

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 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 Associate Dean or Department Chairperson

Date