

**University Physicians & Surgeons, Inc.**  
**NONEMPLOYEE COMPENSATION/INDEPENDENT CONTRACT AGREEMENT**

This form must accompany each request for payment to an individual for honorariums, fees, lectures, awards, or any other fixed and determinable sums which qualify under the Internal Revenue Service's definition of nonemployee compensation.

TO BE COMPLETED BY INDIVIDUAL RECEIVING PAYMENT

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, & Zip Code)

Soc. Sec. Num. \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

For purposes of assuring the correct information return is filed with the IRS regarding this payment, please check one of the following:

\_\_\_ 1. I am a citizen or national of the United States.

\_\_\_ 2. I am an alien lawfully admitted for permanent residence (Alien Number \_\_\_\_\_).

\_\_\_ 3. I am an alien authorized by the immigration and Naturalization Service to work in the United States (Alien number \_\_\_\_\_ or Admission number \_\_\_\_\_, expiration of employment authorization, if any \_\_\_\_\_).

I hereby certify that my name, home address and Social Security number are as they appear on the tax information returns I file with the Internal Revenue Service and that I am a citizen of the United States of America or an authorized alien eligible to work in the United States. I understand this compensation will be paid to me in full and no federal, state, OASDI or Medicare taxes, Worker's Compensation or Unemployment Insurance, or other employee-related benefits will be withheld. Further, I understand that University Physicians & Surgeons, Inc. will file the appropriate information return with the Internal Revenue Service and that I am responsible for reporting this as income on my tax returns.

\_\_\_\_\_  
Signature of recipient

\_\_\_\_\_  
Date

TO BE COMPLETED BY UP&S DEPARTMENT

The purpose of this non-employee compensation in the amount of \$\_\_\_\_\_ is as follows: (Please provide a brief explanation.)

Event: \_\_\_\_\_ Date: \_\_\_\_\_ Topic: \_\_\_\_\_

I hereby certify that the purpose for which this nonemployee compensation is being paid has been fulfilled and is now due and payable as agreed upon.

\_\_\_\_\_  
CME Dean or Department Chairperson

\_\_\_\_\_  
Date