

STATEMENT OF INDEPENDENT CONTRACTOR STATUS

To: _____

Phone: _____

of: _____

am the sole proprietor of my own business known as:

Located at:

I am responsible for my own insurance and benefits therefore you do not need workman's compensation insurance. I pay my own taxes, therefore I do not want you to withhold FICA or income tax. I expect to be paid as an independent contractor.

Dated: _____

Federal ID Number or SS# _____

Contractor, type or print name:

Signed _____