

INDEPENDENT CONTRACTOR CHECKLIST

Any Contractor who is an individual, or a company without a separate federal identification number for tax purposes, must answer the questions and sign the form. The Department representative at Great Falls College Montana State University must answer Section B and sign this form. If there are any questions answered "NO," the Department should consult with Personnel and Payroll to determine if the contractor should be hired as an employee rather than independent contractor. This form must be signed prior to executing any Contracted Services Agreement and submitted to the Business Office with the Requisition Order.

Name of proposed independent contractor: _____

Federal Tax ID# _____

SECTION A

1. Contractor signature on this form represents the following: "I certify that the following is true and will comply:

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|---|--|
| a. I provide similar services to other clients and/or businesses. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| b. I engage in entrepreneurial activities in an established trade, occupation or business and am at risk for profit or loss. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| c. I will receive little or no training, supervision, or instruction from Great Falls College MSU, other than conveying the scope of service desired. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| d. I am not a current employee of Great Falls College MSU and have not been an employee of Great Falls College MSU within the last six months. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| e. I will be responsible for determining means and methods to use in performing the services. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| f. I will provide my own supplies, equipment, forms, etc., necessary to perform services, and the cost of these is included in the rate or total fee. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| g. I will maintain worker's compensation coverage or can establish exemption from worker's compensation coverage under MCA Section 39-71-401. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| h. I will set my own priorities on time, amount of effort, and hours of work, to accomplish the services within stated time frame. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| i. I will be paid on the basis of a completed project or in a manner consistent with others in the same trade, occupation, profession or business. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| j. I will comply with all Montana laws including but not limited to the requirements of the Montana Department of Labor and Industry regarding independent contractor exemption certificates. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
2. Provide a detailed explanation of any of the above questions that are answered "no."

Contractor: Printed Name and Signature

Date

SECTION B

I attest that I have reviewed the above checklist and agree that the above person is an independent contractor. Additionally, I have been provided with a copy of a Business License or Independent Contractor License issued by the State of Montana.

GFC MSU Representative: Printed Name and Signature

Date

Web site for application of Independent Contractor Exemption from State of Montana: <http://erd.dli.mt.gov/work-comp-regulations/montana-contractor/applications-and-forms>