

INDEPENDENT CONTRACTOR ATTESTATION

Instructions: This form is meant for Independent Contractors who conduct business as an individual, a sole proprietorship, or an LLC that is taxed as a disregarded entity. You will not complete this form if your business is structured for tax purposes as a corporation, partnership, limited liability partnership, or a limited liability company that is taxed as a corporation or partnership.

I attest the following to be true and accurate to my knowledge. I understand that providing fraudulent information may result in the termination of the service agreement with the University of South Florida ("USF").

1. I certify that I can read English and understand the information set forth in this attestation, or if not, have voluntarily provided this attestation statement after obtaining a translation of my choice into my native language.
2. I acknowledge that providing false information may result in my not being eligible to contract with USF in the future and may result in penalties.
3. I hereby certify that in my professional capacity I provide independent consulting work as a sole proprietor or via an LLC that is a disregarded entity for tax purposes. As such:
 - a. I represent myself to the public as being open to perform the same or similar service.
 - b. I provide my own equipment and cover expenses related to the services performed.
 - c. I will control the work in my own manner free from discipline and substantial supervision by USF.
 - d. I set my own schedule and work hours.
 - e. I am not entitled to benefits available to employees of USF such as paid holidays, training, or other employment benefits (medical, dental, etc.).
4. I agree to pay any income taxes or other taxes that I may owe from having received payment from USF to my national or local tax authorities.
5. To the extent permitted by law, I agree to indemnify (reimburse) USF if I am determined not to be an independent contractor under the laws of the country of my citizenship or residence or the country where services are performed.
6. I agree that if I accept employment at USF in the future, I must immediately notify USF Procurement & Payment Services and that failure to report a change in status could have consequences for either my employment or my independent contractor status.

Print Name: _____

E-mail Address: _____

Principle Place of
Employment (if applicable): _____

Signature: _____

Date: _____