



New Subcontractor Checklist

- ☐ Copy of DBA (Corporations Exempt)
- ☐ W-9
- ☐ Workmen's Compensation Insurance (Provided by your insurance company)
- ☐ General Liability Insurance (Provided by your insurance company)
- ☐ Copy of Driver's License
- ☐ Copy of Soc. Security Card or Birth Certificate or Passport
- ☐ Direct Deposit Form (Optional)
- ☐ Notice of 1099
- ☐ Subcontractor Agreement
- ☐ Independent Contractor Statement

ALL of the above documents must be submitted to National Ceiling & Partitions, Inc. before any **FUNDS** will be issued to the Subcontractor.

Please contact the office at 734-369-8183 with any questions and SUBMIT your forms to Accounting@NationalCP.com, or FAX to 734-369-8238.

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Direct Deposit Form (Optional)

Subcontractor Information

Name: _____

Address: _____

Email: _____

Company FEIN # or Social Security #: _____

Date to Start Direct Deposit: _____

Account Information

Bank: _____

Routing Number: _____

Checking Account #: _____

Savings Account # (If Applicable): _____

Deposit into (circle one): Checking YES / NO Savings YES / NO

Checking Amount: _____ \$ or % Savings Amount: _____ \$ or %

*Please circle "\$" or "%" above if split payment is requested.

Subcontractor Agreement

I authorize National Ceiling & Partitions, Inc. to automatically deposit my payroll check into the account(s) listed above and correct any entries made in error. I hereby declare that this information is true and correct and any error made above is subject to late payment and/or fees which may be deducted from my payroll. This authorization will remain in effect until I give written notice to cancel it.

Subcontractor Signature

Date

National Ceiling & Partitions, Inc.

Important Notice to our Subcontractors

The Internal Revenue Code requires a Form 1099 for payments to every person other than a corporation totaling \$600.00 or more in any calendar year, for services performed in the course of a trade of business.

The information must be prepared by January 31 of the following year and must include the Tax Payer Number of the payment recipient. Under federal Income Tax Law, you could be subject to a penalty imposed by the I.R.S for failing to provide me as a payer, with your Social Security Number.

Also, be advised that acceptance of payment for services performed in the course of business requiring a Form 1099 is NOT eligible for any Unemployment Benefits.

To avoid penalties and possible withholding of future payments, complete and return this bottom portion as soon as possible.

Name: _____

Signature: _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone Number: _____

National Ceiling & Partitions, Inc.

Subcontractor Agreement

I, _____ hereby contracts with National Ceiling & Partitions, Inc. to perform metal stud framing, drywall, acoustical, and other installation including all services as is normally accepted in the construction industry. Subcontractor agrees that their company will be paid only for accepted work-products and that National Ceiling & Partitions, Inc. will be the determining party of such production, and further, that such work-products will be performed independent of the management efforts of National Ceilings & Partitions, Inc. All payments are to be made on a job by job basis. It is acknowledged by all parties that the independent contractor status of _____ precludes all normal employee fringe benefits such as healthcare insurance, pension benefits, and unemployment compensations. A Form 1099 will be issued to all unincorporated subcontractors.

Subcontractors Name: _____

Street Address: _____

City, State, & Zip Code: _____

Social Security #: _____

Driver's License #: _____

Date: _____

Signature: _____

Independent Contractors Statement

Contractors Name: _____

1. I am a sole proprietor.
2. I have contracted my services with National Ceiling & Partitions, Inc. to complete metal stud framing, drywall, acoustical, or any other construction work in accordance with plans specifications.
3. I supply all tools necessary to complete contracted work.
4. I have worked for the following contractors during the period 01-01-19 to current:

Signature: _____

Date: _____

MICHIGAN WORKERS' COMPENSATION PLACEMENT FACILITY

INDEPENDENT CONTRACTOR WORKSHEET

TO BE COMPLETED BY THE INDEPENDENT CONTRACTOR

Policyholder Name form is being filled out for: _____

Subcontractor Name: _____

Doing Business As (DBA): _____

If DBA is filed, attach a copy.

1. I operate as a : ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Company

Note: If indicating Partnership, Corporation or Limited Liability Company, a **Certificate of Workers' Compensation Insurance or a properly filed Form BWC-337 must be submitted.**

2. The type of work I perform can be described as: _____

3. I hire employees or casual laborers to complete work for the named policyholder:

☐ Yes _____ Number hired (Attach Certificate of Workers' Compensation Insurance)

☐ No Form 1040 SCHEDULE C (Profit or Loss from Business) may be provided as verification.

4. I hire subcontractors to complete work for the named policyholder: ☐ Yes ☐ No

If yes, additional information may be required.

5. I have General Liability coverage: ☐ Yes ☐ No

If yes, a Certificate of General Liability Insurance is required.

6. To validate my standing as an independent contractor, I state that I do not exclusively depend upon the payments of the named policyholder and have worked for the following general contractors or clients during the past twelve months.

	NAME	CITY	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

I acknowledge that as a sole proprietor, I am by law not covered by or subject to the Workers' Disability Compensation Act.

I certify the above represents a true and complete statement of my status as an Independent Contractor. I understand a company representative may verify this statement at any time. If requested, I agree to provide documentation to verify my status as a sole proprietor.

Signed: _____ Date: _____
(Independent Contractor)

Phone Number: _____ Email Address : _____
(Required)

This form is utilized as a test of the above individual's independent status. By completing this form, it does not automatically remove the above individual's exposure from the audit of the policy period in question. **Additional information may be required.** If independent status is proven, the exposure will not be charged.