



Independent Contract Agreement / Non-Employee Compensation Form

This form must accompany each request for payment to an individual for honorariums, commissions, fees, lectures, awards or any other fixed and determinable sums which qualify under the Internal Revenue Service's definition of non-employee compensation.

TO BE COMPLETED BY INDIVIDUAL RECEIVING PAYMENT Incomplete Forms Will Be Returned.

Name: _____

Home Address: _____

Social Security#: _____ *Do not use student 901 number*

Phone Number: _____

FOUNDATION USE ONLY

ID: 100 _____

Fund: _____

Inv: 100 _____

Do you receive a paycheck from Marshall University? ☐ YES ☐ NO Position: _____

Do you receive a paycheck from MURC? ☐ YES ☐ NO Position: _____

Do you receive a paycheck from JCESOM or an affiliate? ☐ YES ☐ NO Affiliate: _____

If you answered YES to any of the preceding questions: Are you a student at Marshall University? ☐ YES ☐ NO

To assure the correct information return is filed with the IRS regarding this payment, check one:

- ☐ 1. I am a citizen or national of the United States.
- ☐ 2. I am an alien lawfully admitted for permanent residence. Alien #: A _____
- ☐ 3. I am an alien authorized by the Immigration and Naturalization Service to work in the US. Alien #: A _____
or admission # _____ expiration of employment authorization, if any: _____

I hereby certify that my name, home address and Social Security number are as they appear on the tax information returns I file with the Internal Revenue Service and that I am a citizen of the United States of America or an authorized alien eligible to work in the United States. I understand this compensation will be paid to me in full and no federal, state, FICA or Medicare taxes, Workmen's Compensation or Unemployment Compensation insurance, or other employee-related benefits will be withheld unless I am an employee of one of the organizations above in which case it may be reported to my employer for payroll tax purposes. Further I understand that The Marshall University Foundation Inc. or my employer will file the appropriate information return with the Internal Revenue Service and that I am responsible for reporting this as income on my tax returns.

Signature of Recipient (REQUIRED)

Date

MUST BE COMPLETED BY THE MARSHALL UNIVERSITY SPONSOR:

The purpose of this compensation in the amount of \$ _____ is described in detail below:

I hereby certify the purpose for which this non-employee compensation is being paid has been fulfilled and is now due and payable.

Signature of Sponsor (REQUIRED)

Date