



# High School Soccer Officials of Central Florida

c/o Utchel Financial Services  
P O Box 180896  
Casselberry, FL 32718-0896  
(407) 830-5331

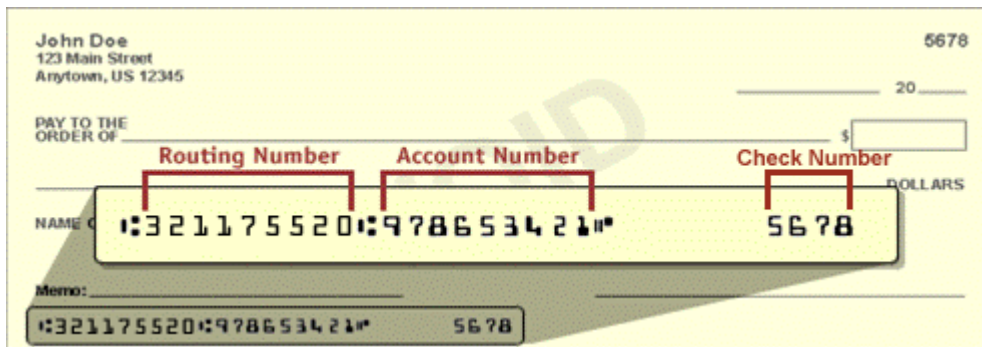
www.hssocf.com • www.arbitersports.com • www.becomeanofficial.org

## 2014-15 Independent Contractors Agreement & Form W-9 Request for Taxpayer Identification Number

*This form & the requested information are NOT optional. An IRS form W-9 will not substitute for this form as it is missing some of the required information for our database.*

Official's Name:		
Business Name:		
Mailing Address:		
City:	State:	Zip:
Email:		
Cell Phone:	Home Phone:	Work Phone:
Driver's License:	State:	DOB:
Social Security #:	FEIN (if business):	
Routing Number:	Account Number:	

1. Save document to your computer, then PRINT. DO NOT SCAN OR SEND ELECTRONICALLY.
2. Attach canceled check [here](#). HSSOCF can only set up auto-deposit with a canceled check on file.
3. Mail to HSSOCF c/o Utchel Financial Services, P O Box 180896, Casselberry, FL 32718-0896.



### Official agrees that:

- I will be performing services for HSSOCF as an independent contractor.
- I am not subject to backup withholding of Federal Income Tax for Internal Revenue Service purposes.
- I will be performing services as a Sports Official at interscholastic sports events.
- I understand that HSSOCF is not responsible for providing Worker's Compensation insurance coverage for the officiating services I perform.

### As an Independent Contractor, Official agrees that:

1. I maintain my own business address and provides own transportation, work equipment, and work materials, including the current USSF uniform with wide stripes in red & yellow, and solid black shorts (no stripes or piping).
2. I am able, with prior sufficient notice, to refuse or cancel my assignment to officiate a sports event.
3. I am able to perform work for any entity in addition to HSSOCF at my election without the necessity of completing an employment application or process.
4. I am not insured by HSSOCF for injury, accident, or other liability incurred in performing the scheduled assignment.
5. I will receive compensation for services rendered upon completion of a task as defined by Florida High School Athletic Association (FHSA) and the School promoting the sports event.
6. I will be performing services for a specific amount of money and will control the means of performing the service in keeping with FHSA and HSSOCF guidelines.
7. I will incur the principal expense related to the services performed.
8. I will receive compensation for services performed on a per-job basis.
9. I am responsible for the satisfactory completion of the work or services agreed to perform, including but not limited to the timely submission of all AT6 Unsporting Conduct Incident Report Forms to FHSA.
10. I authorize HSSOCF to deduct forty-five (\$45) dollar annual Association dues from compensation for services performed.
11. I will maintain status as a "member in good standing" of HSSOCF.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_