

Information:

Drawer: Finance

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

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

Invoice Number: C910105

Invoice Date:

PO Number:

Check Number: 0278980

Check Amount: \$ 600.00

Check Date: 04/13/2021

Voucher Number: V0666189

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

-----  
From: Burns, Paula <burnsp@cod.edu>  
Sent: Fri Mar 19 15:55:12 CDT 2021  
To: invoicing@cod.edu  
CC:  
Subject: P Aguirre-Serrano Independent contractor form  
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Hello,

Please process the attached Independent Contractor form for Paola Aguirre Serrano.

Thank you.

Paula

Paula Burns  
Administrative Assistant  
College of DuPage  
Arts, Communication, and Hospitality Division  
425 Fawell Blvd.  
Glen Ellyn IL 60137  
burnsp@cod.edu  
630-942-4209

[attachment: Aguirre-Serrano ICF 3-19-21.pdf]  
[attachment: W9-AGUIRRE\_MAR 2021.pdf]

**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](mailto:invoicing@cod.edu).

**AGREEMENT APPROVED**  
**JOYCE SEKERKA 3.26.21**

VENDOR NUMBER 1627699			
ACCOUNT NUMBER/AMOUNT			
FUND 01	FUNCTION 20	DEPARTMENT 00423	OBJECT 5309004
APPROVED-Supervisor, Purchasing			AMOUNT \$600
DATE			

**PART I. Complete PRIOR to performance of contractual services.**

Name PAOLA DENISSEAGUIRRE SERRANO Tax I.D. #/S.S. # [REDACTED]  
(THIS NAME SHOULD BE THE SAME NAME THAT APPEARS ON LINE 1 OF THE W-9 FORM.)  
Phone Number (617) 818-7251 (No college employee may be paid as an independent contractor.)  
Street 221 E CULLERTON ST #APT 714  
City, State, Zip Code CHICAGO, IL 60616  
Agrees to perform on 3/4/21, 3/17/21 the following services for the College of DuPage:  
DATE (S)

Visiting Artist Series  
Pre-recording 3/4/21  
Lecture Presentation 3/17/21

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

The sum of \$ 600.00 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 #15-465 and have determined that the individual on this agreement meets the definition of an independent contractor.

Anthony Ramos 3/1/21  
DEPARTMENT AUTHORIZED SIGNATOR 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

[Signature]

DATE

03/06/2021

**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.)

Anthony Ramos  
COLLEGE AUTHORIZED SIGNATURE

DATE

3/19/21

COUNTER SIGNATOR (OPTIONAL)

DATE

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

# Request for Taxpayer Identification Number and Certification

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

► Go to [www.irs.gov/FormW9](http://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.

2  
3  
4  
5  
6  
7  
Print or type.  
See Specific Instructions on page 3.

## Part I

Enter your  
backup withholding  
resident  
entities,  
TIN, later

Note: If  
Number

## Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ►

Date ► MARCH 6, 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](http://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.