

# CONSOLIDATED INTERNATIONAL VISITOR QUESTIONNAIRE

FOREIGN VISITOR QUESTIONNAIRE (FVQ) & INDEPENDENT CONTRACTOR QUESTIONNAIRE (ICQ)

If possible, please type your answers on-screen rather than handwriting responses

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INDEPENDENT CONTRACTOR QUESTIONNAIRE

Name of Business or Individual: \_\_\_\_\_

If Business, Name of Owner(s): \_\_\_\_\_

SSN/ITIN } CE oZ Individual/Business Owner: \_\_\_\_\_ Date(s) of Service: \_\_\_\_\_

Total Contract Amount: \$ \_\_\_\_\_

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YES NO

1. Are you a U.S. Citizen or Permanent Z • ] v \$ v M

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3. Do you plan to become a TTUS employee within the next 12 months?

4. Do you receive CE • š CE š u p e v i s i o n U M E from TTUS other than conveyance of the scope of services desired? ~ X P X U d d h ^ ] u C } • š CE ] š } v • } v Á Z š • μ % o o ] • š } % μ CE Z • U Á Z š š } o • š } μ • U Á Z š } CE CE š } ( E o } Á U CE } o } Á CE š Z % CE } • • • } ( š Z • CE À ] M •

5. Are you being trained by TTUS to perform the i services ( P U ) ? XPX dh p p e v p U g y h e s M •

6. Are you required to perform the services personallyM (e.g., cannot delegate the job to others)

7. Does TTUS hire, supervise, and pay assistants to help you with the services provided?

ô X Are the services being provided to TTUS on a continuing (frequent or long-term) basis?

ô X Do you have the ability to negotiate a mutually agreeable work time v lor date (work schedule)?

1K Have you provided similar services to other unrelated entities OR to the public as a trade or business?

11X Will compensation be paid on an hourly, weekly, monthly, or other regular basis?

12. Does TTUS provide the tools, materials and supplies necessary to complete the work?

13. Can TTUS discharge you for reasons other than non-performance of the contract?

14. Could you face potential financial loss or liability if contract terms are not met?

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT I AM RESPONSIBLE FOR THE PAYMENT DIRECTLY TO THE INTERNAL REVENUE SERVICE FOR ANY TAXES THAT MAY BE APPLICABLE TO THIS INDEPENDENT CONTRACTOR PAYMENT.

Signature of Business Owner/Individual

\_\_\_\_\_ Date

& ] v v ] o Manager I } v š U C E ] š CE š } CE Signature

\_\_\_\_\_ Date

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W C CE p o CE CE À ] •

\_\_\_\_\_ Date

