

Faculty: Fill in unchecked portions.
 Indep Contractor: Fill in checked portions.

PAYMENT TO INDEPENDENT CONTRACTOR University of North Carolina at Chapel Hill

| | |
|---|----|
| 1. Name of Independent Contractor: | |
| ✓2. Home Address of Independent Contractor: | |
| | |
| | |
| 3. Complete description of services rendered, including date(s) and where services will occur (for example, where a lecture or workshop will be presented): | |
| | |
| | |
| | |
| | |
| ✓4. Estimated number of hours: | |
| 5. Amount Charged: | \$ |
| 6. Account and/or Promise Number: | |

I understand that I am required to provide on this form my Social Security number so that UNC-Chapel Hill can satisfy its tax obligation under North Carolina and federal laws. Unless I have stricken through this sentence and put my initials beside this sentence, I voluntarily permit UNC-Chapel Hill also to use my Social Security number as a personal identifier for other internal record-keeping and data processing operations of UNC-Chapel Hill.

✓ _____
 Social Security Number of Independent Contractor

✓ _____ / _____
 Signature of Independent Contractor / Date