AFFIDAVIT OF INDEPENDENT CONTRACTOR STATUS FOR INDEPENDENT CONTRACTORS WHO HAVE EMPLOYEES

I, _____, SWORN UNDER OATH, DO STATE:

1. I maintain a separate business with my own work facility, truck, equipment, materials, or similar accommodations; and the name of my business is:______.

2. I have a separate Federal Tax ID # which is: _____.

3. I perform or agree to perform specific services or work for specific amounts of money and control the means of performing these services or work;

4. I incur the principal expenses related to the service or work that I perform or agree to perform;

5. I am responsible for the satisfactory completion of work or services that I perform or agree to perform and I am or could be held liable for a failure to complete the work or service;

6. I receive compensation for work or services performed for a commission or on a per job or competitive bid basis and not on any other basis;

7. I may realize a profit or suffer a loss in connection with performing work or services;

8. I have continuing or recurring business liabilities or obligations;

9. The success or failure of my business depends on the relationship of business receipts to expenditures.

I, ______, do certify and affirm by this affidavit that I comply with each of the above nine (9) items. It is my position that I am an Independent Contractor for Florida Workers Compensations purposes.

Signature,	Titla	Date
Signature,	THE	Date

Social Security #: _____

Notary

Date

The independent contractor should also provide a valid certificate of insurance coverage for any employees and possibly an exemption form for any officers.