

Information:

Drawer: Finance

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

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

Invoice Number: C089494

Invoice Date:

PO Number:

Check Number: 0282273

Check Amount: \$ 1,200.00

Check Date: 06/22/2021

Voucher Number: V0687860

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: Pallasch, Irene <pallasch@cod.edu>
Sent: Thu May 27 14:50:02 CDT 2021
To: invoicing@cod.edu
CC:
Subject: PAY: Gregory Easterling - CO89494 - \$1200 - 5-27-21

Hi MariVic,
Please pay the attached IC for Gregory Easterling for WDCB:

Gregory Easterling – VN#1214055
CO#89494, dated 5-26-21
GL# 05-90-00829-5309001
\$1200

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: Gregory Easterling - CO89494 - \$1200 - 5-27-21.pdf]
[attachment: Gregory Easterling - W9 5-27-21.pdf]

*** Independent Contractor Agreement**

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

ACCOUNT NUMBER/AMOUNT		AGREEMENT NUMBER: C089494		
FUND	FUNCTION	DEPARTMENT	OBJECT	AMOUNT
05	90	00829	5309001	\$1200-
APPROVED-Supervisor, Purchasing				DATE / /

**AGREEMENT APPROVED
JOYCE SEKERKA 6.15.21**

PART I. Complete PRIOR to performance of contractual services.

Name Gregory Easterling 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 (224) 217 0552 (No college employee may be paid as an independent contractor.)
 Street 7717 West 66th Street
 City, State, Zip Code Bedford Park, IL 60561

Agrees to perform on _____ the following services for the College of DuPage:
DATE(S)
PCB JAZZ special programs for May 3, 4, 5, 6, 7, 10, 11, 17, 18
PRE-RECORDED AUDIO PROGRAMMING and June 1, 2, 3
12 @ \$100- = \$1,200

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

The sum of \$1200.00 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.

[Signature]
DEPARTMENT AUTHORIZED SIGNATOR

5/25/21
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.

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

[Signature]
SIGNATURE OF INDEPENDENT CONTRACTOR

5/26/21
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.)

[Signature]
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

Part II Certification

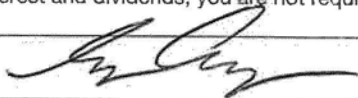
Under penalties of perjury, I certify that:

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 on page 3.

Sign Here

Signature of
U.S. person ▶



Date ▶

5/26/21

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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
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
4. 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.