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 Montana State University ("MSU") 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 and submitted at the time of Purchase Requisition for purchases of services over $25,000 and signed prior to executing any Contracted Services Agreement and submitted with BPA for purchases of services under $25,000.

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:
   a. I provide similar services to other clients and/or businesses. YES [ ] NO [ ]
   b. I engage in entrepreneurial activities in an established trade, occupation or business and am at risk for profit or loss. YES [ ] NO [ ]
   c. I will receive little or no training, supervision, or instruction from MSU, other than conveying the scope of service desired. YES [ ] NO [ ]
   d. I am not a current employee of MSU and have not been an employee of MSU within the last six months. YES [ ] NO [ ]
   e. I will be responsible for determining means and methods to use in performing the services. YES [ ] NO [ ]
   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 [ ] NO [ ]
   g. I will maintain worker's compensation coverage or can establish exemption from worker's compensation coverage under MCA Section 30-71-401. YES [ ] NO [ ]
   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 [ ] NO [ ]
   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 [ ] NO [ ]
   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. Information regarding this requirement may be found at http://erd.dli.state.mt.us/wcregs/iccu.asp or by contacting Montana Department of Labor and Industry at (406) 444-9029. YES [ ] NO [ ]

2. Provide a detailed explanation of any of the above questions that are answered "no."

Contractor: Printed Name and Signature Date

SECTION B
Is the service being procured also being provided by someone else within your Department, i.e., an MSU employee. YES [ ] NO [ ]

MSU Representative: Printed Name and Signature Date

Web site for application of Independent Contractor Exemption from State of Montana: