Independent Contractor

Employment Verification Form

This form is used to verify the employment of an independent contractor for compliance and reporting purposes.

Contractor Information:

Name: _____

Address: _____

Contact Number: _____

Taxpayer Identification Number (TIN): _____

Employer Information:

Company Name: _____

Address: _____

Phone Number: _____

Contract Details:

Contract Title	Start Date	End Date	Payment Terms

Certification:

☐ **I confirm the independent contractor's employment details as provided above.**

Signatures:

Contractor Signature: _____

Date: _____

Employer Representative Signature: _____

Date: _____