

Emp IC

Initials: _____