

**THE UNIVERSITY OF TENNESSEE FOUNDATION  
REQUEST FOR SPECIAL PAYMENT**

**T-27**

**NOTE: Please read the instructions on the reverse side prior to completing this form.**

**PAYEE INFORMATION**

**HRSF-11**

Choose One:     Independent Contractor        Employee        Company       Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last, First MI or Company Name)

Address: \_\_\_\_\_  
\_\_\_\_\_

Note: : Checks and other information will be mailed to this address.

SSN/FED ID: \_\_\_\_\_

If not a Company:

- Citizen Status:     1 US Citizen  
                           2 Resident Alien  
                           3 Non-Resident Alien

If not U.S. Citizen:

Visa Type: \_\_\_\_\_

Visa Expiration Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

**Complete for Employees Only**

Sex:             1 Male             2 Female

Marital Status:     M Married        S Single

Birthdate:        /        /         
                          MO        DAY        YEAR

- Race:             1 Caucasian  
                           2 American Indian or Alaskan Native  
                           3 Black  
                           4 Hispanic  
                           5 Asian or Pacific Islander

**PAYMENT INFORMATION**

DV No.: \_\_\_\_\_  
\*For Business Office Use Only

**HRPA-11**

Description of Services Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Service: \_\_\_\_\_

Contract Date: From \_\_\_\_\_ To: \_\_\_\_\_ Purchase Order No.: \_\_\_\_\_

Hour/Day/Week: \_\_\_\_\_ X Rate: \_\_\_\_\_ = Amount to Pay: \_\_\_\_\_

**CHECK STUB INFORMATION**

Description of Services	Amount	Cost Ctr/WBS No. To Be Charged	G/L Acct.	Amount

Max. 15 characters per line

**APPROVALS:** I hereby certify that, to the best of my knowledge, the above described services have been rendered and it is proper for the Foundation to make payment.

SIGNATURE                      DATE

SIGNATURE                      DATE

SIGNATURE                      DATE

SIGNATURE                      DATE

**EMPLOYEE OR INDEPENDENT CONTRACTOR?**

The T-27 form will continue to be used to request special payments for goods or services that fall within the guidelines of Fiscal Policy 5.16.

Individuals who provide a service to the Foundation must be classified as either an **Independent Contractor** or an **Employee**. To determine if a worker is an employee or independent contractor, the Foundation must apply the Internal Revenue common law test of control. Under this test, if the Foundation has the right to control and direct what a worker does and how he/she does it, an employee relationship exists. If there is **no control**, the worker can be classified as an independent contractor.

**INDIVIDUALS CLASSIFIED AS INDEPENDENT CONTRACTORS**

If an individual meets all of the following conditions, he/she may be classified as an independent contractor:

- The Foundation controls only the results of the work, not how it gets done.
- The individual assumes a business risk (assumes all expenses for personnel, equipment and materials) as a result of this association with the Foundation.
- The Individual is responsible for paying and reporting applicable self-employment tax.
- The individual is free to complete the assigned task without control or direction from the Foundation.
- The individual's association with the Foundation normally ceases upon completion of a specified project.
- The individual is free to work for other entities.
- The individual has declared himself/herself to be an independent contractor when providing similar services to the general public.

**Department Head's Certification: I hereby certify that the individual identified on the front of this form meets all the conditions stated above and is properly classified as an independent contractor.**

\_\_\_\_\_  
Authorization Signature

\_\_\_\_\_  
Date

If an independent contractor is not a U.S. citizen, a copy (front and back) of his/her I-94 or I-20 form must be obtained and attached to this T-27 form. Non-U.S. citizens are required by the U.S. Federal government to have these documents in their possession.

**INDIVIDUALS CLASSIFIED AS EMPLOYEES**

If the individual does not meet the guidelines shown above, he/she must be classified as an employee. The W-4 form provided below must be completed and signed by the individual. Additionally, an I-9 form must be completed and submitted with the T-27 form. If the individual is a non-resident alien, a copy (front and back) of his/her I-94 or I-20 form must accompany this T-27 form. If a non-resident alien qualifies for exemption under a tax treaty, an IRS form 8233 must accompany the T-27 form. Non-resident aliens claiming "resident" status must complete an IRS form 1078. Forms and further explanation regarding non-residents are available at the Payroll Office.

The University of Tennessee Foundation

**EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

EIN 62-1877686

**FORM W-4**

2. SOCIAL SECURITY NUMBER	1. LAST NAME	FIRST NAME	MI	RESPONSIBLE ACCOUNT NO
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTRY
				HOME TELEPHONE

Name Change

Previous Name \_\_\_\_\_

I am paid:  Monthly  Biweekly

3. Tax Marital Status:  Single  Married  Married, but withhold at higher Single Rate  
**Note:** If married, but legally separated, or spouse is a non-resident alien, check the "Single" block"

4. If your last name differs from that on your social security card, check here  and call 1-800-772-1213 for more information

5. Total Number of Allowances you are claiming .....

6. Additional amount, if any, you want deducted from each pay (Including longevity and summer school pay) ..... \$ ..... 00

7. I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:

- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
  - This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability; **AND**
  - This year if my income exceeds \$600 and includes nonwage income, another person cannot claim me as a dependent.
- If you meet all the above conditions, enter "EXEMPT" here.  YES  NO
- If you entered "EXEMPT", are you a full-time student? (Full-time students are **NOT** automatically exempt) .....  YES  NO

Payroll Office Use	
Entrex No.	HRPC2
FWT CODE	
Marital Status	
No. Of Exempt.	
EIC CODE	
Add W/H Tax	

Year 19	<input type="text"/>
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Rev. 12/92

**NOTE:** The University of Tennessee Foundation must send to IRS any W-4 claiming more than 10 withholding allowances or claiming exemption from withholding if wages are expected to normally exceed \$200 per week (\$10,400 per year).

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

(Date) \_\_\_\_\_, 19\_\_\_\_ Employee's signature \_\_\_\_\_