



Dear Authorized Independent Contractor,

Thank you for your interest in partnering with Complete Line Services LLC. We are pleased to welcome you to the Team. This packet includes all the necessary forms for you to engage as an independent contractor and begin providing services. Please note that payment for services will only be issued once all required forms have been completed and returned.

Independent Contractor Agreement

IRS Form W-9

Pay Selection/ Direct Deposit Authorization

To be paid for services rendered, time worked must be reported to the site manager to approve and submitted to Complete Line Services LLC for payment, by the submission deadline. Complete Line Services LLC strives to promptly pay all contractors for completed work; Complete Line Services LLC will issue payment to the contractor within 7 business days upon receiving the proper documentation and payout weekly on Friday thereafter.

As a 1099 tax status agency or independent contractor, vendors will not have any taxes withheld from your payment. Vendors receive an IRS 1099 if they meet the IRS threshold for receiving a 1099, which are mailed out on January 31st. Allow two weeks for delivery.

Should you need any assistance, please contact our office at 903.851.2633 or [adaniels@completelineservices.com](mailto:adaniels@completelineservices.com).

We look forward to working with you!

Sincerely,  
The CLS Team

**Complete Line Services LLC**

• Corsicana, Texas •

E-mail: [completelineservices@gmail.com](mailto:completelineservices@gmail.com)



## Instructions for Independent Contractor Forms

Please complete the following forms to enroll as an independent contractor with Complete Line Service LLC. Use the instructions and checklist below to guide you through the process. All areas highlighted in yellow on the following forms must be completed.

- The **Independent Contractor Agreement** outlines the responsibilities of the contractor. Complete, sign, and date the highlighted fields on the form.

Complete the Contractor Information box at the top of the form.

Consumer / Employer must sign and date at the bottom of the form.

Sign and date at the bottom of the form.

- **IRS Form W-9** provides Complete Line Services LLC with the required information, per IRS regulations.

Complete Box 1 with your name as shown on your income tax return.

Write your Business name in Box 2 (if different from Box 1)

Make the appropriate selection in Box 3.

Select Box 4 if appropriate.

Complete Box 5 and Box 6 with your complete address.

Complete Box 7 with your account number (optional)

Write your Taxpayer Identification Number (TIN) in the appropriate boxes of Part 1.

Sign and date the bottom of the form.

- The **Direct Deposit Authorization Agreement** gives Complete Line Services LLC the authority to pay you via electronic funds transfer.

Select an option for Request Type at the top of the form.

Complete all fields in the Account Information section.

Attach one of the following forms of validating documentation:

❖ A voided check (no temporary checks or deposit slip).

❖ A typed letter from your bank on the bank's letterhead with your name, account number and routing number.

Sign and date at the bottom where highlighted.

**Complete Line Services LLC**

• Corsicana, Texas •

E-mail: [completelineservices@gmail.com](mailto:completelineservices@gmail.com)



# Complete Line Services LLC Independent Contractor Agreement

| Contractor Information |                       |
|------------------------|-----------------------|
| <b>Print Name:</b>     | <b>Last 4 of SSN:</b> |

Complete Line Services LLC aka “CLS” hereby engages the listed above as an independent contractor. The Contractor hereby accepts such engagement to perform services for CLS at any of the Servicing Job Sites. The Contractor agrees to complete all work under this contract in a workmanship like manner and in compliance with all building codes and other applicable laws. The Contractor warrants such, and guarantees all work performed for CLS meet all service requirements. The Contractor agrees to indemnify and hold CLS harmless from issues that arise from the Contractor’s work, including but not limited to, claims or liens in connection with the work performed, or from losses, expenses, damages, and injuries due to the Contractor failing to perform work in a reasonable workmanlike manner. Additionally, Contractor agrees to indemnify and hold CLS harmless for any damage to, loss of, or theft of tools, materials, or property & will be solely responsible for reimbursing.

CLS strives to promptly pay all contractors for completed work; CLS will issue payment to Contractor within 7 business days upon receiving the proper documentation and payout weekly on Friday thereafter.

## State and Federal Taxes

CLS will not withhold FICA (Social Security and Medicare taxes) from Contractor's payments or make FICA payments on Contractor's behalf, make state or federal unemployment compensation contributions on Contractor's behalf, or withhold state or federal income tax from Contractor's payments. Contractor shall pay all taxes incurred while performing services under this Agreement—including all applicable income taxes and, if Contractor is not a corporation, self-employment (Social Security) taxes.

|       |       |
|-------|-------|
| Sign: | Date: |
|-------|-------|

Participant/Employer Signature

|              |              |
|--------------|--------------|
| <b>Sign:</b> | <b>Date:</b> |
|--------------|--------------|

Contractor Signature

## Complete Line Services LLC

• Corsicana, Texas •  
E-mail: [completelineservices@gmail.com](mailto:completelineservices@gmail.com)

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

|   |   |  |
|---|---|--|
| Print or type. See Specific Instructions on page 3.   | <b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)  |  |
|   | <b>2</b> Business name/disregarded entity name, if different from above.  |  |
|   | <b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  |  |
|   | <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____<br><b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.<br><input type="checkbox"/> Other (see instructions) _____ |  |
|   | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  |  |
|   | Exempt payee code (if any) _____  |  |
|   | Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____   |  |
| <b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> |   |  |
| <b>5</b> Address (number, street, and apt. or suite no.). See instructions.   |   |  |
| Requester's name and address (optional)   |   |  |
| <b>6</b> City, state, and ZIP code  |   |  |
| <b>7</b> 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.

|                                       |  |  |  |   |  |  |   |  |  |  |
|---------------------------------------|--|--|--|---|--|--|---|--|--|--|
| <b>Social security number</b>         |  |  |  |   |  |  |   |  |  |  |
|                                       |  |  |  | - |  |  | - |  |  |  |
| <b>or</b>                             |  |  |  |   |  |  |   |  |  |  |
| <b>Employer identification number</b> |  |  |  |   |  |  |   |  |  |  |
|                                       |  |  |  | - |  |  |   |  |  |  |

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

## Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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.

|                  |                                 |             |
|------------------|---------------------------------|-------------|
| <b>Sign Here</b> | <b>Signature of U.S. person</b> | <b>Date</b> |
|                  |                                 |             |

## 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](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



# Pay Selection and Direct Deposit Authorization -Contractors

## HOW WOULD YOU LIKE TO BE PAID?

**Payment Selection: (please check only one box )**

Paper Check

Direct Deposit

**Request Type (check one):**

New Account Setup

Change in Existing Account

Cancellation

## DIRECT DEPOSIT ACCOUNT INFORMATION

Account Holder's Full Name

Financial Institution

Routing Number

Account Number

Type of Account (select one):

Checking

Savings

**REQUIRED:** The following validating documentation is attached:

Voided check with account holder name printed on the check

Check cannot be a temporary check.

**OR**

Official documentation from financial institution listing account holder name, account, and routing number, this includes letters from banks

I hereby authorize Complete Line Services LLC to deposit any amounts owed to me, electronically to my account at the financial institution of my choice indicated on this form. I understand Complete Line Services LLC is not responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. Complete Line Services LLC is not responsible for any charges I incur from my financial institution. Any changes to my account must be submitted to Complete Line Services LLC immediately. This authorization will remain in full force and effect until Complete Line Services LLC has received written cancellation in such time and in such manner as to afford Complete Line Services LLC and all appropriate financial institutions a reasonable opportunity to act on it.

Printed Name:

Signature:

Date:

**Complete Line Services LLC**

• Corsicana, Texas •

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