

Information:

Drawer: Finance

Number: **** Other Redaction ****

Name: **** Other Redaction ****

Invoice Number: C910210

Invoice Date:

PO Number:

Check Number: E0085107

Check Amount: \$ 675.00

Check Date: 06/16/2021

Voucher Number: V0686962

AP Type: IM Invoices < \$15,000

Redaction Type: Other

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted

College of DuPage Independent Contractor * Agreement

(Not to be used for contracts in excess of \$5,000.00)

* After final approver signs the completed form, send to invoicing@cod.edu

VENDOR NUMBER

1626220

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
06	10	2637	5309001	675.00

APPROVED-Supervisor, Purchasing

DATE

6/4/2021

**AGREEMENT APPROVED
JOYCE SEKERKA 6.15.21**

PART I. Complete PRIOR to performance of contractual services.

1626220

Name Peter Wujcik Tax ID #/S.S.# [REDACTED]
(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM)

Phone Number (773) 904-0121

(Be college employee ONLY be paid as an independent contractor.)

Street 4242 N Sheridan Rd APT 313

City, State, Zip Code Chicago, IL 60630

Agrees to perform on February 11, 2021 May 6, 2021 the following services for the College of DuPage:
DATE(S)

Will set up and participate in a set of targeted real-world role plays with students in the interpreting capstone class at a rate of \$25/hour for a maximum of 30 hours this semester, dependent on student and other facilitator availability. At the end of the semester, the facilitator will need to submit an invoice with the dates and hours of actual work. The facilitator will be paid up to \$750 this semester. Amount may be adjusted down at the end depending on hours worked.

If additional space is needed, please continue description of services on separate pages and attach to this form.

The sum of \$675.00 will be paid to the independent contractor upon completion of the services. The contractor will be responsible for all taxes related to income from the above services. The contractor understands that he/she is self employed and must carry at his/her own cost any insurance coverage such as workers compensation, medical, property & liability including auto related to the above mentioned services.

This is a "work for hire" agreement. All rights to materials produced or products from services rendered are property of College of DuPage in perpetuity.

The contractor agrees to hold College of DuPage, its Trustees, officers, directors, agents, successors and assigns, harmless from and against all losses, damages, injuries, claims demands, and expenses, including attorneys' fees, which may arise during performance of this agreement.

☒ I have read Board Procedure #15-165 and have determined that the individual on this agreement meets the definition of an independent contractor.

Sandra Martins
DEPARTMENT AUTHORIZED SIGNATOR

02/05/2021
DATE

All independent contractors must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988.
(Must Check One)

☒ I certify that I am not in default on an educational loan guaranteed by the State in the amount of \$600.00 or more.

☐ I certify that I am in default on an educational loan guaranteed by the State in the amount of \$600.00 or more and I agree to make arrangements for repayment of this loan with the maker or guarantor within six months from the date of this contract.

I agree with the terms stated above and certify that I have received a copy of the contractual agreement.

SIGNATURE OF INDEPENDENT CONTRACTOR

Peter Wujcik

DATE

2/5/2021

PART II. Complete AFTER performance of contractual services.

Authorized Signator certifies that the contractual services described in Part I above were completed satisfactorily and authorizes payment in full. (Payment is to be made only after completion of the contractual service.)

Sandra Martins
COLLEGE AUTHORIZED SIGNATURE

DATE

5/28/21

COUNTER SIGNATOR (OPTIONAL)

jonita ellis
DATE

*See board policy, procedures and instructions on next page.
(This agreement is VOID if amount exceeds \$5,000.00)

Peter Wujcik - Invoice for Spring 2021 (ASLI Facilitator)

Date	Deaf	Hearing	Interpreter	Student 1	Student 2	Number of Hours
	11-Feb					
6pm-7pm						
7:30pm-8:30pm						2
	18-Feb					
6pm-7pm						
7:30pm-8:30pm						2
	25-Feb					
6pm-7pm						
7:30pm-8:30pm						2
	4-Mar					
6pm-7pm						
7:30pm-8:30pm						2
	11-Mar					
6pm-7pm						
7:30pm-8:30pm						2
	18-Mar					
6pm-7pm						
7:30pm-8:30pm						2
	25-Mar					
6pm-7pm						
7:30pm-8:30pm						2
	8-Apr					
6pm-7pm						
7:30pm-8:30pm						2
	15-Apr					
6pm-7pm						
7:30pm-8:30pm						2
	22-Apr					
6pm-7pm						
7:30pm-8:30pm						2
	29-Apr					
6pm-7pm						
7:30pm-8:30pm						2
	6-May					
6:00pm-7:30pm						
7:30-9						3
	13-May					
6pm-7pm						
7:30pm-8:30pm						2
						27
						675.00

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Peter Wujcik

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) P

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 1

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
4242 N Sheridan Rd #313

6 City, state, and ZIP code
Chicago, IL 60613

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person

Peter C Wujcik

Date

2/5/2021

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

From: Barrios, Isabel <barriosi142@cod.edu>
Sent: Fri Jun 04 12:26:39 CDT 2021
To: invoicing@cod.edu
CC:
Subject: FW: Attached Document

-----Original Message-----

From: Baymon, Tiana
Sent: Friday, June 4, 2021 12:25 PM
To: Barrios, Isabel
Subject: RE: Attached Document

Hi Isabel,

I apologize that this wasn't correct. The amounts have been updated. The agreement also states that the amount may be adjusted down depending on actual hours worked.

Please let me know if you need anything else.

Best,

Tiana Baymon
Grant Accountant
College of DuPage
425 Fawell Blvd. | SRC 2130 | Glen Ellyn, IL 60137-6599
Phone: 630.942.2673 | Fax: 630.942.2297 | baymont@cod.edu

-----Original Message-----

From: Barrios, Isabel
Sent: Friday, June 4, 2021 11:52 AM
To: Baymon, Tiana
Subject: Attached Document

Good morning Tiana,
Please see attached ICA. Joyce Sekerka did not approve for processing. Please see her notes and resubmit.

Thanks.

[attachment: Independent Contractor Agreement-ASLI-Wujcik.pdf]