

Town of Florence
P.O. Box 2670-775 N. Main Street
Florence, AZ 85132
(520) 868-7500 or TDD (520) 868-7502
Fax Number (520) 868-7501

Independent/Outside Contractor

Vendor Number _____
(Finance Office Use Only)

Contractor Name _____

Mailing Address _____

City/Town, State and Zip _____

Contractors Social Security Number or TIN _____

Please attach a copy of your Workman’s Compensation Certificate (if applicable) or Sole Proprietor Waiver and Liability Insurance Certificate, naming the Town of Florence as additionally insured.

Under the payment arrangements of a “contractor” payment is made through the accounts payable system. There will be no state income tax, state disability, federal income tax, federal medicare or social security taxes, retirement benefits or federal unemployment taxes withheld or contributed. The “contractor” is responsible for remitting these if applicable.

A Federal 1099 Form will be issued in compliance with Federal Regulations for the calendar year ending. Please complete form W-9, link provided below:
<http://www.irs.gov/pub/irs-fill/fw9.pdf>

Date: _____ Department contracted with _____

I understand and accept the above conditions. (Attach copy of contract)

By _____ Print Name _____
Signature