



CLICK HERE
to submit your form

Application for Certification as Independent Contractor

All approvals are required prior to commencement of service

(Form is effective for 12 months from date of applicant's signature. See page 3 for instructions on completing this form)

SECTION I (completed and signed by applicant)

PERSONAL INFORMATION

Full Legal Name (per W-9/W-8): _____

Company Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Make check payable to: _____ Phone number: _____

Select to request a form to establish direct deposit with UNC Wilmington

Residency status for tax purposes (check one): U.S. Citizen Resident Alien Nonresident Alien

Please provide the email address of the UNCW employee who sent you this form: _____

VENDOR INFORMATION

Describe service that is to be provided:

Will services be performed in North Carolina? Yes No

Date(s) of service/performance to

Will this service be provided on an ongoing basis or one time? Ongoing Basis One-Time

Have you worked at UNCW as an independent contractor before? Yes No

If yes, please tell us how:

1. Are you related by marriage, immediate family, or as partners to or live in the same household with a UNCW employee or officer? <i>If yes, tell us the relationship, name, and department:</i>	Yes	No
2. Do you have a business association with a UNCW employee or officer? <i>If yes, tell us the relationship, name & department:</i>	Yes	No
3. Within this calendar year, have you been a UNCW student or student employee?	Yes	No
4. Will you receive a W-2 from an NC state agency or a UNC system school in the current calendar year? <i>If yes, what state agency or university?</i>	Yes	No
5. Do you offer your services to others as part of a trade or business?	Yes	No
6. I will receive little or no training, supervision, or instruction from UNCW other than receiving the scope of services.	Yes	No

7. I set my own priorities, timeline, amount of effort, hours of work, and work independently to accomplish the services within the required time frame.	Yes	No
8. I have made an investment in my own trade or business, which may include obtaining a business EIN from the IRS.	Yes	No
9. I pay for my own business/travel expenses.	Yes	No
10. I provide most of my own tools/supplies/materials.	Yes	No
11. I have my own insurance for work-related injuries.	Yes	No

By signing below, I certify that all the information provided in this application is correct and, if applicable, that I am a vendor in good standing with both state and federal agencies.

I understand and agree:

- Payments I receive are subject to IRS regulations and may be taxable income.
- Payments I receive may be subject to backup withholding and may be reported on tax forms 1099 or 1042-S.
- Payments in excess of \$1,500 may be subject to 4% NC withholding tax.
- I may be subject to a criminal background check.
- If this application is approved, NC General Terms and Conditions shall govern all services.
- I shall hold and save the University, its officers, agents, and employees, harmless from liability of any kind and from any and all claims and losses accruing or resulting to any person, firm, or corporation that may be injured or damaged in the performance of this service.
- I represent and warrant that I shall make no claim of any kind or nature against the University's agents who are involved in the delivery or processing of my services to the University.
- If I am receiving retirement benefits through TSERS, I acknowledge that it is my responsibility to comply with the retirement requirements, and failure to do so may impact my retirement, including suspension of benefits and repayment of benefits received.

This is an application and should not be construed as acceptance of an offer for services.

Signature: _____ Date: _____

SECTION II (completed by UNCW department initiating services)

PAYMENT OPTIONS (Required fields. All costs to UNCW must be listed at the time of application. Estimates acceptable for B, C, & D. Enter "0" if not applicable)		
A.	Service Fee	\$ _____
B.	UNCW Prepaid Lodging	\$ _____
C.	UNCW Prepaid Airfare	\$ _____
D.	Travel Reimbursements	\$ _____
Prepared by:		Department:

Will the vendor have unsupervised contact with students and/or minors? Yes No

If yes, applicant is required to complete a [criminal background check](#). Human Resources must have given approval to begin work prior to services starting.

COMMENTS (optional)

Procedures for engaging services of an Independent Contractor

1. Applicant completes and signs Section I of the PUR 1.40 Application.
2. Applicant has the option of faxing the IRS Form W-9/W-8 to (910) 962-7006 (this is the most secure option), mailing it to UNCW Accounts Payable Office, 601 S. College Road, Wilmington, NC 28403-5903, completing the DocuSign form listed on the [Controller's Office Forms website](#) or emailing it to vendortaxdoc@uncw.edu. W-9/W-8 should not be emailed to the department.
3. Requesting UNCW department completes the PUR1.40 form Section II.
 - a. The Service Fee (Section II, Item "A") is processed through uShop with the PUR 1.40 application attached to the cart.
 - b. All travel payments (Section II, Items "B," "C," and "D") that UNCW will be responsible for will be processed via Chrome River Travel on an expense report with a copy of the PUR 1.40 application attached to the cart. See "[Travel for Independent Contractors](#)." If actual amounts aren't known, estimates should be included.
4. Log in to uShop and click on the Special Processing form for Independent Contractors located in the top row of the home page. Follow the instructions to upload the PUR 1.40 form. The requisition will route through the uShop's workflow to create a purchase order. Services may begin only when the purchase order has been created.
5. Upon completion of services, the uShop receipt is processed, and the invoice is submitted to Accounts Payable. Payment is made on the next available disbursement cycle.

Important Information

- If the applicant is a nonresident alien, contact the Tax Office at (910) 962-2757. Additional information and forms may be required.
- PUR 1.40 Application is effective for 12 months for the approval date if the scope of the service, the need for a background check, or the travel related expenses have not changed. If any of these have changed, a new PUR 1.40 must be created..
- UNCW will pay travel reimbursements to the independent contractor only and not a third party, such as a faculty or staff member on behalf of the independent contractor.
- For services totaling \$25,000 or more, contact Purchasing to draft a Personal Services contract. Attach resume, scope of services, or quote.
- If a JavaScript error occurs, navigate to the Software Center on your device and install "Acrobat – JavaScript."

Need assistance? We're here to help!

Purchasing	Human Resources	Tax	Travel	Sponsored Programs
(910) 962-3190	(910) 962-3160	(910) 962-2757	(910) 962-4217	(910) 962-3810