# 1099 CONTRACTOR FEE PAYMENT STRUCTURE

## PARTIES & AGREEMENT CONTEXT

CLIENT / COMPANY NAME

INDEPENDENT CONTRACTOR NAME

AGREEMENT DATE

TAX ID / EIN / SSN (CONTRACTOR)

## PAYMENT BASIS

- ☐ Hourly Rate
- ☐ Fixed Flat Fee
- ☐ Milestone-Based
- ☐ Retainer

RATE / FEE AMOUNT ($)

MAXIMUM CAP / BUDGET LIMIT ($)

## MILESTONE & DELIVERABLE SCHEDULE

| DELIVERABLE / MILESTONE DESCRIPTION | TARGET DATE | PAYMENT AMOUNT ($) |
|---|---|---|
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## INVOICING & PAYMENT TERMS

- ☐ Weekly
- ☐ Bi-Weekly
- ☐ Monthly
- ☐ Upon Milestone Completion

NET PAYMENT TERMS (E.G., NET 15, NET 30)

ACCEPTED PAYMENT METHOD(S)

## REIMBURSABLE EXPENSES

☐ No expenses are reimbursable.
☐ Pre-approved expenses are reimbursable (specify below).

## SPECIAL PAYMENT PROVISIONS & TERMS

CLIENT AUTHORIZED SIGNATURE

PRINTED NAME

DATE

CONTRACTOR SIGNATURE

PRINTED NAME

DATE