



ASRS ACR Independent Contractor and Leased Staff Registration

This form is TO BE COMPLETED BY INDEPENDENT CONTRACTORS¹ OR LEASED STAFF² engaged by or leased to an agency of the State of Arizona (the State) that is covered by the Arizona State Retirement System (ASRS). This form is to be completed within the first week of performing services for the State.

This form and the disclosure of required information are necessary to comply with the provisions of A.R.S. § 38-766.02, which entail the administration of pension contributions relating to retirees. The requirement to provide a social security number complies with A.R.S. § 44-1373.C.

¹ **Independent contractor:** No matter the legal form, a self-employed individual who provides services to a client on a fee basis.

² **Leased staff:** A non-owner employee of an enterprise, such as a temporary staffing agency, that furnishes workers to a client on a fee basis.

Please make your selections by checking the appropriate boxes in response to the questions that apply to you.

Section 1: Personal Information

First Name _____

Last Name _____

Date of Birth _____

1. Are you a retiree from the State or any other entity and now receiving benefits from the ASRS? YES NO

If you checked 'No,' skip the remainder of the questions and sign and date in Section 4 below.

Section 2: Independent Contractor Status and Payment Information

2. Are you an independent contractor¹? YES NO

If you checked 'Yes', please provide the following information:

The name under which you will be doing business with the State _____

Your Social Security Number _____

Your business Taxpayer Identification Number _____

Please skip the remainder of the questions and sign and date in Section 4 below.

Section 3: Leased Staff Status and Payment Information

3. Are you a leased staff²? YES NO

If you checked 'Yes', please provide the following information:

Your Social Security Number _____

The company that bills the State for your services _____

The rate at which your employer pays you _____ Per hour _____

Please sign and date below.

Section 4: Signature and Date

Signature

Date

This form is to be completed and retained by the Agency engaging the Independent Contractor or Leased Staff.