



Dear Contractor,

Thank you for considering working with The Mountaineers! In order to engage in contract work with our organization, we will need the following from you *before* beginning work:

- Proof of WA State Business License (UBI#) – *if applicable*
- W-9
- Proof of liability insurance
- Written Contract for Services

After work is completed, we will need an invoice or check request from you in order to submit payment.

When you engage in contract work with The Mountaineers, you can expect:

- Payment within 30 days of invoice receipt
- If you are an individual, an IRS Form 1099 if compensation is \$600 or more in a calendar year

Please submit all documentation to your main point of contact at The Mountaineers *and* to the email address [accounting@mountaineers.org](mailto:accounting@mountaineers.org).

Also please understand that, as a volunteer-driven organization, our payment approval and processing system has a number of checks and balances to ensure sound organizational practices. We try to empower our volunteers to get tremendous things done for the organization, but there are some limitations on what types of agreements they can make without central approval. Please note that The Mountaineers staff and volunteers are not authorized to enter into any oral or written contracts of greater than 30 days or \$5,000 with any vendor or service provider without prior approval by the Director of Operations, CEO, or authorized Board member. Contracts less than 30 days and \$5,000 and below may be authorized by staff.

Questions regarding this documentation or information should also be directed to both your main point of contact at The Mountaineers and to [accounting@mountaineers.org](mailto:accounting@mountaineers.org).

We look forward to working with you!

Sincerely,

The Mountaineers Accounting Department  
Seattle Program Center, Mountaineers Headquarters

**The Mountaineers**  
**[JOB DESCRIPTION] AGREEMENT**

THIS CONTRACT is made by and between The Mountaineers, a 501-c3 organized not-for-profit organization located at 7700 Sand Point Way NE, Seattle, hereinafter referred to as "The Mountaineers" and \_\_\_\_\_ of \_\_\_\_\_, hereinafter referred to as "Contractor."

Name

Address

**RECITALS**

1. The Mountaineers desires to have the following services performed at its place of business:  
\_\_\_\_\_
2. Contractor agrees to perform these services for The Mountaineers under the terms and conditions set forth in this contract.

In consideration of the mutual promise set forth herein, it is agreed by and between The Mountaineers and Contractor:

**SECTION ONE**  
**DESCRIPTION OF WORK**

The work to be performed by Contractor includes all services generally performed by Contractor in their usual line of business, including but not limited to, the following: (Please include a general description of work to be performed.)

**SECTION TWO**  
**RELATIONSHIP OF PARTIES**

The parties intend that an independent contractor-organization relationship will be created by this contract. The Mountaineers is interested only in results obtained under this contract and the conduct and control of the work will lie solely with Contractor.

Contractor is not to be considered an agent or employee of The Mountaineers for any purpose, and is not entitled to the benefits provided by The Mountaineers to its employees, including but not limited to, group insurance, pension plans, paid vacation, sick leave and paid holidays. Contractor is free to contract for similar services to be performed for others while he is under contract with The Mountaineers. It is further understood that The Mountaineers does not agree to use Contractor exclusively but is free to engage other independent contractors to perform the same work that Contractor performs hereunder.

**SECTION THREE**  
**PAYMENT**

The Mountaineers shall compensate Contractor the sum of \$\_\_\_\_\_ per completed case irrespective of time worked. If, in the judgment of the Contractor, the work requires special procedures and skills beyond those generally performed, Contractor shall receive additional compensation in the amount of \$\_\_\_\_\_.

**SECTION FOUR  
TAXES**

Contractor shall be solely responsible for payment of all taxes owed as a result of work performed under this contract, including estimated federal income tax liability, self-employment tax, and Social Security (FICA) tax. Company shall not, under any circumstances deduct any taxes from Contractor's payments.

**SECTION FIVE  
TIME DEVOTED TO WORK**

In the performance of this service, the aforesaid services and hours to be worked will be entirely within Contractor's control. The Mountaineers will rely upon Contractor to put in such number of hours as is reasonably necessary to fulfill the spirit and purpose of this contract.

**SECTION SIX  
INDEMNIFICATION AND HOLD HARMLESS**

The Contractor, and on behalf of Contractor's employees, Contractor's sub-contractors, and Contractor's agents, shall defend, indemnify and hold harmless The Mountaineers, its officers, officials, employees and volunteers from and against any and all claims, suits, actions, or liabilities for injury or death of any person, or for loss or damage to property, which arises out of the services outlined above; except only such injury or damage as shall have been occasioned by the sole negligence of The Mountaineers.

Contractor has provided The Mountaineers with a certificate of insurance from our agency with minimum limits of general liability coverage of \$1 Million per occurrence/\$2 Million aggregate; naming The Mountaineers as additional insured.

**SECTION SEVEN  
DURATION**

Either party may cancel this contract on \_\_\_\_\_ days' written notice; otherwise, the contract shall remain in force for the term beginning \_\_\_\_\_ and continue until and including \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, (Year).

\_\_\_\_\_  
The Mountaineers Authorized Representative

\_\_\_\_\_  
Contractor (Name and Address)

\_\_\_\_\_  
Signature (The Mountaineers)

\_\_\_\_\_  
Signature (Contractor)

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

<b>Print or type.</b>	<b>See Specific Instructions on page 3.</b>	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate         </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____         </p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p style="font-size: small;">(Applies to accounts maintained outside the U.S.)</p>
		<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
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<b>or</b>								
<b>Employer identification number</b>								
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## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*