

# CONTRACTOR AGREEMENT

I agree to an independent contractor relationship with \_\_\_\_\_. I acknowledge that I am responsible for all of my own expenses, as well as, all Federal and State income taxes due on any payment I received from \_\_\_\_\_. In signing this form, I affirm that I have my own liability insurance, and agree that any employees of mine in my capacity as independent contractor are my responsibility. I accept responsibility for any injuries to myself and any of my employees due to our actions or negligence. Additionally, I confirm that I have all of the permits and licenses that the State of Mississippi requires to legally do the work. I acknowledge that, as an independent contractor, I am not entitled to any of the benefits that \_\_\_\_\_ provides its employees.

\_\_\_\_\_ will pay me weekly for services performed and issue to me an IRS Form 1099 for reporting such monies to the government. I understand that this agreement can be terminated without cause at any time by either \_\_\_\_\_ or myself.

Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Federal ID No. # or Social Security No: \_\_\_\_\_

Description of Services Performed: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_