



BURLINGTON

Healthcare Providers, LLC

INDEPENDENT CONTRACTOR STATEMENT

Date

Name

Address

City, ST, Zip

I, _____, am reimbursed as an independent contractor. I further agree to abide by the guidelines of the IRS regarding payment of all taxes, FICA, and other payments due the state and federal government as outlined for an independent contractor.

Name

Social Security Number/Tax ID #

(Date)_____