

**THE UNIVERSITY OF MONTANA  
INDEPENDENT CONTRACTOR CHECKLIST**

The purpose of the checklist is to assist in the determination between an employee and an independent contractor. Federal and State regulations assume all services are provided by employees and puts the burden of proof on the employer to show that in independent contractor relationship exists.

Business Name (if available)

Contractor's Name

**SECTION A: Answering "YES" indicates an independent contractor. If you answer "no" to any of the following statements but still believe this individual should be an independent contractor, you must provide a detailed explanation supporting your decision.**

The individual/business to perform services:

YES

NO

is engaged in an independently established trade, occupation, profession or business that makes the same services available to other clients and businesses on a regular and consistent basis.

is not a current employee of UM; and was not an employee in the last six months providing a related service.

is providing services which are not similar to those currently being provided or which can be provided by any UM employee(s).

is providing services, which are not performed on a full time, regularly, occurring, or continuing basis at UM.

is free from the UM's control or direction in the performance of the service. UM has the right to control only the outcome, while the individual will be Responsible determining means and methods used to perform services.

is paid on the basis of a completed project or on a basis consistent with other independent contractors in the same trade, occupation, profession or business.

will set priorities on the amount of effort and hours of work, to accomplish the required services within a stated time frame.

is responsible for furnishing the knowledge, space, supplies, equipment and /or tools necessary to perform the service, responsible for covering the expenses associated with the service, and entitled to the resulting profit or loss.

will receive no training, supervision, or instruction from the University, other than conveying the scope of the service desired.

**SECTION B: Answering "YES" to either question requires the contractor to present either a certificate of coverage or exemption from Worker's Compensation. Please contact the Purchasing Department.**

Does the individual providing the service have employees who will be working on this contract?

Do these services require physical labor with exposure to a high incidence of work related accidents?

**SECTION C: For IRS reporting requirements.**

Check One:

The contractor is a U.S. Citizen or permanent resident alien.

The contractor is a non-resident alien with a visa allowing performance of services in the U.S.  
(contact Business Services-Accounts Payable)

I certify to the best of my knowledge that the above information is correct.

Department Name

Phone #

Authorized Signature

Date

**PLEASE CONTACT BUSINESS SERVICES-PURCHASING FOR ASSISTANCE IN COMPLETING THIS CHECKLIST.**