CGO Account No.	

BALL STATE UNIVERSITY CONTRACTS AND GRANTS OFFICE

INDEPENDENT CONTRACTOR DATA FORM

If you have not previously completed this "Independent Contractor Data Form" or if your information has changed since the last form submitted, please complete and return this form (and any attachments as indicated below) along with the enclosed Independent Contractor Agreement. The information on this form is required in order for Ball State University to issue payments.

Independent Contractor	Name:	
Legal Name of Busines	ss:	
Mailing Address:		
Tax Identification No. (Enclose a completed)	Soc. Sec. No.:	
Preferred Phone No	Secondary Phone No	
Fax No.	E-mail Address:	
Citizenship Status.	•	
(Check One)	Resident Alien (Attach copy of Alien Registration Card/Green Card)	
	Nonresident Alien: Visa Type(Attach a copy of Form I-94)	
	Country of Residence	
Business Type:	☐ Small Business ☐ Woman-Owned Business	
	Minority-Owned Business (Specify:)	
INDEPENDENT CO	NTRACTOR CERTIFICATION:	
	nation provided on this form is correct and that any attachments (as indicated understand that Ball State University is unable to issue payment to me without ents.	
(Independent Contractor	Signature) (Date)	
Checklist:	Before returning this form, please check the following items that need to be enclosed: W-9 Form Enclosed W-9 Form Already On File With BSU Alien Registration Card/Green Card Form I-94 for Nonresident Aliens	