

SELF – EMPLOYMENT VERIFICATION

Business Name:			E	Business Tax ID #	:		
I,	of my knowledgo of Alameda Coun n independent co ve 1099 by the en that I must subn Filings with adjus Logs, Copy of De	ge. I understand ty representation ontractor in the nd of the year of nit the following sted gross incon posited Checks	d that all the info ve and audit per profession listed r has to report se g: 1099 Form, Ta ne, Business Lice (Front and Back	sonnel. I certify u d below. Independ elf-employment to ex Returns, Tax Tro nse Permit, Adver copies from bank	orm is held in o nder penalty o dent contracto ax to Internal F anscripts at the tisement Docu	confidence and of perjury that I or defined as Revenue e end of the oments, Copies	
Employee Signature:	Date:						
Home				P	hone:		
Business Address:							
Job Title:			В	Business Phone #	# :		
Business Hours of Operation:							
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Open							
Close							
Date Business Started: Work Schedule Satisfactoria for the formatter and the forma							
Set Schedule: □ Varied Schedule: □ Section A Section B							
Monday Tuesday Wednesday Thursday Friday Saturday	day am/pm to am/pm day am/pm to am/pm day am/pm to am/pm sday am/pm to am/pm ay am/pm am/pm am/pm rday am/pm to am/pm			Hours & Days vary each week: Max. hours per week: Max. days per week: I worked the same hours each week, but different days. State the hours: am/pm to am/pm I work the same days, but different hours each week. Circle the days: M T W R F SA SU			
Describe the method of payment? I get paid by: By Cash: Personal Check: Amount \$ Daily Weekly Monthly							
Describe the Torre of Business							
Describe the Type of Business:							

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