

Information:

Drawer: Finance

Number: **** FERPA Redaction ****

Name: **** FERPA Redaction ****

Invoice Number: C089492

Invoice Date:

PO Number:

Check Number: 0281805

Check Amount: \$ 600.00

Check Date: 06/08/2021

Voucher Number: V0684364

AP Type: IM Invoices < \$15,000

Redaction Type: FERPA

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted

*** Independent Contractor Agreement**

(Not to be used for contracts in excess of \$1,000.00)

**AGREEMENT APPROVED
JOYCE SEKERKA 6.3.21
RECORDED SESSIONS**

VENDOR NUMBER 0037209		AGREEMENT NUMBER: C089492		
ACCOUNT NUMBER/AMOUNT				
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	90	00829	5309001	300⁰⁰
APPROVED—Supervisor, Purchasing				DATE / /

PART I. Complete PRIOR to performance of contractual services.

Name _____ (THIS NAME IS FOR THE CONTRACTOR'S FORM). Tax I.D. # **(S)** # _____

Phone Number _____ (No college employee may be paid as an independent contractor.)

Street _____

City, State, Zip Code _____

Agrees to perform on _____ the following services for the College of DuPage:

Three pre-recorded "When Jazz Was King" radio programs - 3 @ \$100 = \$300⁰⁰
 DATE(S) 5/15, 5/22 & 5/29
 Pre-Recorded Audio Programming

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

The sum of \$ **300⁰⁰** 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.


 DEPARTMENT AUTHORIZED SIGNATOR

5/12/21
 DATE

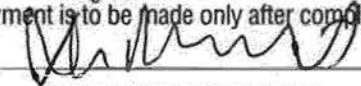
All independent contractors must also certify below regarding the status of any educational loans as required by state law effective January 1, 1988.
 (Must Check One)

- ☒ 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.

_____ by of the contractual agreement.
5-5-21
 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.)


 COLLEGE AUTHORIZED SIGNATURE

DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

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

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

Request for Taxpayer Identification Number and Certification

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

ne; do not leave this line blank.

Print or type
See Specific instructions on page 2.

3 Check appropriate box for federal tax classification; 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) ▶ _____
- Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
- ☐ Other (see instructions) ▶ _____

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

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

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

Requester's name and address (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 a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

OR

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 on page 2.

Sign
Here

Sign
U.S.

Date ▶

5-5-21

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

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?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form, (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

From: Pallasch, Irene <pallasch@cod.edu>
Sent: Wed May 12 17:30:40 CDT 2021
To: invoicing@cod.edu
CC:
Subject: PAY: [REDACTED] - IC89492 - \$300

Hi Isabel,
Please PAY the attached IC for [REDACTED] for WDCB:

[REDACTED] VN#0037209
CO#89492, dated 5/12/21
GL# 05-90-00829-5309001
\$300

Thanks, Irene
Irene Pallasch
Administrative Assistant
90.9FM WDCB Public Radio
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
630.942.4295
pallasch@cod.edu

[attachment: message.eml]
[attachment: [REDACTED] - CO89492 - \$300.pdf]

From: "Bindert, Daniel" <bindertd@cod.edu>
To: "Pallasch, Irene" <pallasch@cod.edu>
Subject: Winograd W9
Date: Wed, 12 May 2021 18:42:20 +0000
Message-ID: <c52b88a7bfb94884b859cb174d0dc3a8@cod.edu>
Attachments: [REDACTED] V9_001.pdf

From: Bindert, Daniel <bindertd@cod.edu>
Sent: Wednesday, May 12, 2021 1:39 PM
To: Bindert, Daniel <bindertd@cod.edu>
Subject: Attached Image

Information:

Drawer: Finance

Number: **** FERPA Redaction ****

Name: **** FERPA Redaction ****

Invoice Number: C089493

Invoice Date:

PO Number:

Check Number: 0281805

Check Amount: \$ 600.00

Check Date: 06/08/2021

Voucher Number: V0684368

AP Type: IM Invoices < \$15,000

Redaction Type: FERPA

Document Type: Independent Contractor Agreement

Document Below

Note: Parts of the image below may have been redacted

**AGREEMENT APPROVED
JOYCE SEKERKA 6.3.21**

VENDOR NUMBER

0087209

AGREEMENT
NUMBER:

C089493

ACCOUNT NUMBER/AMOUNT

FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	90	60829	5309001	\$300 ⁰⁰
APPROVED-Supervisor, Purchasing				DATE / /

* Independent Contractor Agreement

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

PART I. Complete PRIOR to performance of contractual services.

Name

Tax I.D. # (S.S.)#

Phone Number

No college employee may be paid as an independent contractor.)

Street

City, State, Zip Code

Agrees to perform on _____ the following services for the College of DuPage:

DATE(S)

Three pre-recorded "When Jazz Was King" programs for air on WDCB.

PRE-RECORDED AUDIO PROGRAMMING 3 @ \$100 = \$300⁰⁰

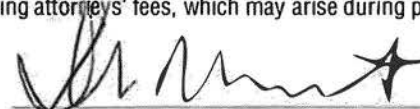
If additional space is needed, please continue description of services on separate pages and attach to this form.

The sum of \$ 300⁰⁰ 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.


DEPARTMENT AUTHORIZED SIGNATOR

5/24/21
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)

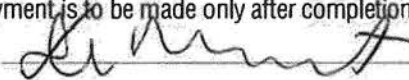
- ☒ I certify that I am not in default on an educational loan guaranteed by the State in the amount of \$600.00 or more.
- ☐ I certify that I am in default on an educational loan guaranteed by the State in the amount of \$600.00 or more and I agree to make arrangements for repayment of this loan with the maker or guarantor within six months from the date of this contract.

the contractual agreement.

5-25-21
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.)


COLLEGE AUTHORIZED SIGNATURE

DATE

COUNTER SIGNATOR (OPTIONAL)

DATE

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

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

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
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Do not leave this line blank.

Print or type
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- ☒ Individual/sole proprietor or single-member LLC
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶ _____
- ☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate

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

Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

Requester's name and address (optional)

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3. I am a U.S. citizen or other U.S. person (defined below); and
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Date ▶ 5-25-21

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3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
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From: Pallasch, Irene <pallasch@cod.edu>
Sent: Thu May 27 14:29:58 CDT 2021
To: invoicing@cod.edu
CC:
Subject: PAY: [REDACTED] IC89493 - \$300 - 5/27/21

Hi Isabel,
Please pay the attached IC for WDCB:

[REDACTED] VN# 0037209
CO#89493, dated 5/27/21
GL# 05-90-00829-5309001
\$300

Thanks! Irene

Irene Pallasch
Administrative Assistant
90.9FM WDCB Public Radio
College of DuPage
425 Fawell Boulevard
Glen Ellyn, IL 60137
630.942.4295
pallasch@cod.edu

[attachment "[REDACTED] - CO89493 - \$300.pdf"]
[attachment "[REDACTED] W9.pdf"]