

INDEPENDENT CONTRACTOR PROVISIONS

(To be completed and signed by an individual or agent of entity.)

Please provide the following information and sign the statement at the bottom of the page.

Name of Independent Contractor or Entity:

Tax Identification Number:

Address:

City:

State:

Zip:

Phone:

E-mail:

Type of Organization *(check one)*:

Individual

Sole Proprietor

Corporation

Partnership

Limited Liability Company

Other

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I, _____, agree to provide services as an independent contractor for Tulare County Office of Education. I declare that, pursuant to applicable IRS and state tax codes, I am an independent contractor and not an employee of Tulare County Office of Education. I will be responsible for my own income tax reporting and workers' compensation.

Signature of Individual or Agent of Entity

Date