

131 Dillmont Dr., Suite 200 \* Columbus, Ohio 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	a and an a managemy agreed and are to the time and process
I will be compensated on a combinat taxes of any kind will be withheld by	ion of an hourly rate and/or a pre-agreed amount per job. No you. I will carry my own Workers Compensation Insurance.
	relevant Tax Form (1099) if my compensation is \$600.00 or stand that you will file such form with the Internal Revenue
Subcontractor's Name:	
Social Security Number:	
Home Address:	
Home Telephone Number:	
Business Name:	
Business Federal ID #:	
Business Address:	
Business Telephone Number:	
Date of Agreement:	
Date:	
Signed:	