

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 PERFORMED

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/individuals/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.)

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													
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Part II Certification

Under 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 issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
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 reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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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

#	FORM # & DESCRIPTION	INSTRUCTIONS
1	W-9 Request for taxpayer identification number and certificate UPON THE 1 ST CHECK NOT LATER A. Call social security office @ 800 772-6270 www.ssa.gov/employer/ssiv.htm to confirm the social security number is it is valid for that person. B. Copy black & white and enlarge the social security card	1. Send to Accountant 2. Keep in your record
2	No need to send 1099 end of the year if A it's a corporation (Excludes Medical and Attorneys) B paid them less than \$600 for the entire calendar year	Do it
3	If you insist the person is employee and you will A deduct 28% from the gross B Report the total by 01-31-year on form 945 with 945v payment voucher	Do it
4	Go to IRS web site @ www.irs.gov and type employee vs. outside contractor to see	Do it
5	Copy of business card	1. Keep in your record
6	Copy of Business License if not apply one ASAP 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.cityofla.org/finance	1. Keep in your records
7	DE542 Report of independent contractor Complete and signed Call our office phone # above or Call EDD at 916 522-3211 Don't send one - \$20 penalty per outside contractor	1. Mail ASAP to EDD P.O.Box 997350, MIC 99 Sacramento, Ca 95799-7016 2. Keep in your records
8	Complete independent contractor agreement	1. Give copy to the contractor 2. Keep in your record
9	Independent contractor should prepare invoice on the work performed and send you so you will pay based on the invoice received.	1. Keep for your record all the invoices and put the method of payment and the amount.
10	DETERMINATION OF WORK STATUS COMPLETE THE FOLLOWING AND SUBMIT TO GOV FOR AN ANSWER FEDERAL - SSS THEY WILL RESPOND BACK 6 MONTHS TO 18 MONTHS CA. STATE - DE1870 THEY WILL RESPOND BACK LESS THAN 6 MONTHS	Do it
11	COSTLY AUDIT BY IRS, EDD, DEPT. OF INDUSTRIAL RELATIONS DUE TO A WORKER CLAIMS INJURY/UNEMPLOYEMENT B DISGRUNTLED WORKERS C COMPETITOR INFORMANTS ADDITIONAL TAXES, PENALTIES AND INTEREST WILL APPLY	Do it

Independent Contractor Name

Signature

Date

The Name of Owner/President of Co. Named above

Signature

Date

THE GREATEST COMPLIMENT OUR CLIENTS CAN GIVE...IS THEIR REFERRAL OF OTHERS!

CLIENT LETTERHEAD

OUTSIDE SERVICES

I _____ dba.: _____

Am hired by _____ to do outside contracting work and to be paid as an independent Outside Services for work done. I also agree that there will be no federal, State, Medicare, SDI, and FICA income taxes withheld by _____

I The independent contractor read understood and aware of the following issues.

- 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.
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- 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)

I also understand that I will be responsible for the followings

- 1. Pay all my own Federal, State, County, City taxes during and or at the end of the year
- 2. Obtain all business licenses from the city that I conduct the business in.
- 3. Obtain adequate liability, workers compensation insurance

I shall hold _____ harmless from any liabilities from past present and future.

Name: _____

Address: _____

City: _____

S.S. # _____

Telephone: () _____

Signature

Date

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NASH BUSINESS SERVICES, INC

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

Accounting and Bookkeepeng
 210 N. Central ave.#100
 Glendale Ca 91203

1099 OUTSIDE SERVICE CHECKLIST

PAYER CO.: _____ NAME _____
 EIN _____ (IF NOT WE CAN APPLY) SS# _____ - _____ - _____ TOAL # 1099'S _____
 PHONE _____ CELL _____ FAX _____

COMPLETE ALL OUTSIDE CONTRACT INFORMATION THAT YOU PAID PRIOR YEAR OVER \$600
 ATTACH INDIVIDUAL W-9 FOR RECEIPTS IF ANY

NAME	COMPANY	ADDRESS	SS# /EIN	\$

FINALIZED INSTRUCTION MAIL FAX PICK UP EMAIL
 The undersigned agrees all the above is accurate and final information with the total amounts

Signature Name Date Title

THE GREATEST COMPLIMENT OUR CLIENTS CAN GIVE...IS THEIR REFERRAL OF OTHERS!



City of Los Angeles
Office of Finance
206 North Spring St. Rm 101
Los Angeles, CA 90012

Print Form

Submit by Email

BUSINESS TAX APPLICATION

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

The following information is subject to disclosure. FOR OFFICE USE ONLY: FUND/CLASS: _____ FUND/CLASS: _____

Business Type (check one): Individual Partnership Corporation LLC Trust

Please print or type:
Legal Name: _____
 Do not use DBA (fictitious name) here

Business Address:
 Do not use P.O. Box here Street Address _____ City _____ State _____ Zip Code _____
 Please check appropriate box Commercial Location Residence

Business Name (DBA): _____
Care Of (C/O): _____

Mailing Address:
 If different from Business Address Street Address or P.O. Box _____ City _____ State _____ Zip Code _____
 Please check appropriate box Commercial Location Residence

Starting Date of Business: Month _____ Day _____ Year _____

Social Security No. (SSN) - OR - Federal Employer Identification No. (FEIN): _____

Sales Tax Number (Seller's Permit): _____

Description of Business: _____
 (Provide in Detail) _____

Web Address (optional): _____ ¹Primary Business/Professional Activity Code: _____

Business Phone Number: _____ ²Secondary Business/Professional Activity Code: _____

Gross Receipts ²: (If your business began prior to the current year, please complete the gross receipts information below)

Business activity ³ / Date activity started	Calendar Year 200 Gross Receipts	Calendar Year 200 Gross Receipts	Calendar Year 200 Gross Receipts
a) _____	\$ _____	\$ _____	\$ _____
b) _____	\$ _____	\$ _____	\$ _____
c) _____	\$ _____	\$ _____	\$ _____

Please Note: A minimum business tax is due based on your business activities for the first year of operation.

Contact Person: _____ Title: _____

Contact Phone Number: _____

I declare, under penalty of perjury under the laws of the State of California, that to the best of my knowledge the foregoing is true, correct and complete. ⁴

Signature of Owner or Agent _____ Date _____

Print name of Owner or Agent _____

Daytime Telephone Number _____ Email Address _____

¹ This is the 6-digit Primary / Principal Business or Profession Activity Code reported on your Federal Tax Return. A Secondary business activity is one that comprises at least \$1,000,000 and 40% of your gross receipts. Go to lacity.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.lacity.org/finance.

⁴ By 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.

FOR ILLUSTRATIVE PURPOSES ONLY



REPORT OF INDEPENDENT CONTRACTOR(S)



05420101

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

REQUIRED FORMS

SERVICE-RECIPIENT (BUSINESS OR GOVERNMENT ENTITY):			
DATE	FEDERAL ID NO.	CA EMPLOYER ACCOUNT NO.	SOCIAL SECURITY NO.
031010	XXXXXXXXXX	00000000	
SERVICE-RECIPIENT NAME / BUSINESS NAME		CONTACT PERSON	
EMPLOYER CITY STORE		JANE JONES	
ADDRESS		TELEPHONE NO.	
123 MAIN STREET		123	555-7899
CITY	STATE	ZIP	
ANYTOWN	CA	12345	
SERVICE-PROVIDER (INDEPENDENT CONTRACTOR):			
FIRST NAME	MI	LAST NAME	UNIT/PT.
FRED		Z HILL	
SOCIAL SECURITY NO.	STREET NO.	STREET NAME	UNIT/PT.
00000000	421	OAK AVENUE	
CITY	STATE	ZIP	
ANYTOWN	CA	12345	
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING
040310 M M D D Y Y	1000.00	063010 M M D D Y Y	<input type="checkbox"/>
FIRST NAME	MI	LAST NAME	UNIT/PT.
SOCIAL SECURITY NO.	STREET NO.	STREET NAME	UNIT/PT.
CITY	STATE	ZIP	
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING
			<input type="checkbox"/>
FIRST NAME	MI	LAST NAME	UNIT/PT.
SOCIAL SECURITY NO.	STREET NO.	STREET NAME	UNIT/PT.
CITY	STATE	ZIP	
START DATE OF CONTRACT	AMOUNT OF CONTRACT	CONTRACT EXPIRATION DATE	CHECK HERE IF CONTRACT IS ONGOING
			<input type="checkbox"/>

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4 STEPS OUTSIDE INDEPENDENT CONTRACTOR PROCESS

STEP #	FORM NAME & #	PROVIDED FROM	PROVIDED TO
1	A. W-9 = REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATE B. I-9 = EMPLOYMENT ELIGIBILITY VERIFICATION C. DE542 = REPORT OF INDEPENDENT CONTRACTOR(S) (NBS WILL EFILE TO GOV. AGENCY) D. FICTITIOUS BUSINESS NAME STATEMENT E. BUSINESS CARD F. BUSINESS LICENSE THE CITY THE PERSON IS CONDUCTING THE BUSINESS G. UPDATE EVERY YEAR IN JANUARY	CLIENT	NBS ACCOUNTANT OFFICE
2	INDIVIDUAL 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

THE GREATEST COMPLIMENT OUR CLIENTS CAN GIVE.....IS THEIR REFERRAL OF OTHERS!

NBS

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

COMPANY:

NAME

PHONE ()

YEAR 200

DATE / / 200

BUSINESS STAR-UP	BOOKKEEPING	BUSINESS LICENSE RENEWAL	OUTSIDE SERVICE 1099	SALES TAX	INCOME TAX 1040	CORRESPONDANCE	PAYROLL TAX
BUS. ENTITY SEE COMPARISON TYPE	ALL BANK STAT. WITH DESCRIPTIONS OF DEPOSITS (EXAMPLE REBATE, PERSONAL LOANS) WRITE WITH PENCIL	PROVIDE US SALES TAX YOU HAVE SUBMITTED TO STATE BOARD OF EQUALIZATION	ALL COMPLETED W-9 EVEN IF THEY ARE CORPORATION OR LESS THAN \$600, DE54 ON THE CLIENT COMPANY LETTERHEAD	ALL BANK STATEMENT WITH DESCRIPTION OF DEPOSITS WRITTEN WITH PENCIL. IS IT	ALL INCOME? W-2'S 1099'S 1099 BANK INTEREST, LOTTERY SOC. SEC. K-1'S FORM PARTN. S CORP. UNEMPL. STOCK BOND SOLD EXPENSES?	FAX, EMAIL, MAIL OR DROP OFF THE NOTICE ASAP WE KEEP COPY ONLY	EACH INDIV. EMPLOYEE W-4, 19, DE4, DE34
BUSINESS ADDRESS PHONE, FAX, EMAIL	ALL CHECK STUBS WITH DESCRIPTION TYPE OF EXPENSES EXAMPLE INSURANCE WHAT TYPE? CREDIT CARD % OF TYPE OF BUS & % OF PERSONAL	ALL BANK STAT. DESCRIPTION OF DEPOSITS WRITE WITH PENCIL EXAMPLE INCOME OR PERSONAL LOAN FROM THE OWNER, REBATE ETC.	AMOUNT PAID TO INDEPENDENT CONTRACTOR ON W-9 IF WE DO NOT DO YOUR BOOKKEEPING	ALL CHECKS PURCHASES SPECIFY TAXABLE AND NON TAXABLE	1098 MORTGAGE & REFY. INTEREST FORM 1.2 DMV REGIS. YOUR PROPERTY TAX, DONATIONS, TAX PREP FEES	LET US CAREFULLY AND COMPLETELY REVIEW THE REQUEST & WE WILL NOTIFY YOU OF THE REASON OF THE NOTICE	EACH INDIV. EMPLOYEE SUMMARY REPORT
HIRING EMPLOYEES? SELLING PRODUCTS, SERVICE, WHOLES? LANDLORD NAME PHONE ADDRESS	ALL INVOICES PAID BY CHECKS STAPLED SINCE WE ENTER CHECKS IN SEQUENCE	ALL INVOICES FOR YEAR SEPERATED LABOR, RETAIL OUT OF LA STATE, LOTTERY, SMOG	PROVIDE CANCEL CHECKS WRITTEN TO INDEPENDENT CONTRACTOR	ALL INVOICES IF ANY FOR THE PERION WE ARE REPORTING	HAVE BUSINESS? ATTACH SEE INCOME & EXPENSE SUMMARY SHEET	WE WILL NOTIFY YOU OF THE REASON OF THE NOTICE	CHEK PAID TO UST. & EDD OR THE OT. PAYROLL TAXES
2 PERSONAL REFERANCES	ALL INVOICES PAID BY CASH STAPLED & CATEGORIZED FOR QUICK DATA ENTRY	CHECK MADE OUT TO CITY OF LA IF NEEDED CHECK FOR OUR COMPANY	KEEP FOR YOUR FILES BUS. CARDS, INVOICES, INDEPENDENT CONTRACTOR AGREEMENT	ALL CAHS REGISTER Z'S IF ANY WITH TAXABLE AND NON TAXABLE TOTAL. CHECK MADE OUT TO BOE WE WILL NOTIFY YOU FOR \$	RENTAL PROPERTY? ATTACHE SEE INCOME & EXPENSE SUMMARY SHEET	AND HOW TO SOLVE THE PROBLEM ASAP.	CHECK PAID TO OUR COMPANY
3 BUSINESS NAMES TO SEARCH	ALL CASH RESITER Z'S DESCRIBING EACH DEPT. TAXABLE NOT OUR & GOV. CHECK A WITH ALL CORRESPONDANCE	GREEN & WHITE RENEWAL FORM TO CONFIRM THE ACCOUNT NUMBER			UNREEM. EMPLOYEE? ATTACH SEE LIST		PREPAYMENT ACCOUNT PAID FOR 941
TYPE OF BUSINESS GOV. & OUR CHECK				ALL CHECKS PREPAID AMOUNTS PAID TO BOE FOR THE PERIOD	CHECKS UST. FTB IF NEEDED		940 AND EDD IF ANY TO CREDIT THE ACCT.

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

THE GREATEST COMPLIMENT OUR CLIENTS CAN GIVE...IS THEIR REFERRAL OF OTHERS!

OUTSIDE SERVICES

NAME:

DATE	CO. NAME CHECK OUT	DATE CHECK OUT	VERIFIED BY	DATE CHEKED IN	VERIFIED BY

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CLIENT LETTERHEAD

OUTSIDE SERVICES

I _____ dba.: _____

Am hired by _____ to do outside contracting work and to be paid as an independent Outside Services for work done. I also agree that there will be no federal, State, Medicare, SDI, and FICA income taxes withheld by _____

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I also understand that I will be responsible for the followings

- 1. Pay all my own Federal, State, County, City taxes during and or at the end of the year
- 2. Obtain all business licenses from the city that I conduct the business in.
- 3. Obtain adequate liability, workers compensation insurance

I shall hold _____ harmless from any liabilities from past present and future.

Name: _____

Address: _____

City: _____

S.S. # _____

Telephone: () _____

Signature

Date