
Name of Individual Providing Services (Please Print)

	Yes	No
1. I offer to the general public the same type of services that I will perform for Argonne and will continue to do so while working for the Laboratory. For example, I advertise my services in trade or professional journals, newspapers, or magazines, or internet website. Provide and attach a copy of the following:	<input type="checkbox"/>	<input type="checkbox"/>
• Form W-9 (FEIN)	<input type="checkbox"/>	<input type="checkbox"/>
• Previous Form 1099 from other clients;	<input type="checkbox"/>	<input type="checkbox"/>
• Website screen shot;	<input type="checkbox"/>	<input type="checkbox"/>
• Proof of advertising such as ad copies;	<input type="checkbox"/>	<input type="checkbox"/>
• Business cards and stationery	<input type="checkbox"/>	<input type="checkbox"/>
2. In furtherance of my business I retain and compensate other employees. <u>Number of Employees:</u> _____	<input type="checkbox"/>	<input type="checkbox"/>
3. In the execution of the services to be performed under this contract:		
a) I am able to set my own schedule, and am not required by Argonne management to work on specific days.	<input type="checkbox"/>	<input type="checkbox"/>
b) I am able to set my own schedule, and am not required by Argonne management to work during any specific hours.	<input type="checkbox"/>	<input type="checkbox"/>
c) I will not be required to follow detailed instructions or training from Argonne on the method or manner in which I carry out the services to be performed under the contract, and if I perform some of my work at an Argonne facility, the only instruction/training I am required to follow are those relating to safety.	<input type="checkbox"/>	<input type="checkbox"/>
4. In the event the services I provide do not meet the contract requirements (delivery dates or quality of work), the Laboratory may penalize me (such penalty could include, but is not limited to, termination of the contract for default).	<input type="checkbox"/>	<input type="checkbox"/>
5. I will perform the work primarily away from the Argonne site.	<input type="checkbox"/>	<input type="checkbox"/>
6. Under my contract with Argonne, I will bear the cost of:		
a) my own materials, supplies and specialized tools, and will not request or otherwise be reimbursed for such items by Argonne.	<input type="checkbox"/>	<input type="checkbox"/>
b) any travel expenses (including airfare, lodging, meals, taxi, car rental, tolls, or parking) I incur in the performance of this contract, and will not request or otherwise be reimbursed for such expenses by Argonne.	<input type="checkbox"/>	<input type="checkbox"/>
c) the specialized equipment, if any, I will use to perform the contract, and will not request or otherwise be reimbursed for the cost of the purchase or use of such equipment by Argonne. The specialized equipment owned by Argonne that I will use to perform this contract is _____.	<input type="checkbox"/>	<input type="checkbox"/>
d) business liability insurance with respect to the performance of my services, and such insurance covers the services I will be providing Argonne.	<input type="checkbox"/>	<input type="checkbox"/>
7. If I need someone else's expertise or help in performing the contract, I will retain and pay that person(s) or company with the skill set to assist in the delivery of the services, and will not request or otherwise be reimbursed for such expense by Argonne.	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
8. I will be paid a set fee for the accomplishment of this contract, or a set fee per product delivered, rather than by the hour or the day.	<input type="checkbox"/>	<input type="checkbox"/>
9. I am currently providing services similar to those I will provide Argonne to other firms. (provide client list support List)	<input type="checkbox"/>	<input type="checkbox"/>

I certify that I understand all of these questions and have answered them truthfully. I understand that if Argonne determines my worker status to meet the requirements of an independent contractor, my compensation will be reported on a Form 1099-Misc., and that I will be responsible for self-employment taxes, and all other applicable state, local and federal taxes with respect to the performance of my services as a nonemployee. I also understand that as an independent contractor, I expect to receive, and will request only what is specified in my contract with Argonne, and that I am not entitled to any of the rights and benefits provided to Argonne employees.

Individual Signature & Date

I certify that I have reviewed this document and believe the responses provided to be accurate and correct.

Division Director's Signature & Date