

Information:

Drawer: Finance

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

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

Invoice Number: C086943

Invoice Date:

PO Number:

Check Number: 0230017

Check Amount: \$ 425.00

Check Date: 01/17/2018

Voucher Number: V0491285

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

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EMPLOYEES

Welcome Molly!

Voucher

Voucher Number V0491285
Voucher Amount \$425.00
Vendor ID and/or Name 1540043 Sarah E. Johansen

Voucher Status In Progress (Unfinished) AP Type IM Invoices < \$15,000
Voucher Date 01/12/18 Voucher Maintenance Date 01/12/18 Due Date 01/12/18
Invoice Number IC-086943 Invoice Date 01/12/18
Check/Transaction Number Paid Date

Created from Document

| Item Description | Vendor Item | Quantity | Unit of Issue | Price | Extended Price | GL Distribution | Invoice Number | Tax Codes | Tax Info | Comments |
|--------------------------|-------------|----------|---------------|----------|----------------|-------------------------------------------------------------------------------|----------------|-----------|---------------|----------|
| Chorus/Soloist, New Phil | | 1.000 | | 425.0000 | 425.00 | 05-60-11701-5309001 AUX New Philharmonic/DOT : Other Contractual Services Exp | IC-086943 | | 1099MI NEC IL | |

Comments

WARNING: All line items on this document have been populated with default tax form information from the chosen vendor.

Chorus/Soloist, New Phil La Traviata
01/27-28/18
63 Chorus NP18_TRAVIAT (\$225)
75 Soloist NP18_TRAVIAT (\$200)

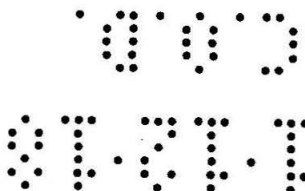
Approval Date Next Approval

Sarah E. Johansen

OK

01/12/18

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Junokas, Molly

From: Sarah Thompson Johansen <sarahthompson soprano@gmail.com>
Sent: Wednesday, January 10, 2018 2:08 PM
To: Junokas, Molly
Subject: Re: Payroll for La Traviata at the MAC

Hello Molly,

Yes, I am an independent contractor - thanks!

Best,
Sarah Thompson Johansen

Sarah Thompson Johansen, Soprano

www.sarahthompsonjohansen.com

(515) 293-0035

On Wed, Jan 10, 2018 at 10:30 AM, Junokas, Molly <junokasm@cod.edu> wrote:

Good morning!

I am emailing on behalf of the McAninch Arts Center, College of DuPage about your involvement in the New Philharmonic Orchestra's production of *La Traviata*. In order to process your payment for this work, we need to determine whether or not you are an Independent Contractor. An Independent Contractor runs a business and reports this income/these expenses at tax time using 1099 tax forms.

At the College of DuPage, payroll is processed differently for different classifications of employees, and you may have to fill out some additional paperwork if you are not a Contractor. The sooner you provide this information, the sooner we can process payroll.

Please respond and indicate one of the following:

1.) YES, I am an Independent Contractor, and receive 1099s for tax purposes from other companies for the type of work that I am doing for *La Traviata*.

2.) NO, I am not an Independent Contractor. For my taxes, I only receive W2s for any work that I do.

If you are unsure about your answer, please feel free to call me or Ellen McGowan at 630-942-3009.

Thank you!

Molly Junokas

Assistant Business Manager

McAninch Arts Center

630-942-3042 | junokasm@cod.edu

COD

1-15-19

REC'D

VOUCHER # V0491285

| | | | | |
|---------------------------------|----------|----------------------------------|---------|-------------------------|
| VENDOR NUMBER 1540043 | | AGREEMENT NUMBER: C086943 | | |
| ACCOUNT NUMBER/AMOUNT | | | | |
| FUND | FUNCTION | DEPARTMENT | OBJECT | AMOUNT |
| 05 | 60 | 11701 | 5309001 | 225.00 |
| 05 | 60 | 11701 | 5309001 | 200.00 |
| APPROVED-Supervisor, Purchasing | | | | DATE 01/12/18 |

*** Independent Contractor Agreement**

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

NP18-TRAVIAT
63
75

W9 1/2/18 *(EU)*

PART I. Complete PRIOR to performance of contractual services.

Name SARAH THOMPSON JOHANSEN Tax I.D. #/S.S. # [REDACTED] **X**
(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM).

Phone Number (55) 293-0035 **X** (No college employee may be paid as an independent contractor.)

Street 4814 N. CLARK ST. UNIT 505

City, State, Zip Code CHICAGO, I L. 60640

Agrees to perform on SATURDAY, JAN 27, 2018 AT 7³⁰ PM the following services for the College of DuPage:
AND SUNDAY, JAN. 28, 2018 AT 3 PM "LA TRAVIATA" CHORUS MEMBER
REHEARSAL SCHEDULE UNDER SEPARATE COVER - SUNG IN ITALIAN - FEE
\$225.00 FOR CHORUS. FEE FOR AMINA COVER \$200.00

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

The sum of \$ 425.00 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

This is a "work for hire" agreement. All rights to materials produced or products from services

Please hold check for pickup by
Ellen McGowan (x3009).

The contractor agrees to hold College of DuPage, its Trustees, officers, directors, agents, successors, damages, injuries, claims demands, and expenses, including attorneys' fees, which ma

Need by: 01/19/18
Thank you!

☒ I have read Board Procedure #15-465 and have determined that the individual on this agreement meets the definition of an independent contractor.

Ellen McGowan
DEPARTMENT AUTHORIZED SIGNATOR

12/4/17
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.

Sarah Thompson Johansen
SIGNATURE OF INDEPENDENT CONTRACTOR

10-9-2017

DATE

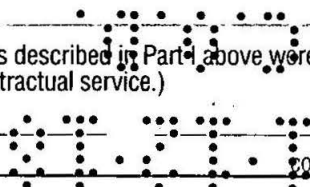
PART II. Complete AFTER performance of contractual services.

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.)

Ellen McGowan

COLLEGE AUTHORIZED SIGNATURE

DATE



COUNTER SIGNATOR (OPTIONAL)

DATE

~~MUST HAVE CHECK~~ *See board policy, procedures and instructions on reverse side.
(This agreement is VOID if amount exceeds \$5,000.00)

~~FOR PERFORMANCE~~ Original forward to Accounts Payable; Blue, Purchasing Dept.; Yellow, Signator; Pink, Contractor

NTGHT-1-01-27-18



Independent Contractors

I. Board Policy #15-465

Employee vs. Independent Contractor

The Board recognizes the need for and will compensate for personal services in accordance with the following criteria:

1. Individuals who offer their services to the public as a normal part of their business will be considered independent contractors.
2. Any person who is already an employee of the college cannot also be considered an independent contractor by the College of DuPage except for payments under intellectual property rights (Board Policy #15-195).
3. All other individuals under the direction of the college and paid by the college will be hired as employees through established procedures and paid through the payroll system.

II. Board Procedure for Policy #15-465

Agreements with independent contractors for services of \$5,000 or less will be arranged through use of an Independent Contractor Agreement. The Independent Contractor Agreement also serves as a requisition and requires proper budget accounts and approvals.

Agreements with independent contractors in excess of \$5,000 will be arranged through the use of an individualized contractual agreement. The development of the contract will be through the office of the Vice President of Administrative Affairs. A purchase order requisition must accompany the contractual agreement.

Only one payment is to be made for independent contractor services. This single payment will be made only after the completion of the contractual services.

Agreements with regular college employees for additional compensated services will be arranged through the appropriate college offices through the payroll system except for payments under intellectual property rights (Board Policy #15-195).

III. Instructions For Completion of Independent Contractor Agreement

A. PRIOR to Performance of Services

Complete Part I of the Agreement:

1. The attached FORM W-9 must be fully completed, signed, dated and returned with the Independent Contract Form in order for payment to be made.
2. Be sure that all applicable parts of the form are filled in; Obtain authorizations.
3. Always provide contractor with a copy of the agreement.

Wait to distribute other copies until after completion of Part II.

Payment will not be made unless contractor's original signature in ink appears on the agreement. Payment is to be made only after completion of the contractual service.

B. AFTER Performance of Services

Complete Part II of the Agreement:

1. College Authorized Signator must sign to indicate department's acknowledgement of satisfactory completion of contractual services.
2. Submit form to Purchasing Department, which will then begin processing and will forward to Accounts Payable for payment.
3. Independent contractors whose annual total payments equal or exceed \$600 in a calendar year or as directed by the Internal Revenue Service will be issued a Form 1099-MISC showing this total. A copy to the 1099-MISC will be forwarded to the Federal Government as required.

REC'D

1540043

01/17/2018

0230017

C086943

V0491285

Chorus/Soloist, New Phil

0560117015309001

425.00

[Handwritten signature and date]

Ellen M. Loran
1/26/18

425.00

0230017

PAY ONLY FOUR HUNDRED TWENTY FIVE AND 00/100 DOLLARS

01/17/2018

\$*****425.00

Sarah E. Johansen
4814 N Clark St, Unit 505
Chicago IL 60640