

# Innovative Technologies, Inc.

## Freelance Subcontractor Information Sheet

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

Company Name: \_\_\_\_\_  
(if applicable)

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

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
and Telephone #: \_\_\_\_\_

Phone: \_\_\_\_\_

Are you incorporated? YES \_\_\_\_\_ NO \_\_\_\_\_

Labor Categories: \_\_\_\_\_

Hourly Labor Rates: Regular: \_\_\_\_\_ Overtime: \_\_\_\_\_

Overtime will be charged after \_\_\_\_\_ hours of work per \_\_\_\_\_  
(#) day/week

Are there any circumstances under which you would charge a rate other than those listed above?

Rate: \_\_\_\_\_ Reason: \_\_\_\_\_

Rate: \_\_\_\_\_ Reason: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

or

Social Security #: \_\_\_\_\_

I hereby certify that I am an Independent Contractor, not an employee of Innovative Technologies, Inc. As such, I am fully responsible for all federal income taxes, social security taxes, state income taxes, and workman's compensation insurance. I further understand that Innovative Technologies, Inc. will not issue any checks in payment of services rendered until this form is completed and returned to their corporate offices. *ITI has the right to cancel up to 24 hours in advance of a scheduled start time, after which we may be billed by the freelancer. Please initial here x\_\_\_\_\_.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature