

ADDRESSES FOR BUDGET REQUESTS

CHAMBER OF COMMERCE

1990/91 BUDGET

West Nassau Chamber of Commerce \$ 3,850.00  
Paul Schwend, President  
P.O. Box 98  
Callahan, FL 32011  
879-1441

Amelia Island-Fernandina Beach/Yulee \$ 1,750.00  
Ed Rodriguez, Executive Director  
P.O. Box 472  
Fernandina Beach, FL 32034  
261-3248

Committee of 100 of Nassau County, Inc. \$ 1,750.00  
Ed Rodriguez, Executive Vice President  
P.O. Box 1699  
Fernandina Beach, FL 32034  
261-6153

NOT FOR PROFIT AGENCIES

Mental Health Center of Jacksonville \$111,575.00  
Charles N. Landreth, Executive Director  
3333 20th Street West  
P.O. Box 9010  
Jacksonville, FL 32208  
695-9145

Association For Retarded Citizens \$38,500.00  
Ron Gentry, Executive Director  
P.O. Box 999  
Yulee, FL 32097  
225-9355

Nassau County Council on Aging, Inc. \$66,000.00  
Connie Hufstetler, Executive Director  
1389 Hospital Drive  
Fernandina Beach, FL 32034  
261-0701

Episcopal Child Day Care Centers, Inc. \$12,560.00  
151 West 10th Street  
P.O. Box 40605  
Jacksonville, FL 32203  
355-5920

NOT FOR PROFIT CONT'D

Fernandina Senior Squadron \$ 600.00  
Civil Air Patrol  
Gordon R. Reilly  
P O Box 6282  
Fernandina Beach, FL 32034  
261-8385

Northeast Florida Community Action \$ 4,000.00  
Agency, Inc.  
135 Riverside Avenue  
P.O. Box 52025  
Jacksonville, FL 32201  
358-7474

VOLUNTEER FIRE DEPARTMENTS

Nassauville Volunteer Fire Department \$17,845.00  
Chief Ralph Watson  
Route 1, Box 107A  
Fernandina Beach, FL 32034  
261-0606

Yulee Volunteer Fire Department \$35,690.00  
Chief Duane Meeks  
Rt 2, Box 177  
Yulee, FL 32097  
225-5727

Callahan Fire Department \$35,690.00  
Chief Ron Gordon  
Town of Callahan  
P.O. Box 162  
Callahan, FL 32011  
879-2223

Hilliard Volunteer Fire Department \$35,690.00  
City of Hilliard  
Chief Larry Anderson  
P.O. Box 249  
Hilliard, FL 32046

VOLUNTEER FIRE DEPT'S CONT'D

Bryceville Fire and Rescue \$17,845.00  
Chief Charles Dixon  
✓ P.O. Box 14  
U.S. 301  
Bryceville, FL 32009  
266-4224

Nassau Village/Gray Gables Volunteer \$17,845.00  
Fire Department  
Chief Larry J. Beck  
P.O. Box 831  
Callahan, FL 32011

River Road Volunteer \$17,845.00  
Chief L. J. Bennett  
✓ Rt 2 Box 335M  
Hilliard FL 32046  
879-3361

Ratliff Community Volunteer \$ 7,500.00  
Chief James E. Sheffield  
Fire and Rescue Department, Inc.  
P. O. Box 752  
Callahan, Fl. 32011

OTHER ADDRESSES

Nassau County Public Library  
Carolyn Fitz, Librarian  
4th Street  
Fernandina Beach, FL 32034

Northeast Florida Fair Association, Inc. \$10,500.00  
T.J. Greeson, Chairman

Florida Department of Agriculture & \$ 3,000.00  
Consumer Services  
Division of Forestry  
Mary Lou Levesque, Secretary  
8719 West Beaver Street  
Jacksonville, FL 32202  
(county forester assessment)

Florida Department of Agriculture & \$10,171.00  
Consumer Services  
Division of Forestry  
Robert C. Williams, Forest Area Supervisor  
Route 3, Box 299  
Hilliard, FL 32046  
(fire protection land assessment)

OTHER CONT'D

Jacksonville Public Libraries \$130,858.00  
Judith L. Williams, Director  
122 North Ocean Street  
Jacksonville, FL 32202-3374

Nassau County Health Department  
Dr. David Page, Director  
P.O. Box 517  
Fernandina Beach, FL 32034  
(indigent & health dept)

Northeast Florida Regional Planning Council \$11,347.00  
James J. Catlett, Executive Director  
8649 Baypine Road, Suite 110  
Jacksonville, FL 32256-7537  
(115-081)

Fourth Judicial Circuit of Florida  
W.M. Alexander, Court Administrator  
Family Mediation Trust Fund  
Room 219 Duval County Courthouse  
Jacksonville, FL 32202  
(121-011-31-101)

COUNTY DEPARTMENTS WITH MAILING ADDRESSES

Nassau County Veteran Service Officer  
Hilda Valero  
P.O. Box 11  
Fernandina Beach, FL 32034

Mary Williams  
Nassau County Extension Agent  
P.O. Box 1550  
Callahan, FL 32011

Nassau Soil & Water Conservation District  
~~Thomas Ford~~ Sharon Williams  
P O Box 753  
Callahan FL 32011

\$ 1100

Nassau General Hospital  
Mr. Hugh White Administrator  
1700 East Lime Street  
Fernandina Beach FL 32034

CLEANING & BOOKING OF COUNTY BUILDINGS

\$ 82.94 p/m

X Oneal-Cleaning

Annie Mae Oliver

Rt. 4 Box 157

Fernandina Beach, Fl. 32034

\$ 50.00 p/m

Oneal-Booking

Vivian Zetterower

Rt. 7 Box 900

Fernandina Beach, Fl. 32034

\$175.16 p/m

Y Callahan-Cleaning & Booking

Martha Conway

P. O. Box 787

Callahan, Fl. 32011

879-3347

\$130.32 p/m

Z Mult-Purpose-Cleaning

Bea Pettyjohn

P. O. Box 23

Hilliard, Fl. 32046

\$130.32 p/m

Bryceville Fire-Cleaning

*Hand written: Daniel Weller*  
Rt. 1, Box 40

Bryceville, Fl. 32009

\$195.92 p/m

Y Yulee-Cleaning & Booking

Brenda Shuman

225 Claxton Road West

Yulee, Fl. 32097

MISCELLANEOUS AGREEMENTS

911 Coordinator  
Ronald E. Featherston  
2751 5th Street  
Fernandina Beach, Fl. 32034

Pamela Selton - Recycle Coordinator  
82 Laurel Oak  
Fernandina Beach, Fl. 32034

January 9, 1990-91

Dr. Farid Ullah  
Medical Director  
1750 E Lime Street #4  
Fernandina Beach, Fl. 32034

Floy Conner  
Rt. 7 Box 210  
Yulee, Fl. 32097

Indigent Care  
\$10.00 per month

Tax Collector - Acct 373118-0551  
Duval County Courthouse  
2100 Jefferson Street  
Jacksonville, Fl., 32206  
(Autopsies)

\$500.00 per service

Goodwins Beachcombers, Inc.  
2641 Lorna Road  
Jacksonville, Fl. 32211

Michael Mullin  
County Attorney  
P. O. Box 1565  
Fernandina Beach, Fl. 32034

\$ 49,875.00

City of Fernandina Beach  
P.O. BOX 668  
Fernandina Beach, fl 32034  
(library aid)

\* 41,058

**MISCELLANEOUS**

**Nassau Sanitation Service  
4804-B First Coast Highway  
Fernandina Beach, Fl. 32034**

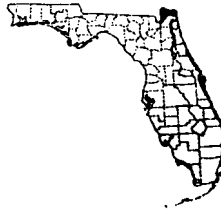
**Coastal Telephone Service  
Route 2, Box 995  
Yulee, Fl. 32097**

**\$2,785.00  
10/1/90-9/30/91**

**Lewis Stokes Sanitation  
P. O. Box 237  
Hilliard, Fl. 32046**



OFFICE OF  
**T. J. GREESON**  
 CLERK OF THE CIRCUIT COURT  
 CLERK OF THE COUNTY COURT  
 AUDITOR AND RECORDER  
 NASSAU COUNTY  
 P. O. BOX 456  
 FERNANDINA BEACH, FLA. 32034  
 PHONE 361-6127



Joyce

MEMORANDUM

TO: MIKE MULLIN, COUNTY ATTORNEY  
 FROM: T.J. GREESON, CLERK OF COURTS  
 DATE: OCTOBER 26, 1990  
 SUBJECT: 1990/91 CONTRACTS

Enclosed are copies of old contracts which need to be review by you in order to process contracts for budget year 1990/91. Notations have been made on these copies and proposed wording changes or additions attached. It has also been brought to my attention that the County needs to insure that its "Independent" contractors are properly classified and are not really "Employees." I have attached a recent memo from Cathy Lewis, dated 10/11/90 and IRS publication SS-8 concerning proper classification information. Contracts with Ron Featherston, Farid Ullah, Pam Selton, Beachcombers, and you, also must be reviewed to determine proper classification. Thank you for your assistance.

cc: Cathy Lewis  
 Mary Potochnik  
 ✓ Joyce Bradley  
 Independent Contractor File

Enclosures:  
 Cleaning and Rental Contracts (3)  
 Volunteer Fire Contract  
 Mental Health Center Contract  
 Not For Profit Contract (ARC, Episcopal, Fern. Sr. Sq., NEFCAA)  
 Committee of 100  
 Chamber of Commerce  
 10/11/90 memo  
 IRS Form SS-8

*Mike reviewed agreements 11-14-90  
 said OK*



AGREEMENT

Cleaning + Rental  
Contract  
1. Brenda Shuman  
2. monthly - C. H. H. H.

THIS AGREEMENT entered into this 21<sup>st</sup> day of November, 1989 by and between the Board of County Commissioners of Nassau County and Brenda Shuman, 225 Claxton Road West, Yulee, Florida 32097.

WHEREAS, the Board of County Commissioners of Nassau County desire that the Yulee County Building, located in Yulee, Florida, be maintained in an orderly and clean manner for the public, and that a schedule for rental of same be maintained, and

WHEREAS, Brenda Shuman has agreed to perform the service of keeping a rental schedule and to maintain the building in a clean manner.

IT IS AGREED, by and between the parties, for and in consideration of the mutual covenants contained herein that:

1. Brenda Shuman shall clean the Yulee County Building, located in Yulee, Florida each and every month commencing on the date of this agreement and extending for a period of one year thereafter. Both parties may mutually agree to extend the one year period.

*lts*  
2. Brenda Shuman shall devote no more than twenty (20) hours per month for the cleaning of the building and shall devote whatever time is necessary, within the twenty (20) hour maximum, to clean the building.

*Insert (A) Wp...*  
3. The County reserves the right to terminate this agreement should the building not be maintained in an acceptable manner.

4. Brenda Shuman shall be compensated at a monthly rate of \$187.92, for a total yearly compensation amount of \$2,255.04.

5. Brenda Shuman shall submit invoices for the cleaning services on a monthly basis, with same being paid within 30 days of receipt by the county.

*Insert (B)* EXECUTED this 21<sup>st</sup> day of November, 1989.

*Jimmy L. Higginbotham*  
JIMMY L. HIGGINBOTHAM, CHAIRMAN  
BOARD OF COUNTY COMMISSIONERS

*T. J. "Jerry" Greeson*  
T. J. "JERRY" GREESON  
EX-OFFICIO CLERK

*Brenda Shuman*  
BRENDA SHUMAN

Nassau County, Florida  
Sworn and subscribe before me on this 17<sup>th</sup> day of November, 1989.

*Marcie J. Armstrong*  
NOTARY

*M. Greeson, Clerk by B. Shuman*

MARCIE J. ARMSTRONG, NOTARY PUBLIC  
THE STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES 11-02-91

BOARD MEETING

DATE: 11-14

1989

SIGN: /

FO: \_\_\_\_\_

*Bea Pettyjohn*  
*clean only*  
AGREEMENT

THIS AGREEMENT entered into this 14 day of December, 1989 by and between the Board of County Commissioners of Nassau County and Bea Pettyjohn, Post Office Box 23, Hilliard, Florida, 32046.

WHEREAS, the Board of County Commissioners of Nassau County desire that the offices located at the West Nassau Multi Use Facility, located in Callahan, Florida, be maintained in an orderly and clean manner for the public, and

WHEREAS, Bea Pettyjohn has agreed to perform the service to maintain these offices in a clean manner.

IT IS AGREED, by and between the parties, for and in consideration of the mutual covenants contained herein that:

1. Bea Pettyjohn shall clean the offices at the West Nassau Multi Use Facility, located in Callahan, Florida each and every month commencing on the date of this agreement and extending for a period of one year thereafter. Both parties may mutually agree to extend the one year period.

*lt*  
~~2. Bea Pettyjohn shall devote no more than twenty (20) hours per month for the cleaning of the offices and shall devote whatever time is necessary, within the twenty (20) hour maximum, to clean the building.~~

*ret A*  
*item #2*  
3. The County reserves the right to terminate this agreement should the building not be maintained in an acceptable manner.

4. Bea Pettyjohn shall be compensated at a monthly rate of \$125.00, for a total yearly compensation amount of \$1,500.00.

5. Bea Pettyjohn shall submit invoices for the cleaning services on a monthly basis, with same being paid within 30 days of receipt by the county.

EXECUTED this 14 day of December, 1989.

*Jimmy L. Higginbotham*  
JIMMY L. HIGGINBOTHAM, CHAIRMAN  
BOARD OF COUNTY COMMISSIONERS

*T. J. Greeson*  
T. J. "JERRY" GREESON  
EX-OFFICIO CLERK

*Bea Pettyjohn*  
BEA PETTYJOHN  
NOTARY PUBLIC, STATE OF FLORIDA  
MY COMMISSION EXPIRES AUG. 2, 1991.  
*Linda M. [unclear]*

*Johnson, Clerk, by J. Bradley, D.C.*

Zetterower

AGREEMENT

THIS AGREEMENT entered into this 18<sup>th</sup> day of December, 1989 by and between the Board of County Commissioners of Nassau County and Vivian Zetterower, Route 7, Box 900, Fernandina Beach, Florida 32034.

WHEREAS, the Board of County Commissioners of Nassau County desire that a schedule for rental be maintained for the O'Neil County Building, located in O'Neil, Florida, and

WHEREAS, Vivian Zetterower has agreed to perform the service to maintain a schedule for the O'Neil County Building.

IT IS AGREED, by and between the parties, for and in consideration of the mutual covenants contained herein that:

1. Vivian Zetterower shall maintain a schedule for the O'Neil County Building, located in O'Neil, Florida, each and every month commencing on the date of this agreement and extending for a period of one year thereafter. Both parties may mutually agree to extend the one year period.

2. Vivian Zetterower shall devote whatever time is necessary, to maintain an accurate schedule for the rental of the O'Neil County Building.


3. The County reserves the right to terminate this agreement should the calendar not be maintained in an acceptable manner.

4. Vivian Zetterower shall be compensated at a monthly rate of \$59.26, for a total yearly compensation amount of \$711.10.

Insert (C) 5,

EXECUTED this 18<sup>th</sup> day of December, 1989.

  
JIMMY L. HIGGINBOTHAM, CHAIRMAN  
BOARD OF COUNTY COMMISSIONERS

  
T. J. "JERRY" GREESON  
EX-OFFICIO CLERK

  
  
VIVIAN ZETTEROWER

Contract updated

cleaning & Rental contracts

1990 RP

Work Paper No.	Prepared By <u>2</u>	Date <u>10/19/89</u>
	Reviewed By <u>RP</u>	

Insert (A)

2. (cleaning worker's name) shall be responsible

for providing all cleaning supplies needed.

Insert (B)

county. Along with the service invoices, (cleaning worker/rental person's name) shall submit monthly Form FD-15 "Rental fees" and all rental fees collected.

Insert (C) (Zetterman only)

5. Vivian Zetterman shall submit invoices for the rental services on a monthly basis, with same being paid within 30 days of receipt by county. Along with the service invoices, Vivian Zetterman shall submit monthly Form FD-15 "Rental fees" and all rental fees collected.

AGREEMENT

*Volunteer  
Fire Contract*

THIS AGREEMENT made and entered into this 23rd day of January, 1990, by and between Nassau County, a political subdivision of the State of Florida, hereinafter referred to as COUNTY, and the BRYCEVILLE VOLUNTEER FIRE DEPARTMENT, hereinafter referred to as FIRE DEPARTMENT.

WITNESSETH, that in consideration of the sum of TEN AND NO/100 (\$10.00) DOLLARS, and other good and valuable considerations, as hereinafter enumerated, the parties hereto do hereby agree as follows:

1. The COUNTY hereby agrees to provide the FIRE DEPARTMENT with certain fire equipment when available.

2. That it shall be the responsibility of the FIRE DEPARTMENT to provide fire protection services in Fire District Number SIX of Nassau County, Florida.

3. That this agreement shall incorporate the following provisions:

1. The fire protection service shall be provided on a twenty-four hour basis.

*Insert (A)* 2. That the COUNTY shall also maintain adequate Workmen's Compensation insurance on all duly trained volunteers.

3. The FIRE DEPARTMENT shall pay all regular maintenance costs, including gas, oil, and other fluids necessary to maintain fire protection equipment.

4. The COUNTY shall appropriate to the FIRE DEPARTMENT the sum of \$17,325.00. Said funds shall be allocated on a quarterly basis, with payments to be made during the months of November, February, May, and August. The COUNTY shall require an audit for all funds paid to FIRE DEPARTMENT and said FIRE DEPARTMENT shall keep proper accounting records to be approved by COUNTY or its agents. An acceptable accounting of previous year

*Insert (B)* ~~funds must be presented to COUNTY before current year appropriations will be disbursed by COUNTY.~~

5. The fire protection equipment shall be based at the fire department station with normal care and protection provided by the FIRE DEPARTMENT.

A CERTIFIED TRUE COPY  
*[Signature]*

6. The fire protection equipment shall be on call twenty-four (24) hours a day and seven (7) days a week.

7. The FIRE DEPARTMENT shall keep a record (log) of each call. All records are to be open for inspection by the COUNTY at all times and subject to audit by the COUNTY or its agents.

8. City or association operated fire protection equipment in the COUNTY will provide backup service for other departments as deemed necessary, whether in unincorporated or incorporated areas.

9. The FIRE DEPARTMENT shall use the State of Florida, Standard Fire Reporting Form in reporting each call.

10. Any change or addition to this Agreement will be decided by consultation between the COUNTY COMMISSION and the BRYCEVILLE VOLUNTEER FIRE DEPARTMENT as it pertains to budgetary or other matters.

This contract shall be in full force and effect for a period of October 1, 1989 to September 30, 1990, however, it may be terminated by either party within THIRTY (30) days after notice having been given by registered mail, one party to the other. Any cancellation by either party shall require a prorata refund of all funds to the COUNTY of those appropriated. Said refund shall be based on the amount of time that has elapsed in any particular fiscal year.

IN WITNESS WHEREOF, the parties hereto have caused the foregoing Agreement to be executed the day and year first above written.

SIGNED, SEALED & DELIVERED  
IN THE PRESENCE OF:

Charles D. Jones  
Carol Burgeson

BOARD OF COUNTY COMMISSIONERS  
OF NASSAU COUNTY, FLORIDA

BY: Jim J. Hester  
ITS: CHAIRMAN

ATTEST: [Signature]  
ITS: EX-OFFICIO CLERK

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. AUG. 10, 1993  
BONDED THRU GENERAL INS. UND.

BRYCEVILLE VOLUNTEER FIRE DEPARTMENT

John Clayton Hill  
James R. Malan Jr.

BY: [Signature]

ATTEST: [Signature]

2/10/27/90

Insert (A)

3. (2) That the FIRE DEPARTMENT shall comply with the provisions of the Florida Statutes with regards to filing First Reports of Injury within five (5) days of the accident, and any other information deemed necessary by the third party administrator. Failure to comply with these regulations could result in penalties of up to \$500.00 per claim being assessed by the State of Florida, Division of Worker's Compensation, which would reduce the sum appropriated to the Fire Department by the County.

It is also the responsibility that the FIRE DEPARTMENT ensure that all volunteer personnel responding on a call be properly equipped with the necessary protective gear. (FIRE CALLS - COMPLETELY BUNKERED OUT-GLOVES HELMET, COAT, PANTS, SCBA BREATHING APPARATUS, PROTECTIVE ALARM SAFETY SYSTEM, BOOTS -- RESCUE CALLS - PERSONNEL SHOULD WEAR GEAR APPROPRIATE FOR SITUATION - SHOULD ALWAYS WEAR GLOVES TO PROTECT THEM FROM COMMUTABLE DISEASES.)

THE STATEMENT FOR 3 (2) is vague inasmuch as all duly trained volunteers. I spoke with Chief James (904-732-1330) at the State Fire College and he advised me that in order for the county to protect itself against liability that we should have standard operation procedures for the volunteers. He also said that the county should have a coordinator who is state certified in firefighting to train and work with the volunteers as this would reduce the amount of liability the county could incur. Unfortunately the State does not have the ability to mandate training on volunteers, but they do provide a sixty hour course they can take, but it is not mandatory.

In order to reduce the possible liability for the county I suggest that the Department of Emergency Services look over the contract to see if they have any suggestions on this matter.

start (B) 3(4) before ~~the~~ the February distribution will be made. an audit shall be performed by two or more persons who are independent of the recordkeeping function and are not authorized check signers. Said audit report shall be signed by persons performing audit.

**IMPORTANT: DO NOT FILL OUT BEFORE READING BACK**

**FLORIDA DEPARTMENT OF LABOR AND EMPLOYMENT SECURITY**  
**DIVISION OF WORKERS' COMPENSATION**  
 1-800-342-1741 (or) contact your local office for assistance  
**NOTICE OF INJURY**

CARRIER USE ONLY DATE STAMP
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Report all deaths by telephone or telegraph within 24 hours.

Any person who, knowingly and with intent to injure, defraud or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

**PART I** — To be completed and filed with carrier within 7 days of date of knowledge of accident **EMPLOYEE INFORMATION**

NAME (First, Middle, Last) <i>Charles Leon Lloyd</i>	Social Security Number <i>200-56-5553</i>	Date and Time of Accident <i>10-7-90, 0130</i>
OCCUPATION <i>Plasterer</i>	EMPLOYEE'S DESCRIPTION OF ACCIDENT, <i>overcame by smoke at fire scene</i>	
HOME ADDRESS (include Zip) <i>Rte 7 Box 1271 Fernandina Bch, Fl. 32034</i>	DESCRIBE INJURY OF DISEASE AND INDICATE PART OF BODY AFFECTED (e.g. Amputation of right index finger at second joint, fractured rib, lead poisoning, etc.) <i>smoke inhalation, Lungs</i>	
Do you have a second job? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, employer name & phone #	TELEPHONE Area Code <i>904</i> Number <i>277-4500</i>	
DATE OF BIRTH <i>11 3 61</i>	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	EMPLOYEE SIGNATURE (If not available, sign of carrier) <i>Charles L. Lloyd</i> Date <i>10/07/90</i>

FIRMS NAME <i>Nassauville Vol. Fire Dept.</i>	FEDERAL I.D. NUMBER	DATE AND TIME FIRST REPORTED
MAILING ADDRESS <i>Rte 1 Box 107B Fernandina Bch, Fl. 32034 904-261-0606</i>	W.C. COVERAGE BY <input type="checkbox"/> INSURANCE CO. <input type="checkbox"/> SELF-INSURED	POLICY NUMBER
PLACE OF ACCIDENT (Street, City, County, State) <i>Lil' William Rd. Fernandina Bch, Fl Nassau, Florida</i>	NAME, ADDRESS, TELEPHONE OF INSURANCE CO. OR SERVICE COMPANY	WILL YOU CONTINUE TO PAY SALARY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF NO, LAST DAY PAID <i>1/1</i>
DATE EMPLOYED <i>05/01/90</i>	LAST DATE EMPLOYEE WORKED <i>10/07/90</i>	RATE OF PAY <input type="checkbox"/> HR <input type="checkbox"/> WK \$ _____ PER <input type="checkbox"/> DAY <input type="checkbox"/> MO Number of hours per day _____ Number of hours per week _____ Number of days per week _____
RETURNED TO WORK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE DATE <i>10/08/90</i>	NAME, ADDRESS AND PHONE NUMBER OF PHYSICIAN OR HOSPITAL	WAS ABOVE PHYSICIAN/HOSPITAL AUTHORIZED BY EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, GIVE DATE OF DEATH <i>1/1</i>	AGREE WITH DESCRIPTION OF ACCIDENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF NO EXPLAIN	HAS CARRIER/SELF-INSURER NOTIFIED YOU WITHIN THE YEAR THAT SAFETY SERVICES ARE AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, DID YOU REQUEST THESE SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF REQUESTED, DID YOU RECEIVE THESE SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO DID THE EMPLOYEE WILLFULLY REFUSE TO USE A SAFETY APPLIANCE, OR HAVE PRIOR KNOWLEDGE OF AND WILLFULLY REFUSE TO OBSERVE A SAFETY STANDARD PROMULGATED BY THE DIVISION? <input type="checkbox"/> YES <input type="checkbox"/> NO DID THE EMPLOYEE WILLFULLY REFUSE TO USE A SAFETY APPLIANCE PROVIDED BY YOU, THE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
I HAVE PROVIDED THE ABOVE EMPLOYEE THEIR COPY OF THIS NOTICE <input type="checkbox"/> IN PERSON <input type="checkbox"/> BY MAIL <i>Ralph S. Watson</i> <i>10/7/90</i> EMPLOYER SIGNATURE DATE		

**CARRIER INFORMATION**

Carrier # _____	Service Co. # _____	Location # _____
<input type="checkbox"/> 1. Controversing Case--Reason _____ _____ _____		
<input type="checkbox"/> 2. Lost Time Case--Date of First Payment <i>1/1</i> AWW _____ Comp Rate _____ First day of disability <i>1/1</i> --Date of First Contact with Claimant <i>1/1</i> <input type="checkbox"/> In Person <input type="checkbox"/> Telephone <input type="checkbox"/> Mail --Notice Filed Due to Multiple Periods of Disability. Dates Covered by First Payment _____		
<input type="checkbox"/> 3. Medical Only which became a Lost Time Case. First day of disability <i>1/1</i>		
Adjuster Signature _____	Adjuster License Number _____	Date <i>1/1</i>



On 10/7/90 - I was at the signal  
25 structure that Massachusetts  
the Dept responded to. No one  
except Keat Ward & Pat Ostroman  
(R-21 employees) had their  
SCBA's on. (Breathing Apparatus)  
Keat Ward tried to tell Mr. Stojak  
that he should attack the fire  
differently for safety reasons.  
Mr. Stojak was overcome by smoke  
& was transported by Rescue to  
Mass General Hospital.

Nathan Sweet (Asst Chief - Massachusetts)  
told Mike Brewer that he did not  
want the county employees to see  
the volunteers how to fight a  
fire. The problem with this  
is the volunteers are also  
under the heat & being hit  
by water compensation.

Also - this is not the 1st time  
we have to a fire where the  
volunteers were practicing  
message procedures in practicing.  
(Without being properly instructed out)  
Brewer

Mental Health Center

AGREEMENT

THIS AGREEMENT made and entered into this 1<sup>st</sup> day of October, 1989, by and between the County of Nassau, a political subdivision of the State of Florida, hereinafter referred to as COUNTY, and the MENTAL HEALTH CENTER OF JACKSONVILLE, INC., hereinafter referred to as MENTAL HEALTH CENTER.

WITNESSETH

WHEREAS, it is in the best interests of the citizens of Nassau County that the MENTAL HEALTH CENTER program continue, and work with mental health education and counseling services, and <sup>and drug abuse and alcohol services</sup>

WHEREAS, the MENTAL HEALTH CENTER program now maintains a mental health in-patient and out-patient services program in Nassau County; <sup>as well as drug and alcohol services</sup>

NOW, THEREFORE, the parties hereto agree as follows:

1. For and in consideration of the sum of ~~\$55,441.00~~ <sup>96,949.00</sup> <sub>12/1/89</sub>, which shall be paid in quarterly installments, during the months of November, February, May and August of the fiscal year, the MENTAL HEALTH CENTER program does hereby agree to perform services that will benefit the residents of Nassau County. Said services to include but not be limited to the following:

a. Continuing the present level of services for the citizens of Nassau County.

Insert (A)

2. The MENTAL HEALTH CENTER program shall make their financial records available to the COUNTY for purposes of an audit, if requested by the COUNTY.

Insert (B)

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement this 12<sup>th</sup> day of December, 1989.

3/1/89  
J. J. Harrison (Chair, by Bradley)

SIGNED, SEALED & DELIVERED IN THE PRESENCE OF:

[Signature]  
[Signature]  
[Signature]  
[Signature]

BOARD OF COUNTY COMMISSIONERS OF NASSAU COUNTY, FLORIDA

BY: [Signature]  
ITS: CHAIRMAN

MENTAL HEALTH CENTER OF JACKSONVILLE, INC.

BY: [Signature]  
ITS: PRESIDENT

Contract Update  
9/0/91

Date	Prepared By	Reviewed By	Work Paper No.
12/31/90	g	g	

Insert (A) - Mental Health Center

"no funds will be disbursed by person  
 County with written confirmation is received  
 from State of Florida, Dept of Health  
 and Behavioral Services regarding  
 the State's contribution  
 and/or section 1

Insert (B)

The County shall require an audit of previous years' records to be performed by two or more persons who are independent of the recordkeeping function, and are not authorized & check signer. Said audit report shall be signed by persons performing audit and submitted to the COUNTY before the February distribution <sup>will be</sup> made.

AGREEMENT

ARC, N Con Ag  
Episcopal Terr. St. 501  
NEEC Arb -

THIS AGREEMENT, made and entered into this 24<sup>th</sup> day of October, 1989, by and between the County of Nassau, a political subdivision of the State of Florida, hereinafter referred to as COUNTY, and the COUNCIL ON AGING, hereinafter referred to as the COUNCIL.

WITNESSETH

WHEREAS, it is in the best interests of the citizens of Nassau County that there be a Council on Aging, and

WHEREAS, the COUNCIL provides many services for the aging residents of Nassau County;

NOW, THEREFORE, the parties hereto agree as follows:

1. For and in the consideration of the sum of \$66,000.00, which shall be paid in quarterly installments, during the months of November, February, May and August of the fiscal year, the COUNCIL does hereby agree to perform services that will benefit the residents of Nassau County. Said services to include but not limited to the following:

- a. Continuing the present level of services provided for the aging at the COUNCIL'S main center.

2. The COUNCIL shall make their financial records available to the COUNTY for purposes of an audit, if requested, by the COUNTY.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement this 24<sup>th</sup> day of October, 1989.

SIGNED, SEALED & DELIVERED IN THE PRESENCE OF:

Domagoj Nuhog  
Linda Buchanan  
[Signature]  
[Signature]

BOARD OF COUNTY COMMISSIONERS  
NASSAU COUNTY, FLORIDA

BY: [Signature]  
ITS: CHAIRMAN

THE COUNCIL ON AGING

BY: [Signature]  
ITS: EXECUTIVE DIRECTOR

CERTIFIED TRUE COPY

[Signature]  
Clerk by [Signature]  
NASSAU COUNTY, FLORIDA

[Blank lined area for notes]

The COUNTY shall require an audit of previous years' financial records be performed by two or more persons who are independent of the recordkeeping function and are not otherwise checked signors. Said audit report shall be signed by persons performing audit and submitted to the COUNTY before the February distribution will be made.

Insert A

for: ABC, N. Center St., Episcopal Form 515g, NE Section

Work Paper No.	Prepared By	Date
	S	10/29/90
	Reviewed By	

Contract updates  
9/91  
NRBC

Committee /  
100

AGREEMENT

2-13 1970  
L

THIS AGREEMENT made and entered into this 13th day of February, 19~~89~~<sup>90</sup>, by and between the County of Nassau, a political subdivision of the State of Florida, hereinafter referred to as COUNTY, and the COMMITTEE OF 100, hereinafter referred to as COMMITTEE.

W I T N E S S E T H

WHEREAS, it is in the best interest of the citizens of Nassau County to have a Committee of 100 to promote the interests of West Nassau and all of Nassau County, and

WHEREAS, the COMMITTEE has agreed to devote its efforts to the betterment of all the citizens of Nassau County;

NOW, THEREFORE, the parties hereto agree as follows:

1. For and in consideration of the sum of \$3,500.00, which shall be paid in quarterly installments to the Committee of 100, during the months of November, February, May and August of the fiscal year, the COMMITTEE does hereby agree to perform services that will benefit all the residents of Nassau County. Said services to include but not be limited to the following:

- a. Promotion of Nassau County
- b. Encourage business entities to settle in Nassau County.

2. The COMMITTEE shall make their financial records available to the COUNTY for purposes of an audit, if requested by

Insert (A) →

the COUNTY.  
3. The committee shall not become engaged in any activities in conjunction with a Political Action Committee (PAC) during the term of this agreement. Otherwise, this agreement shall be terminated.

W 1:50

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement this 13th day of February, 19~~89~~<sup>90</sup>.

By J. J. ... Clerk to, Bradley D.C.

*Chamber*

AGREEMENT

THIS AGREEMENT made and entered into this 9th day of January, 1990, by and between the County of Nassau, a political subdivision of the State of Florida, hereinafter referred to as COUNTY, and the AMELIA ISLAND/FERNANDINA BEACH/YULEE CHAMBER OF COMMERCE, hereinafter referred to as CHAMBER.

W I T N E S S E T H

WHEREAS, it is in the best interest of the citizens of Nassau County to have a Chamber of Commerce to promote the interests of Fernandina Beach and Amelia Island, and

WHEREAS, the CHAMBER has agreed to devote its efforts to the betterment of all the citizens of Nassau County;

NOW, THEREFORE, the parties hereto agree as follows:

1. For and in consideration of the sum of \$1,750.00, which shall be paid in quarterly installments to the Chamber of Commerce during the months of November, February, May and August of the fiscal year, the CHAMBER does hereby agree to perform services that will benefit all the residents of Nassau County. Said services to include but not be limited to the following:

- a. Promotion of Amelia Island/Fernandina Beach/Yulee Chamber of Commerce.
- b. Encourage business entities to settle in Nassau County.

2. The CHAMBER shall make their financial records available to the COUNTY for purposes of an audit, if requested by the COUNTY.

*Insert* (A)

3. The CHAMBER shall not become engaged in any activities in conjunction with a Political Action Committee (PAC) during the term of this agreement. Otherwise, this agreement shall be terminated.

*1/10/90, [unclear], [unclear], D.C.*

[Blank lined area for notes]

The COUNTY shall require an audit of previous year's financial records be performed by two or more persons who are independent of the vice-presidents, partners and are not authorized ~~agents~~ check, sign or said audit report shall be signed by persons performing audit and submitted to the COUNTY before the February distribution, will be made.

Insert A

9/0/91

Contract updates  
Committee, 100, checkers

NCRCC

Date	10/15/91
Prepared By	DE
Reviewed By	DE
Work Paper No.	



cc: Mary Potochnik  
Joyce Bradley  
Cindy Greene  
Independent contractor file  
1099 file

Yesterday at the Internal Revenue Service seminar I attended, the IRS employee presenting the seminar mentioned that businesses need to correctly classify independent contractors. Some contractors whom the businesses have thought of as independent may be in fact employees. There are 20 factors indicating whether an individual is an employee or an independent contractor and I have enclosed page 3 of IRS publication 937 which lists these factors. I am very concerned about this determination because if the County has classified a contractor as independent and they are really an employee, the County is liable for social security and withholding taxes. I think all contracts need to be reviewed thoroughly before the new 1990/91 contracts are signed to insure proper classification. Please contact me if I can be of further assistance.

---

TO: T.J. Gresson  
FROM: Cathy Lewis  
DATE: October 11, 1990  
SUBJECT: Independent contractors vs. Employee status

MEMORANDUM



Department of the Treasury  
Internal Revenue Service

Publication 937

## Business Reporting

### Employment Taxes Information Returns

Use in preparing

**1989** Returns

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## Important Changes for 1989

**New wage maximum for social security taxes.** The maximum wages subject to social security taxes increase from \$48,000 in 1988 to \$51,300 for 1989. This wage maximum replaces the wage maximum (\$50,400) announced by the Social Security Administration in October of 1988.

**New tax rate for social security taxes.** The tax rate for social security taxes increases from 7.51% in 1988 to 7.65% for 1989 for both the employee and the employer.

**New Form 940-EZ for 1989.** You may file new Form 940-EZ, *Employer's Annual Federal Unemployment (FUTA) Tax Return*, for 1989 if: (1) you paid state unemployment tax to only one state; (2) you paid the state taxes by the due date of Form 940-EZ; and (3) your wages taxable for FUTA tax were also taxable for state unemployment tax. Form 940-EZ is a simplified version of Form 940.

**Group legal service plans.** The cost of group legal service plans is not subject to social security and federal unemployment taxes, and income tax withholding, if the cost is paid before October 1, 1990, for periods before that date. See *Withholding and Reporting Payments Other than Wages under Income Tax Withholding*.

**Educational assistance plans.** The cost of educational assistance plans is not subject to social security and federal unemployment taxes, and income tax withholding, if the cost is paid before October 1, 1990. See *Withholding and Reporting Payments Other than Wages under Income Tax Withholding*.

Employers and employees must withhold Social Security taxes on wages both after 1988, 1989, and 1990.

and crew leaders must withhold federal income tax from farm workers who are subject to social security taxes.

**New \$100,000 deposit rule.** After July 31, 1988, undeposited taxes that reach \$100,000 must be deposited on the next business day. (However, you are still required to make deposits within 3 banking days after the depositable tax reaches at least \$5,000 (the end of an employer's deposit period.) See *Penalties under Paying Social Security and Withheld Income Taxes*.

**Federal unemployment (FUTA) tax rate.** The gross FUTA tax rate remains at 6.2% through 1990.

## Introduction

This guide is mainly designed for small businesses. It includes self-employed persons such as sole-proprietors, independent contractors, and members of a partnership.

If you have one or more employees, you probably have to pay employment taxes. You may also have to file information returns for certain payments you make. These taxes and returns are covered in the following discussions for use in preparing 1989 returns. Other information useful for 1989 is also included.

**Free publications and forms.** If you need information on a subject not covered in this publication, please check our other free publications. To order publications and forms, call our toll-free telephone number, 1-800-FORM-9970. You can also write to the Forms Distribution Center for your area of interest in the income tax package.

## Employment Taxes

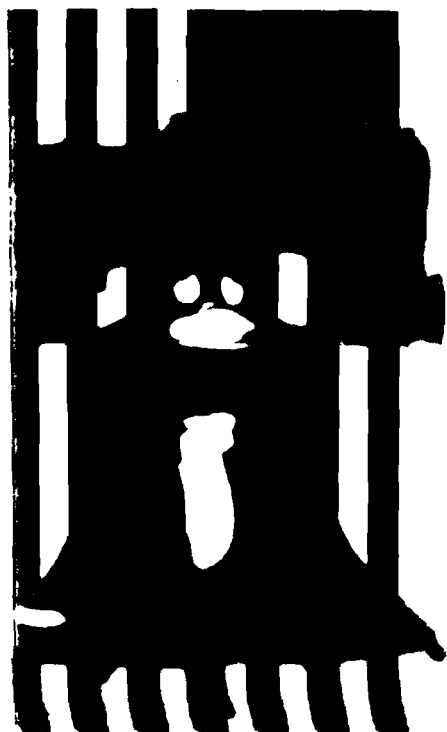
If you have any employees, you will probably be required to withhold federal income tax from their wages. You may also have to withhold and pay social security (FICA) taxes. If you do not withhold these taxes, or withhold the taxes but do not deposit them, you may be subject to a penalty equal to the amount of the tax. See *Penalties under Deposits*, later.

This section discusses an employer's responsibility for these taxes. It also discusses income tax withholding on payments other than wages, the federal unemployment (FUTA) tax, the rules for advance payment of the earned income credit, and the rules for tip reporting and allocation.

If you need information on railroad taxes, see the instructions for Form CT-1, *Employer's Annual Railroad Retirement and Unemployment Repayment Tax Return*, and Form CT-2, *Employee Representative's Quarterly Railroad Tax Return*. Railroad retirement and railroad unemployment repayment taxes are explained in the *Instructions for Form CT-1*.

**Note.** After your employees file their 1989 income tax returns, you can help them correct any mistakes they may have made in figuring their income tax withholding for 1989 by making new 1990 Forms W-4 available. You should encourage them to check their income tax withholding situation if they owed a large amount of tax or received a large refund for 1989, and to give you a new Form W-4 for 1990 if necessary. An employee is most likely to have too little tax withheld if both the employee and his or her spouse work. See *Form W-4 Withholding Allowances*, under *Income Tax Withholding*, later.

After you receive completed Forms W-4 from your employees, you can help them determine whether they are having the right amount of income tax withheld in 1989 by giving them *Withholding and Reporting Payments Other than Wages under Income Tax Withholding*.





## Information for Use In Determining Whether a Worker Is an Employee for Federal Employment Taxes and Income Tax Withholding

**Paperwork Reduction Act Notice.**—We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. If you want a determination on employment status, you are required to give us this information.

If a written determination is desired for more than one class of workers, a separate Form SS-8 should be completed for one worker from each class whose status is typical of that class. A written determination for any worker will be applicable to other workers of the same class if the facts are not materially different from those of the worker whose status was ruled upon.

**Instructions**

This form should be completed carefully. If the firm is completing the form, it should be completed for **ONE** individual who is representative of the class of workers whose status is in question.

Please return Form SS-8 to the Internal Revenue Service office that provided the form. If the Internal Revenue Service did not ask you to complete this form but you wish a determination on whether a worker is an employee, file Form SS-8 with your District Director.

Name of firm (or person) for whom the worker performed services		Name of worker	
Address of firm (include street address, city, state, and ZIP code)		Address of worker (include street address, city, state, and ZIP code)	
Trade name	Telephone number	Worker's social security number	
Telephone number	Firm's taxpayer identification number		

**Check type of firm**

Individual  Partnership  Corporation  Other (specify) ▶

This form is being completed by  FIRM  WORKER

If the form is being completed by the worker, do you object to disclosing your name or the information on this form to the firm?  Yes  No

(If your answer is YES, we are not able to furnish you a determination on the basis of this form. You may write to your District Director for further information. **Do not complete the rest of the form, unless the IRS requests it.**)

All items must be answered or marked "Unknown" or "Not Applicable" (NA). If you need more space, attach another sheet. This form is designed to cover many work activities, so some of the questions may not pertain to you.

Total number of workers in this class (if more than one, please see item 19) ▶ .....

This information is about services performed by the worker from ▶ ..... to .....  
(Month, day, year) (Month, day, year)

What was the first date on which the worker performed services of any kind for the firm? ▶ .....  
(Month, day, year)

Is the worker still performing services for the firm?  Yes  No

If "No," what was the date of termination? ▶ .....  
(Month, day, year)

In which IRS district are you located? .....

**1a** Describe the firm's business .....

**b** Describe the work done by the worker .....

**2a** If the work is done under a written agreement between the firm and the worker, attach a copy.

**b** If the agreement is not in writing, describe the terms and conditions of the work arrangement .....

c If the actual working arrangement differs in any way from the agreement, explain the differences and why they occur

3a Is the worker given training by the firm? If yes: What kind? How often?

b Is the worker given instructions in the way the work is to be done? If yes, give specific examples.

c Attach representative copies of any written instructions or procedures.

d Does the firm have the right to change the methods used by the worker or direct that person on how to do the work? Explain your answer

e Does the operation of the firm's business require that the worker be supervised or controlled in the performance of the service? Explain your answer

4a The firm engages the worker:

- To perform and complete a particular job only.
To work at a job for an indefinite period of time.
Other (explain)

b Is the worker required to follow a routine or a schedule established by the firm? If yes, what is the routine or schedule?

c Does the worker report to the firm or its representative? If yes:

- How often?
For what purpose?
In what manner (in person, in writing, by telephone, etc.)?
Attach copies of report forms used in reporting to the firm.

d Does the worker furnish a time record to the firm? If yes, attach copies of time records.

5a State the kind and value of tools and equipment furnished by:

The firm
The worker

b State the kind and value of supplies and materials furnished by:

The firm
The worker

c What expenses are incurred by the worker in the performance of services for the firm?

d Does the firm reimburse the worker for any expenses? If yes, specify the reimbursed expenses

6a Is it understood that the worker will perform the services personally?

b Does the worker have helpers? If yes: Are the helpers hired by: Firm Worker

If hired by the worker, is the firm's approval necessary? Who pays the helpers? Firm Worker

Are social security taxes and Federal income tax withheld from the helpers' wages? Firm Worker

Who reports the helpers' incomes to the Internal Revenue Service? Firm Worker

If the worker pays the helpers, does the firm repay the worker? Firm Worker

What services do the helpers perform?

- 7 At what location are the services performed?  Firm's  Worker's  Other (specify) .....
- 8a Type of pay worker receives:  
 Salary  Commission  Hourly wage  Piecework  Lump sum  Other (specify) .....
- b Does the firm guarantee a minimum amount of pay to the worker? . . . . .  Yes  No
- c Does the firm allow the worker a drawing account or advances against pay? . . . . .  Yes  No  
 If yes: Is the worker paid such advances on a regular basis? . . . . .  Yes  No  
 How does the worker repay such advances? .....
- 9a Is the worker eligible for a pension, bonuses, paid vacations, sick pay, etc.? . . . . .  Yes  No  
 If yes specify .....
- b Does the firm carry workmen's compensation insurance on the worker? . . . . .  Yes  No
- c Does the firm deduct social security tax from amounts paid the worker? . . . . .  Yes  No
- d Does the firm deduct Federal income taxes from amounts paid the worker? . . . . .  Yes  No
- e How does the firm report the worker's income to the Internal Revenue Service?  
 Form W-2  Form 1099  Does not report  Other (specify) .....
- f Does the firm bond the worker? . . . . .  Yes  No
- 10a Approximately how many hours a day does the worker perform services for the firm? .....
- b Does the worker perform similar services for others? . . . . .  Yes  No  Unknown  
 If yes: Are these services performed on a daily basis for other firms? . . . . .  Yes  No  Unknown  
 Percentage of time spent in performing these services for:  
 This firm .....% Other firms .....%  Unknown  
 Does the firm have priority on the worker's time? . . . . .  Yes  No  
 If no, explain .....
- c Is the worker prohibited from competing with the firm either while performing services or during any later period? . . . . .  Yes  No
- 11a Can the firm discharge the worker at any time without incurring a liability? . . . . .  Yes  No  
 If no, explain .....
- b Can the worker terminate the services at any time without incurring a liability? . . . . .  Yes  No  
 If no, explain .....
- 12a Does the worker perform services for the firm under:  
 The firm's business name  The worker's own business name  Other (specify) .....
- b Does the worker advertise or maintain a business listing in the telephone directory, a trade journal, etc.?  Yes  No  Unknown  
 If yes, specify .....
- c Does the worker represent himself or herself to the public as being in business to perform the same or similar services? . . . . .  Yes  No  Unknown  
 If yes, how? .....
- d Does the worker have his or her own shop or office? . . . . .  Yes  No  Unknown  
 If yes, where? .....
- e Does the firm represent the worker as an employee of the firm to its customers? . . . . .  Yes  No  
 If no, how is the worker represented? .....
- f How did the firm learn of the worker's services? .....
- 13 Is a license necessary for the work? . . . . .  Yes  No  Unknown  
 If yes, what kind of license is required? .....
- By whom is it issued? .....
- By whom is the license fee paid? .....
- 14 Does the worker have a financial investment in a business related to the services performed? . . . . .  Yes  No  Unknown  
 If yes, specify and give amounts of the investment .....
- 15 Can the worker incur a loss in the performance of the service for the firm? . . . . .  Yes  No  
 If yes, how? .....
- 16a Has any other government agency ruled on the status of the firm's workers? . . . . .  Yes  No  
 If yes, attach a copy of the ruling.
- b Is the same issue being considered by any IRS office in connection with the audit of the worker's tax return or the firm's tax return, or has it recently been considered? . . . . .  Yes  No  
 If yes, for which year(s)? .....
- 17 Does the worker assemble or process a product at home or away from the firm's place of business? . . . . .  Yes  No  
 If yes:  
 Who furnishes materials or goods used by the worker?  Firm  Worker  
 Is the worker furnished a pattern or given instructions to follow in making the product? . . . . .  Yes  No  
 Is the worker required to return the finished product to the firm or to someone designated by the firm? . . . . .  Yes  No

Answer items 18a through n if the worker is a salesman or provides a service directly to customers.

- 18a Are leads to prospective customers furnished by the firm?  Yes  No  Does not apply
  - b Is the worker required to pursue or report on leads?  Yes  No  Does not apply
  - c Is the worker required to adhere to prices, terms, and conditions of sale established by the firm?  Yes  No
  - d Are orders submitted to and subject to approval by the firm?  Yes  No
  - e Is the worker expected to attend sales meetings?  Yes  No  
If yes: Is the worker subject to any kind of penalty for failing to attend?  Yes  No
  - f Does the firm assign a specific territory to the worker?  Yes  No  Does not apply
  - g Who does the customer pay?  Firm  Worker  
If worker, does the worker remit the total amount to the firm?  Yes  No
  - h Does the worker sell a consumer product in a home or establishment other than a permanent retail establishment?  Yes  No
  - i List the products and/or services distributed by the worker, such as meat, vegetables, fruit, bakery products, beverages (other than milk), or laundry or dry cleaning services. If more than one type of product and/or service is distributed, specify the principal one. ....
  - j Were the route or territory and a list of customers assigned to the worker by the firm or another person?  Yes  No  
If yes, please identify the person who made the assignment. ....
  - k Did the worker pay the firm or person for the privilege of serving customers on the route or in the territory?  Yes  No  
If yes, how much did the worker pay (not including any amount paid for a truck or racks, etc.)? \$ .....  
What factors were considered in determining the value of the route or territory? .....
  - l How are new customers obtained by the worker? Explain fully, showing whether the new customers called the firm for service, were solicited by the worker, or both. ....
  - m Does the worker sell life insurance?  Yes  No  
If yes:  
Is the selling of life insurance or annuity contracts for the firm the worker's entire business activity?  Yes  No  
If no, state the extent of the worker's other business activities .....  
Does the worker sell other types of insurance for the firm?  Yes  No  
If yes, state the percentage of the worker's total working time spent in selling such other types of insurance .....%  
State if, at the time the contract was entered into between the firm and the worker, their intention was that the worker would be considered as selling life insurance for the firm (a) on a full-time basis, or (b) on a part-time basis. State the manner in which such intention was expressed. ....
  - n Is the worker a traveling salesperson or city salesperson?  Yes  No  
If yes:  
Specify from whom the worker principally solicits orders on behalf of the firm. ....  
If the worker solicits orders from wholesalers, retailers, contractors, or operators of hotels, restaurants, or other similar establishments, specify the percentage of the worker's time spent in such solicitation. ....%  
Is the merchandise purchased by the customers for resale, or is it purchased for use in their business operations? If used by the customers in their business operations, describe the merchandise and state whether it is equipment that is installed on their premises or is a consumable supply. ....
- 19 Attach the names and addresses of the total number of workers in this class from page 1, or the names and addresses of 10 such workers if there are more than 10.
- 20 Attach a detailed explanation for any other reason why you believe the worker is an independent contractor or is an employee of the firm.

IMPORTANT INFORMATION NEEDED TO PROCESS YOUR REQUEST

Under section 6110 of the Internal Revenue Code, the text and related background file documents of any ruling, determination letter, or technical advice memorandum will be open to public inspection. This section provides that before the text and background file documents are made public, identifying and certain other information must be deleted.

Are the names, addresses, and taxpayer identifying numbers the only items you want deleted?  Yes  No  
If you checked No and believe additional deletions should be made, we cannot process your request unless you submit a copy of this form and copies of all supporting documents indicating, in brackets, those parts you believe should be deleted in accordance with section 6110(c) of the Code. Attach a separate statement indicating which specific exemption provided by section 6110(c) applies to each bracketed part.

Under penalties of perjury, I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct, and complete.

Signature ▶ Title ▶ Date ▶

If this form is used by the firm in requesting a written determination, the form should be signed by an officer or member of the firm.  
If this form is used by the worker in requesting a written determination, the form should be signed by the worker. If the worker wants a written determination with respect to services performed for two or more firms, a separate form should be furnished for each firm.  
Additional copies of this form may be obtained from any Internal Revenue Service office.