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| **INSTRUCTIONS** |

New request or  Renewal request. If this is a renewal request, please enter the vendor number here:

Departments that engage workers should submit this form *before* any services are performed or payment requests are processed. Some workers may be exempt from the WCR with the Tax Department. Please check [the list of WCR Exemptions](https://taxdepartment.gwu.edu/sites/g/files/zaxdzs1251/f/downloads/WCR_Exemptions%209.26.17.pdf) before completing this form. For additional information, please visit the [Tax Department web](https://taxdepartment.gwu.edu/worker-classification).

Complete all fields; if necessary, provide additional details and applicable supporting documents. This is a fillable form; **do not complete by hand**. Attach the completed and signed form as a PDF file, include “WCR Request” in the subject line and email to [tax@gwu.edu](mailto:tax@gwu.edu). Note this form is designed to help us analyze the worker’s classification based on [IRS standards](https://www.irs.gov/businesses/small-businesses-self-employed/independent-contractor-self-employed-or-employee).

Effective 2017, this form is no longer used for work to be conducted outside the US. Departments wishing to engage workers to perform services overseas must follow the process outlined on HR's website for [International Hires and Placements](https://hr.gwu.edu/international-hires-and-placements).

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| **WORKER INFORMATION** |

**Last Name:**       **First Name:**       **Middle Name:**       **Disregarded Entity Name (if applicable):**

**Is the above individual a U.S. citizen or permanent resident?**  Yes  No

**GWid (if applicable):       Is the above individual a Current or Former GW Employee**?  Yes  No

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| **GENERAL INFORMATION** | | | | | | | | |
| **1** | **How was the individual selected? (ex. bid, referral, etc.)** | | | | | | | |
|  |  | | | | | | | |
| **2** | **Did the individual perform services for GW in any capacity before providing the services required for this engagement?** | | | | | Yes | | No |
|  | If “Yes,” explain the differences, if any, between the current and prior service. | | | | | | | |
|  |  | | | | | | | |
| **3** | **Are there employees who have performed or are performing the same or similar services?** | | | | | Yes | | No |
| **4** | **Explain why you believe this engagement requires an independent contractor vs. an employee?** | | | | | | | |
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| **5** | **Provide a description of the work that will be performed (provide a copy of the scope of work if applicable).** | | | | | | | |
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| **DEGREE OF BEHAVIORAL CONTROL AND INDEPENDENCE** | | | | | | | | |
| **6** | **What specific training and/or instruction is the individual given by GW personnel?** | | | | | | | |
|  |  | | | | | | | |
| **7** | **Once the scope of work is determined, does GW have the right to further supervise or control how the worker must complete the work (other than general scope)?** | | | | | Yes | | No |
|  | If “Yes,” explain: | | | | | | | |
| **8** | **What types of reports are required from the individual, if any?** | | | | | | | |
|  |  | | | | | | | |
| **9** | **Provide the specific term of service expected (MM/DD/YY to MM/DD/YY). Also, provide an estimate of hours spent per week.** | | | | | | | |
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| **10** | **At what location(s) does the individual perform services? Identify country and state. Indicate the percentage of time spent in each location, if more than one.** | | | | | | | |
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| **11** | **List any meetings the individual is required to attend (ex. project meetings, staff meetings, etc.). Indicate the frequency.** | | | | | | | |
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| **12** | **Does the individual employ others to provide services?** | | | | | Yes | | No |
| **13** | **If substitutes or helpers are needed, who hires them?** | | | | | | | |
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| **14** | **If the individual hires substitutes or helpers, is GW departmental approval required?** | | | | | Yes | | No |
|  | If “Yes,” who is the approver? | | |  | | | | |
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| **DEGREE OF FINANCIAL CONTROL AND INDEPENDENCE** | | | | | | | | |
| **15** | **Type of pay received by individual:** | | | | | | | |
|  | Monthly | Hourly | Lump Sum | | Other (specify): | | | |
| **16** | **What is the total estimated payment amount for the services?** $ | | | | | | | |
| **17** | **Has the individual invested in facilities or equipment to perform the services?** | | | | | Yes | No | |
| **18** | **Will GW provide office space, equipment, or other materials?** | | | | | Yes | No | |
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| **TYPE OF RELATIONSHIP** | | | | | | | | |
| **19** | **Is there a signed letter of agreement or contract for this engagement? If yes, provide a copy.** | | | | | Yes | | No |
| **20** | **Does the individual perform similar services for other clients?** | | | | | Yes | | No |
|  | If “Yes,” is the individual required to get approval from GW? | | | | | Yes | | No |
| **21** | **Provide the individual’s website, if available.** | | | | | | | |
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| **22** | **How does GW represent the individual to its stakeholders (ex. employee, partner, contractor, and consultant)?** | | | | | | | |
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| **SIGNATURES** |

**Requestor (Responsible GW Faculty or Staff) Tax Department Staff**

Signature: Signature:

Print Name:       Print Name:

Title:       Title:

Department:       Date:

Date:       Employee: or Contractor

Email (Department email, if available):       If Contractor: Tax Reporting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_