INDEPENDENT CONTRACTOR EARNINGS STATEMENT

Statement of Self-Employment Income

CONTRACTOR INFORMATION

Name:

Business Name:

SSN / EIN:

Address:

CLIENT / PAYER INFORMATION

Company Name:

Contact Person:

Phone / Email:

Address:

Statement Date:		**Payment Method:**	
Period Start Date:		**Period End Date:**	

DATE	DESCRIPTION OF SERVICES RENDERED	HOURS / QTY	RATE ($)	AMOUNT ($)

Gross Earnings	

Expenses / Deductions	
Net Earnings	

Declaration: I hereby certify that the above statement of services rendered and earnings received is true and accurate to the best of my knowledge. I acknowledge that as an independent contractor, I am responsible for all federal, state, and local taxes associated with these earnings.

CONTRACTOR SIGNATURE

DATE