



Banquet Server | Cashier | Hostess | Line Cook | Dishwasher | Housekeeper

INDEPENDENT CONTRACTOR AGREEMENT

This Agreement is entered into this day (date on signature), by and between Krang Staffing Services LLC (Corporation) and The Contractor (Name below). It is the express mutual intent of the Corporation and the Contractor to create an Independent Contractor relationship between the Corporation and the Contractor with the express understanding that the Contractor retains the sole and exclusive right to exercise control over the time, method and manner of the work to be performed.

It is further agreed that the Contractor will be responsible for payment of all federal and state taxes for services performed under this contract. The Corporation's sole responsibility will be to furnish a 1099 form to the Contractor on an annual basis.

It is expressly understood that this Agreement does not create an Employer/Employee relationship between the Corporation and the Contractor. This Agreement supersedes any and all other agreements, either oral or written, between the parties hereto with respect to the performance of services by Contractor for Corporation and contains all of the covenants and agreements between the parties with respect to the rendering of such services in any manner whatsoever.

Each party to this Agreement acknowledges that no representations, inducements, promises, or agreements, orally or otherwise, have been made by any party which are not embodied herein and that no other agreement, statement, or promise not contained in this Agreement shall be valid or binding. Any modification of this Agreement will be effective only if it is in writing and signed by the party to be charged. This Agreement shall be governed and construed in accordance with the laws of the State of Georgia.

Contractor Name *

First

Last

Date



dd-MMM-yyyy

Contractor Signature *



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REQUEST FOR TAXPAYER Identification Number and Certification

- I AGREE TO PROVIDE THE FOLLOWING INFORMATION AND ACKNOWLEDGE THAT I AM RESPONSABLE FOR FEDERAL AND STATE WITHHOLDING TAXES *
- The number I have provided is my correct Taxpayer Identification Number *
- I am exempt from backup withholding *
- I am a U.S. citizen or other U.S. person (e.g. U.S. resident alien) *

Name (as shown on your income tax return)

First

Middle

Last

Address *

Street Address / Apt, Suite #

City

State/Region/Province

Postal / Zip Code

What's your Tax ID?* (SSN)

(XXXXXXXX) NO DASHES NEEDED

Date *

dd-MMM-yyyy



Signature of U.S. person



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PAYROLL INFORMATION REQUIRED

Name *

First

Last

I AGREE TO PROVIDE THE FOLLOWING INFORMATION TO KRANG STAFFING SERVICES LLC FOR PAYROLL PURPOSES ONLY *

Bank Account Number

Bank Account Routing Number

Phone number *(associated with bank account)*

Email *

Checkbox

I rather to receive my payment through the mail to the following address:

Address

Street Address / Apt, Suite #

City

State/Region/Province

Postal / Zip Code

Signature *

applynow@krangstaffing.org

SEND