



## 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 [kaylee@nationalcp.com](mailto:kaylee@nationalcp.com), or FAX to 734-369-8238

# Direct Deposit Form (Optional)

## **Subcontractor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Company I.D #: \_\_\_\_\_

Date to Start Direct Deposit: \_\_\_\_\_

## **Account Information**

Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

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

Checking Amount: \_\_\_\_\_ Savings Amount: \_\_\_\_\_

## **Subcontractor Agreement**

I authorize National Ceiling & Partitions, Inc. to automatically deposit my payroll check into the account listed above and correct any entries made in error. 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.

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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:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_