NASH BUSINESS SERVICES, INC. Tax Income /Payroll/Sales/Bookkeeping/Business License Prep

Phone: (818) 243-1977 Fax (213) 984-2653 email nbsandco@aol.com 210 N Central Ave. #100 Glendale, Ca 91203 Web www.8182431977.com

Dear Client

If you have outside contractors you need to do the following

2 BUSINESSE OWNERS GET TOGETER DBA BUSINESS LICENSE BUSINESS CARDS WEBSITE INVOICES FOR WORK PERFOMED

INDEPENDENT CONTRACTOR AGREEMENT

INDEPENDENT CONTRACTOR AGREEMENT

NOT SURE PAYROLL OR OUTSIDE SERVICES W-8

THE CONTRACTOR WILL NOT GIVE YOU W9?=

DEDUCT 28% FOR FEDERAL AND REPORT IT FORM 945

DEDUCT 7% FOR FTB. www.ftb.ca.gov/indivuduals/WSC/Backup_whiholding.shtml

YOU MUST LOG IN TO EVERIFY AND CONFIRM SS#/ITIN DOES MATCH WITH SIGNED W-9

YOUR LANDLORD SHALL GET 1099

ALL COMPLETED W-9 EVEN IF THEY ARE CORPORATION OR LESS THAN \$600, DE54 ON THE CLIENT COMPANY LETTERHEAD

PROVIDE CANCEL CHECKS WRITEN TO INDEPENDENT CONTRACTOR

- 1. Instruction = An independent contractor decides how to do the job, establishes his or her own procedures, and is not supervised. The entity engaging his or her services is only interested in the end result.
- 2. Training = An independent contractor ordinarily uses his or her own methods and receives no training from the principal. He or she is not required to attend meetings.
- 3. Integration = If the individual's performance of service and those of the assistants establish or affect his or her own business reputation and not the business reputation of those who purchase their services, it is an indication of an independent contractor
- 4. Services Rendered Personally = An individual's right to substitute another's services without the principal's knowledge suggests the existence of an independent relationship
- 5. Hiring Assistants = An independent contractor hires, supervises, and pays assistants under a contract that requires him or her to provide materials and labor.
- 6. Continuing Relationship = The relationship between an independent contractor and his or her client ends when the job is finished
- 7. Set Hours of Work = An independent contractor is the master of his or her own time.
- 8. Full-Time Work = An independent contractor is free to work when he or she chooses and to set his or her daily or weekly schedule. An independent contractor would normally perform services less than full time for one principal.
- 9. Work Done on Premises = Doing work away from the principal's premises when it could be done on the principal's premises indicates a lack of control, especially when the work is free
- 10. Order or Sequence Set = If the principal is not interested in the order or sequence by which the individual completes the work, there is an indication that there is a lack of control over the manner and means by which the work is
- 11. Reports = An independent contractor is not required to file reports that constitute a review of his or her work. (However, reports related only to an end result are not an indication of employment or independence.)

Form W-9

(Rev. December 2014) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.									
ge 2.	2 Business name/disregarded entity name, if different from above									
Print or type Specific Instructions on page	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partners	***************************************	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting							
rint o Instru	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner. ☐ Other (see instructions) ▶	i the line above for	code (if any) (Applies to accounts maintained outside the U.S.)							
Poecific	5 Address (number, street, and apt. or suite no.)	Requester's name a	and address (optional)							
See St	6 City, state, and ZIP code									
	7 List account number(s) here (optional)									
Part	Taxpayer Identification Number (TIN)									
backup resider entities TIN on	our TIN in the appropriate box. The TIN provided must match the name given on line 1 to avenue withholding. For individuals, this is generally your social security number (SSN). However, for alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> page 3. If the account is in more than one name, see the instructions for line 1 and the chart on page	identification number								
	nes on whose number to enter.	4101	-							
Part	Certification									
	penalties of perjury, I certify that:									
1. The	number shown on this form is my correct taxpayer identification number (or I am waiting for	a number to be is	sued to me); and							
Serv	not subject to backup withholding because: (a) I am exempt from backup withholding, or (brice (IRS) that I am subject to backup withholding as a result of a failure to report all interest onger subject to backup withholding; and) I have not been r or dividends, or (c)	notified by the Internal Revenue the IRS has notified me that I am							
3. I am	a U.S. citizen or other U.S. person (defined below); and									
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reportin	g is correct.								
becaus interest general instruct	cation instructions. You must cross out item 2 above if you have been notified by the IRS the you have failed to report all interest and dividends on your tax return. For real estate transparing acquisition or abandonment of secured property, cancellation of debt, contributions to ly, payments other than interest and dividends, you are not required to sign the certification, ions on page 3.	actions, item 2 doe o an individual reti	es not apply. For mortgage rement arrangement (IRA), and							
Sign Here	Signature of U.S. person ► Da	ite ▶								

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), $\,$
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

THIS PORTION WILL HAVE CLIENT LETTERHEAD

INDEPENDENT CONTRACTOR CHECKLIST

ij	FORM # & DESCRIPTION	INSTRUCTIONS
1	W-9 Request for taxpayer identification number and certificate UPON THE 151 CHECK	1. Send to Accountant
	NOTLATUR	2. Keep in your record
	A. Call social security office @ 800 772-6270 www.ssa.gov/employer/ssnv.hum to	
	contirm the social security number is it is valid for that person.	, market
****	B. Copy black & white and Enlarge the social security card	
2	No need to send 1099 end of the year if	Do it
	A it's a corporation (Excludes Medical and Automeys)	
	B paid them less than \$600 for the entire calendar year	
	If you insist the person is employee and you will	Do it
	A deduct 28% from the gross	
********	B Report the total by 01-31-year on form 945 with 945v payment voucher	
	Go to IRS web site (ii) www.irs.gov and type employee vs. outside contractor to see	Do it
	Copy of business card	L. Keep in your record
	Copy of Business License if not apply one ASAP	1. Keep in your records
	the outside contractor will receive a bill from the city of LA stating why he does not have	
	a valid city of la permit and he or she is conducting a business in the city of la	
	MAIN OFFICE LA 201 N. MAIN STREET ROOM 101 LOS ANGELES. CA 90012	
	213 626-9271 213 368-7000 M-F 8 TO 5	
	www.cityoflaorg/fianance	
	DE542 Report of independent contractor	1. Mail ASAP to EDD P.O.Box
2	Complete and singed	997350, MIC 99
	Call our office phone # above or	Sacramento, Ca 95799-7016
	Call EDD at 916 522-3211	2. Keep in your records
	Don't send one = \$20 penalty per outside contractor	to recipility your records
1	Complete independent contractor agreement	1. Give copy to the contractor
And and a		2. Keep in your record
	Independent contractor should prepare invoice on the work performed and send you so	1. Keep for your record all the
,	you will pay based on the invoice received.	invoices and put the method of
200	y the state of the fitting the fitting.	payment and the amount.
	DETERMINATION OF WORK STATUS COMPLETE THE FOLLOWING	Do it
	AND SUBMIT TO GOV FOR AN ANSWER	120 R
	FEDERAL = SSS THEY WILL RESPOND BACK 6 MONTHS TO 18 MONTHS	
	CA. STATE * DE1870 THEY WILL RESPOND BACK LESS THAN 6 MONTHS	·
	COSTLY AUDIT BY IRS, EDD, DEPT. OF INDUSTRIAL RELATIONS DUE TO	Do it
7	A WORKER CLAIMS INJURY/JUNEMPLOYEMENT	L.T.C. §L
	B DISGRUNTLED WORKERS	
	C COMPETITOR INFORMANTS	
	ADDITIONAL TAXES, PENALTIES AND INTEREST WILL APPLY	
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Independent Contractor Name	Signature	Date
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The Name of Owner/President of Co. Na	med above Signature	Date

CLIENT LETTERHEAD

OUTSIDE SERVICES

	dba.:
Am hired by for work done. I withheld by	to do outside contracting work and to be paid as an independent Outside Servalso agree that there will be no federal, State, Medicarc, SDI, and FICA income taxes
I The independer	t contractor read understood and aware of the following issues.
I bistruction * An indep procedures, and is not	endent contractor decides how to do the job, establishes his or her own supervised. The entity engaging his or her services is only interested in the end result.
2 Training = An indeperending to altend meet	ndent contractor ordinarily uses his or her own methods and receives no training from the principal. He or she is not ngs.
3 Integration = If the in- not the business reputa	fividual's performance of service and those of the assistants establish or affect his or her own business reputation ar fion of those who purchase their services, it is an indication of an independent contractor
 Services Rendered P of an independent relati 	ersonally ≈ An individual's right to substitute another's services without the principal's knowledge suggests the existe Driship
5 Hiring Assistants = Ai contract that requires hi	t independent contractor hires, supervises, and pays assistants under a n or her to provide materials and labor.
6 Continuing Relations	sip = The relationship between an independent contractor and his or her client ends when the job is finished
	An independent contractor is the master of his or her own time.
8 Full-Time Work = An her daily or weekly sche	ndependent contractor is free to work when he or she chooses and to set his or dule. An independent contractor would normally perform services less than full time for one principal.
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10 Order or Sequence S indication that there is a manner and means by w	
11. Reports = An indeper his or her work. (Howeve of employment or indeper	ndent contractor is not required to file reports that constitute a review of r, reports related only to an end result are not an indication indence.)
1. Pay all my owi	n Federal, State, County, City taxes during and or at the end of the year
 Obtain adequat 	ness ficenses from the city that I conduct the business in. e liability, workers compensation insurance
	harmless from any liabilities from past present and future.
Name:	·
AUGIESS.	
CHY,	
3.3, 8	and a second district the second and
Telephone: (
~~~	
Signature	Date

# NASH BUSINESS SERVICES,INC

Phone: (818) 243-1977

Fax: (213)984-2653

Email:nbsandco@aol.com

Accounting and Bookkeepeeng
210 N.Central ave.#100

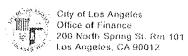
Glendale Ca 91203

# 1099 OUTSIDE SERVICE CHECKLIST

PAYER CO.:	(market)	NAME		
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gnature	Name		Date	Title

Print Form

Submit by Email



### **BUSINESS TAX APPLICATION**

FEEASE NOTE that diyou are involved with any type of SALES ACTIVITIES, either RETAB, or WHOLESALE, you are REQUIRED to also fill out the Tobacco Retailer's Questionnaire/Application

The following information	is subject to disc	dosure. r	OR OFFICE USE ONLY	FUND/CLASS	FUNDIC	LASS
Business Type (check one): Please print or type:	Oladividusi	O Partnership	Осогрога	tion OLLC	<b>O</b> Trust	
Legal Name: Do not use DBA (fictitious name	a) here	The first of the control of the first of the control of the graph of the control	The transfer of the second		The state of the s	S. China Carle at
Business Address: Do not use P. O. Box here	Strom Ericles		City	The state of the s	Cest	Star Charles
Please check appropriate box	☐ Commercial L	ocauch 🔲 Resi	dence		State	7ip Code
Business Name (DBA):						
Care Of (C/O):			To a contract of the contract			N Committee and the squared demonstrating a second set of particles in
Mailing Address: If different from Besiness Address Please check appropriate box	Street Address	ocation & Resi	City		Štate	Zip Code
Starting Date of Business:	Month:	a the first think of the transport of the second of the se	Day	ti di tirang ang tinggan a	Year	
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Web Address (optional):  Business Phone Number:		1	Primary Busin econdary Busi	ess/Professiona ness/Profession	l Activity Code al Activity Cod	8.
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¹ This is the 6-digit Primary / Principal Business or Profession Activity Code reported on your Federal Tax Return. A Secondary business activity is ane that comprises at least \$1,000,000 and 40% of your gross receipts. Go to facity,org/finance/pdf/NAICSCODES.pdf for a NAICS code listing.

² If your business is located within the City of Los Angeles and a portion of your gross revenue is derived from outside the City, or your business is located outside the City and a portion of your gross revenue is derived from inside the City, then applicable apportionment formulas may reduce your tax liability.

³ Due to the large number of various business activities described under LAMC Section 21.53 to 21.197, it is not practical to list each separately. For specific activities and rates, contact the Office of Finance or visit our website @ www.tacity.org/finance:

^{4 8}y completing this form and submitting it to the Office of Finance in an electronic format, such as email, you agree that the submitted form has the same legal effect, validity and enforceability of a form submitted to us via US mail or in person. You also agree that the aforementioned form legally represents a document sent by you or your legal representative.



# REPORT OF INDEPENDENT CONTRACTOR(S)







See detailed instructions on page 2. Please type or print.

SERVICE-RECIPIENT (BU	SINESS OR GOVERNM PEDERALID NO.	ent entity): ©	v emelővéri ac	COUNT NO	sociál si	icúniry no		
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Service recipient name / Bus	rness name				COMMO	Perison	4	
EMPLOYER CITY ST	ORE			to the w	JANE	JONES		
ACCINESS	*	•			Yele	PHONE NO		
123 MAIN STREET					12	3	555-7899	
CAY	e en				8	AVE	er er	*** *
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DE 542 Rev. S (3-05) (INTERNET)

MAIL TO: Employment Development Department; • P.O. Box 997256, MIC 98 • Sacremento, CA 96899-7356 or Fax to (910) 319-4410.
Fagn ( of 2

# NASH BUSINESS SERVICES,INC

Phone: (818) 243-1977

Fax: (213)984-2653 Email:nbsandco@aol.com Accounting and Bookkeepeeng

210 N.Central ave.#100 Glendale Ca 91203

# 4 STEPS OUTSIDE INDEPENDENT CONTRACTOR PROCESS

STEP	FORM NAME & #	PROVIDED	DDAWARA
#	COMMITTEE OF	FROM	PROVIDED
	A. W-9 = REQUEST FOR TAXPAYER IDENTIFICATION MUMBER AND CERTIFICATE B. I-9 = EMPLOYEMENT ELIGIBILITY VERIFICATION C. DE542 = REPORT OF INDEPENDENT CONTRCTOR(S) (NBS WILL EFILE TO GOV. AGENCY) D. FICTITIOUS BUSINESS NAME STATEMENT E. BUSINESS CARD F. BUSINESS LICENSE THE CITY THE PERSON IS CONTDUCTING THE BUSINESS G. UPDATE EVERY YEAR IN JANUARY	CLIENT	NBS ACCOUNTANT OFFICE
2	INIDVIDUAL CONTRACTOR RECORDS FOR THE ENTIRE YEAR	CLIENT	NBS ACCOUNTANT OFFICE
3	A. ACCOUNTANT OFFICE WILL PREPARE FORMS 1099 FOR EACH CONTRACTOR AND 1096 TO TOTALING ALL 1099'S B. CLIENT WILL BE PROVIDED THE FINISH PRODUCT TO DOUBLE CHECK FOR ACCURACY THEN NOTIFY US FOR ANY OR NO CHANGES	NBS ACCOUNTANT OFFICE	CLIENT
4	AFTER WRITTEN APPROVAL ACCOUNTANT WILL TRANSMIT ALL DOCUMENTS VIA EFILE SYSTEM	NBS ACCOUNTANT OFFICE	TO ALL GOVERMENTAL AGENCIES

# 210 N.Central ave. #100 Glendale ca 91203 818 243-1977 fax 213 984-2653 email:nbsandco@aol.com

MISSING INFO. TO BRING FOR YOUR APPOINTMENT NAME COMPANY:

PHONE (

**YEAR 200** 

TO UST. & EDD OR THE QT. PAYROLL PAYROLL EACH INDIV. EMPLOYEE W-4, I-9, DE4, DE34 TAXES CHECK PAID 940 AND EDD PAUD FOR 941 PREPAYMEN EACH INDIV CREDIT THE EMPLOYEE TO OUR COMPANY CHEK PAID SUMMARY TAXT ACOUNT IF ANY TO REPORT AND HOW TO SOLVE THE PROBLEM ONDANCE CORRESP WE WILL NOTIFY YOU THE REASON THE NOTICE PAX. EMAIL ASAP WE KEEP COPY LET US CARFULLY COMPLETE REQUEST & MAIL OR DROP OFF Y REVIEW HOLLON OF THE ONLY AND THE REFY, INTEREST FORM 1.2 DMV REGIS, YOUR PROPERTY K-1'S FORM PARTN, S ATTACH SEE INCOME INREIM, EMPLOYDE? INCOME & EXPENSE SUMMARY SHEET INCOME TAX RENTAL PROPERTY STOCK BOND SOLD LOTTERY SOC. SEC 1098 MORTGAGE & CHECKS UST. FTB. IFTB. IFTB. IF NEEDED TAX, DONATIONS, TAX PREP (BES SUMMARY SHEET ATTACH SEE LIST W-2'S 1099'S 1099 BANK INTEREST, HAVE BUSINESS: CORP. UNEMPL. ATTACHE SEE 1040 & EXPENSE EXPENSES ALL INVOICES IF ANY FOR THE PERION WE ARE REPORTING ALL CHECKS PURCHASES SPECIFY DESCPRITION OF DEPOSITS WRITEN WITH PENCIL. IS IT TAXABLE AND NON TAXABLE ALL CAHS REGISTER PREPAID AMOUNTS TAXABLE AND NON NOTIFY YOU FOR S SALESTAX STATEMENT WITH PAID TO BOE FOR CHECK MADE OUT Z'S IF ANY WITH TAXABLE TOTAL TO BOE WE WILL ALL CHECKS THE PERIOD ALL BANK AMOUNTS OUTSIDE SERVICE IF WE DO NOT DO YOUR CORPORATION OR LESS THE CLIENT COMPANY LETTERHEAD KEEP FOR YOUR FILLS BUS, CARDS, INVOICES, CONTRACTION W-9 ALL COMPLETED W. 9 CHECKS WRITEN TO THAN \$600, DE54 ON EVEN IF THEY ARE AMOUND PAID TO INDEPENDENT PROVIDE CANCEL INDEPENDENT BOOKKEEPING INDEPENDENT CONTRACTOR AGREEMENT PERSONAL LOAN FROM THE PROVIDE US SALES TAX YOU HAVE SUBMITED TO STATE BOARD OF EQUALIZATION ALL INVOICES FOR YEAR SEPERATISD LABOR, RETAIL BUSINESS LICENSE IF NEEDED CHECK FOR OUR COMPANY CHECK MADE OUT TO CITY CREEN & WHITE RENEWAL FORM TO CONFIRM THE ALL BANK STAT. DESCRITION OF DEPOSITS OWVER, REBATE ETC. EXAMPLE INCOME OR RENEWAL WRITE WITH PENCIL ACCOUNT NUMBER OUT OF L.A STATE, LOTTORY, SMOG OFLA EACH Ç CHECK STUBS DESCRIPTION ALL CASH RESITER Z'S ALL (EXAMP).E PERSONAL TYPE OF EXPENSESES EXAMPLE INSURANCE WHAT TYPE,? CREDIT CARD % OF TYPE OF ALL INVOICES PAID
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LANDLORD NAME 3 BUSINESS NAMES TYPE OF BUSINESS BUSINESS STAR-UP BUS. ENTITY SEE COMPARISON PHONE ADDRESS 2 PERSONAL REFERANCES **EMPLOYEES!** TO SEARCH FIRING

WE NEED ABOVE MISSING INFORMATION ASAP TO PREPARE THE FORMS ACCURATILY & TIMLEY TO AVOID ADDITIONAL INTEREST & PENALTIES APPLIED BY THE AOBE GOVERMANTAL AGENCIES.

# OUTSIDE SERVICES

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# NASH BUSINESS SERVICES, INC.

Phone: (818) 243-1977 Fax (213) 984-2653

Accounting and Bookkeeping 210 N. Central Ave. # 100

email_nbsandco@aol.com

Glendale, Ca 91203

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### CLIENT LETTERHEAD

# **OUTSIDE SERVICES**

	dba.;
Am hired by for work done. withheld by	to do outside contracting work and to be paid as an independent Outside Services I also agree that there will be no federal, State, Medicare, SDI, and FICA income taxes
I The independe	ent contractor read understood and aware of the following issues.
Instruction ≈ An indeprocedures, and is not	ependent contractor decides how to do the job, establishes his or her own at supervised. The entity engaging his or her services is only interested in the end result.
2. Training = An indeprequired to attend me	pendent contractor ordinarily uses his or her own methods and receives no training from the principal. He or she is not etings.
3. Integration = If the not the business repu	individual's performance of service and those of the assistants establish or affect his or her own business reputation and tation of those who purchase their services, it is an indication of an independent contractor
	Personally = An individual's right to substitute another's services without the principal's knowledge suggests the artistical
5. Hiring Assistants = contract that requires	An independent contractor hires, supervises, and pays assistants under a him or her to provide materials and labor.
	ship ≂ The relationship between an independent contractor and his or her client ends when the job is finished
	An independent contractor is the master of his or her own time.
8. Full-Time Work = Ar	n independent contractor is free to work when he or she chooses and to set his or ledule. An independent contractor would normally perform services less than full time for one principal.
	rises = Doing work away from the principal's gremises when it could be done on the principal's premises indicates at the
10. Order or Sequence ndication that there is a manner and means by	Set = If the principal is not interested in the order or sequence by which the individual completes the work, there is an a lack of control over the which the work is
Reports = An indeports or her work. (However femployment or indeport or i	endent contractor is not required to file reports that constitute a review of er, reports related only to an end result are not an indication endence.)
<ul><li>Pay all my ow</li><li>Obtain all bus</li></ul>	Il be responsible for the followings on Federal, State, County, City taxes during and or at the end of the year siness licenses from the city that I conduct the business in. Inteliability, workers compensation insurance  harmless from any liabilities from past present and future.
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