Contract between Employer and Independent Contractor

This AGREEMENT was made on MM/DD/YYYY between

EMPLOYER NAME (known as *Client*)

ADDRESS LINE 1
ADDRESS LINE 2 and

CONTRACTOR NAME (known as *Contractor*)

ADDRESS LINE 1 ADDRESS LINE 2



PROJECT/ACTIVITY/SERVICE TITLE

- 1. **Services To Be Performed.** *Contractor* agrees to perform the following services for *Client*:
 - XYZ
 - ABC
 - SUVW
 - DEFG
 - LMN
- Time For Performance. Contractor agrees to complete the performance of these services by mm/dd/yyyy.
- 3. **Invoices.** *Contractor* will submit record of hours for all services performed.
- 4. Payment. In consideration of *Contractor's* performance of these services, *Client* agrees to pay *Contractor* as follows: This agreement is for a flat sum of \$##. Contract total hours will be capped at ## hours. Additional hours require written consent of Client and are agreed to be compensated at \$##/hour. # equal payments of \$## will be paid: dd/mm, dd/mm, dd/mm.
- 5. Independent Contractor. The parties intend Contractor to be an independent contractor in the performance of these services. Contractor shall have the right to control and determine the method and means of performing the above services; Client shall not have the right to control or determine such method or means.
- **6. Other Clients.** *Contractor* retains the right to perform services for other clients.
- 7. Assistants. Contractor, at Contractor's expense, may employ such assistants as Contractor deems appropriate to carry out this agreement. Contractor will be responsible for paying such assistants, as well as any expense attributable to such assistants, including income taxes, unemployment insurance, and social security taxes, and will maintain workers' compensation insurance for such employees.
- **8. Equipment and Supplies.** *Contractor*, at *Contractor's* own expense, will provide all equipment, tools, and supplies necessary to perform the above services, and will be responsible for all other expenses required for the performance of those services.

I agree to perform the work listed above, and I accept the terms of this agreement as stated above.

SIGNATURE		
CONTRACTOR NAME	TIN (SSN/EIN)	
<u>SIGNATURE</u>		
EMPLOYER NAME	DATE	