CITY OF NAPLES, FLORIDA

Independent Contractor Services Worksheet

(Attach completed worksheet to Independent Contractor Agreement)
(Reviewed September 2021)

This worksheet is designed to assist the City in determining if a worker is an employee or an independent contractor.

This form recognizes the factors identified by the Internal Revenue Service (IRS) as indicating whether a worker is an employee or independent contractor. The facts of the particular situation must be evaluated to determine the extent to which the public employer has: a) the right to control the worker's behavior, b) financial control over the worker and c) control over the relationship of the parties. Basically, an independent contractor is a worker over whom the employer has the right to direct or control *only* the result of the services and *not* the means and manner of the worker's job performance. The IRS provides details about worker status determinations in Publication 963.

<u>Instructions:</u> Check the appropriate response for each question below for the position and worker. If the relationship is unclear after analyzing the below factors, submit this worksheet and a copy of the Independent Contractor Agreement to the Finance Department for a determination.

Payee/Worker Name:		Type of Service:				
Information about the Worker (please	check one box) Corporation	☐ Partnership	Other			
Federal Employer Identification Number (FEIN) or Social Security Number (SSN):						
If Worker is a Corporation with a FEIN #, then the following information is not required (skip to signatures).						
				Emp Co	<u>ont</u>	
Is the worker a current employee of cannot be paid as independent cor	• '	Current employees	paid through City payroll	□ Yes □ I	No	
2. Was this worker an employee (on C	City payroll) in the	e past, doing simila	r or the same work?	□ Yes □ I	No	
3. Is the worker using experience or expertise gained as a previous employee of the City to provide the			□ Yes □ I	No		
independent contractor service?4. Does the City pay the worker an ho	ourly wage for wo	rk related to this ag	greement?	□ Yes □ I	No	
5. Does the City provide materials/supp pay subordinate workers related to	•	-	penses incurred or directly	□ Yes □ I	No	
6. Does the City have employees (not	t contractors) who	o also do the same	type of work?	□ Yes □ I	No	
7. Does the City give worker instructions, training or direction about how the work is to be performed?			□ Yes □ I	No		
8. Does the City directly supervise the	e worker while se	rvices are performe	ed?	□ Yes □ I	No	
9. Does the City require the worker to provide any reports?				□ Yes □ I	No	
10. Does the City restrict or deny the w same services outside of the City?	-	enhance or expand	their business or offer the	□ Yes □ I	No	
11. Does the City provide worker with a uniform, business cards or City Employee ID Badge?			□ Yes □ I	No		
12. Are the services the worker provide	es to the City full-	time (32+ hours pe	r week, year-round)?	□ Yes □ I	No	
13. List any specialized skills, training	g or certifications	provided by the wo	orker:			

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Please respond, and attach a copy of the docu	ments or proof if available	e:	
			Cont Emp
Does the worker have an established business and is a City of Naples?	available to perform similar serv	rices to clients other than the	□ Yes □ No
Does the worker have a City or County Business Licens	se for this business?		☐ Yes ☐ No
Does the worker have any other proof of independence	?		☐ Yes ☐ No
Has the worker registered as a vendor through the City	's Vendor Self Service System	w/current W-9?	☐ Yes ☐ No
I agree with the statements made above. Furthermo State of Florida Worker's Compensation Law (F.S. 44 I am a U.S. citizen or permanent resident of the U.S. cis correct. I understand that this is taxable income to model in the compensation of the U.S. of the Florida Statutes provide to mislead a public servant in the performance of his of as provided in section 775.082 or 775.083. I understant the ELECTRONIC SUBMITTAL By checking this box, typing your name in the Wo (via email), you affirm that all information contained we Furthermore, you understand and agree that your typing and effect as your written signature.	no) and that I meet the independent a non-resident alien and the me and that I am required to repose that a person who knowingly official duty shall be guilty of a mod I will receive a 1099 from the orker/Contractor Signature field within this document was comp	dent contractor definition, also deaddress and social security number this income on my U.S. Tax formakes a false statement in writing the second dead of the city for services provided. If below, and submitting this formated truthfully and to the best of	efined in F.S. 440 ber or FEID above Return annually. Ing with the intent gree, punishable an electronically four knowledge.
X Worker/Contractor Signature	Print Name & Title	Phone	Date

GENERAL GUIDELINES

An independent contractor under Chapter 440.02(13)(d), F.S.:

Facility/Contract Manager Signature

a. Maintains a separate business with her/his work facility, truck, equipment, materials or similar accommodations;

Print Name & Title

- b. Holds or has applied for a federal employer identification number, unless is a *sole proprietor who is not required to obtain a federal employer identification number under state or federal requirements;
- c. Performs or agrees to perform specific services or work for specific amounts of money and controls the means of performing the services or work;
- d. Incurs the principal expenses related to the service or work that she/he performs or agrees to perform;
- e. Is responsible for the satisfactory completion of work or services performed or agrees to perform and is or could be held liable for a failure to complete the work or services;
- f. Receives compensation for work or services performed for a commission or on a per-job or competitive-bid basis;
- g. May realize a profit or suffer a loss in connection with performing work or services;
- h. Has continuing or recurring business liabilities or obligations; and
- i. Is successful in business when the business has receipts greater than expenses.

Contractor Name: If you are an individual, you must generally provide the name shown on your social security card. However, if you have legally changed your last name, for any reason without informing the Social Security Administration of the name change, please enter your first name, the last name shown on your social security card, and your new last name.

*If you are a sole proprietor, you must furnish your individual name and either your SSN or FEIN. You may also enter your legal business name or legal "doing business as" name if your business is a legally established corporation, partnership, LLC, etc., in the State of Florida. Enter your name(s) as shown on your social security card and/or as it was used to apply for your FEIN on Form SS-4.

<u>NOTE:</u> Any payment made to a person who is currently a CITY employee must be made through payroll. Current City employees cannot be paid as independent contractors.

Date