

131 Dillmont Dr., Suite 200 * Columbus, OH 43235 * Telephone (614) 942-1990 * Facsimile (614) 942-1991 * www.cpaagi.com * info@cpaagi.com

	ed am prepared to undertake work fore basis on a mutually agreed basis as to the time and place
such work will be carried out	, c
	ion of an hourly rate and/or a pre-agreed amount per job. No you. I will carry my own Workers Compensation Insurance.
	elevant Tax Form (1099) if my compensation is \$600.00 or stand that you will file such form with the Internal Revenue
I have full time employment elsewly groups similar to be considered free lance work. My consist is to carry out each job given to me to	here, or am in the business of providing such services to or even if unemployed at this time, this is to only commitment to or the best of my ability.
Subcontractor's Name:	
Social Security Number:	<u> </u>
Home Address:	
Home Telephone Number:	
Business Name:	
Business Federal ID #:	
Business Address:	
Business Telephone Number:	
Date of Agreement:	
Date:	
Signed:	