

THE ART INSTITUTE OF CHICAGO

Acknowledgement of Independent Contractor Status and Substitute W-9

Independent Contractor Name:					
Home Address:					
City:		State:		Zip:	
Home Phone #		EIN/SSN:			
Description of Project to be Completed:					
Date/Term of Service:		Amount to be Paid:	\$		

I acknowledge and understand that any or all services which I perform for the Art Institute of Chicago or the School of the Art Institute (collectively "The Art Institute") shall be pursuant to an independent contractor arrangement and that I am not an employee of the Art Institute. As an independent contractor, I shall have no agency or authority whatsoever, whether expressed or implied or by operation of law. Furthermore, in rendering any services, I shall not be controlled, managed or directed by The Art Institute, its agents or employees.

Due to my status as an independent contractor, I understand and acknowledge that I will be solely responsible for any federal or state taxes that may be required and for any penalties that may arise thereto. For example, I understand that I am responsible for paying the appropriate amount of self-employment taxes that may become due.

Under penalties of perjury, I certify that:

- (1) The number on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because: a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interests or dividends, or (b) the IRS has notified me that I am no longer subject to backup withholding.

Independent Contractor Signature:		Date:	
Department Head Approval:		Date:	
Personnel Approval:		Date:	