**Independent Contractor Disclosure**

***SECTION 1: Contract/Agreement and Developer Information (for non-Development Projects, respond N/A to 1.C and 1.D)***

1. Contract/Agreement Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contract No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of Independent Contractors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Development Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Developer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SECTION 2: Covered Entity name if other Than Developer***

1. Contractor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Primary Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total number of Employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C. Total number of Independent Contractors\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Section 3: Document Request***

 A. For each utilized Independent Contractor that is an entity or other association or enterprise, attach a completed Form WT-1 “**Wage Theft and Payroll Fraud Affidavit**”.

 B. For each independent contractor that is an individual, please attach a written description and any supporting documents or records indicating the following for each Independent Contractor:

 - The nature and degree of the covered entity’s control.

 - The permanency of the worker’s relationship with the covered entity.

 - The amount of the worker’s investment in facilities, equipment or helpers.

 - The amount of skill, initiative, judgement or foresight required for the worker’s services.

 - The worker’s opportunity for profit and loss.

 - The extent of integration of the worker’s services into the covered entity’s business.

 - Other information the covered entity considers relevant to whether the worker is properly classified as an independent contractor.

***SECTION 4: Utilized Independent Contractors as of \_\_\_\_\_\_\_\_\_\_ (Date)***

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| --- | --- | --- | --- | --- | --- | --- |
| **Independent Contractor’s Name** | **Description of the work or services to be performed** | **Independent Contractor’s Email Address** | **Independent Contractor’s Phone Number** | **The Rate and frequency of pay** | **Duration of work or services** | **Cost and Description of Benefits provided to Independent Contractor, if any** |
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Preparer Information: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

Representative Information: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

*\*This page may be copied as many times as is necessary to list all Independent Contractors*