



3094 Indian Circle  
Marianna, FL 32446

## Independent Contractor Agreement

*This contract is not valid unless all required signatures have been obtained prior to services performed.*

***The undersigned hereby agrees to perform the following services for Chipola College.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned agrees to accept \$\_\_\_\_\_ in return for said services and acknowledges that the undersigned is not an employee of the College for purposes of providing these services and, accordingly, is **not** covered by college insurance, including worker's compensation and that the College will not withhold income tax or social security, but will report the amount of compensation to the Internal Revenue Service as required by law.

Dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Independent Contractor  
Printed Full Legal Name

\_\_\_\_\_  
Independent Contractor Signature  
(A completed W-9 must be attached)

Last Four-Digits of Your Social Security Number: \_\_\_\_\_

**As an independent contractor, you will be issued a 1099-NEC, provided the total amount of transactions meets the threshold of reportable payments as indicated in IRS Publication 1220 (<https://www.irs.gov/pub/irs-pdf/p1220.pdf>).**

**It is the responsibility of the independent contractor to retain all necessary expense documentation for the purpose of federal income tax reporting.**

*The services listed are required and the amount being recommended represents a standard or reasonable amount for such services.*

Department # \_\_\_\_\_ GL Code \_\_\_\_\_

\_\_\_\_\_  
Budget Head                      Date

\_\_\_\_\_  
Vice President, Admin  
& Business Affairs                      Date

\_\_\_\_\_  
Human Resources                      Date

\_\_\_\_\_  
President                      Date