

[LOGO OF ADMINISTERING AGENCY]

Application for Independent Contractor Exemption Certificate

For electronic submission only

I declare that I am 18 years or older. I am making these statements and representations in order to apply for an independent contractor exemption certificate (ICEC) with the [ADMINISTERING AGENCY]. I understand the [ADMINISTERING AGENCY] is relying on the truth and accuracy of these statements when approving my ICEC.

First Name:	MI:	Last Name:	SSN:
Business Name(s): (If not using a business name, write your name)		LDR Acct. No.	LA Charter No.:
Mailing Address:	City:	State:	Zip:
Business' Physical Address:	City:	State:	Zip:
Phone:	Email:		
The TRADE(S), OCCUPATION(S), OR PROFESSION(S), for which I am applying is/are:			
Business Structure: (Selection must match your business registration with the LA Secretary of State)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Manager-Managed LLC		
<input type="checkbox"/> Partnership or LLP	<input type="checkbox"/> Corporation		
<input type="checkbox"/> Member-Managed LLC	<input type="checkbox"/> Other: _____		

This section to be initialed only by MANAGER-MANAGED LLC and CORPORATION businesses:

_____ I own 20% or more of the LLC or 20% or more of the number of shares of stock in the corporation.

_____ I own less than 20% of the number of shares of stock in the corporation or LLC, but when my ownership is aggregated with shares owned with the person or persons listed in the third category, the total is 20% or more of the number of shares in the corporation or LLC.

_____ I am the spouse, child, adopted child, stepchild, mother, father, son-in-law, daughter-in-law, nephew, niece, brother or sister of a corporate officer who meets one of the requirements above.

Notice of Violation to Applicants:

Notice of Violation to Hiring Agents:

Notice of Violation to Employers:

CERTIFICATION of Qualifications

First Name:	MI:	Last Name:	SSN:
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Each statement below represents one of the factors for determining whether a worker qualifies as an independent contractor as set forth in LA R.S. _____.

Mark yes or no as applicable to each statement below and initial your response:

Initial:	Response:	Factor:
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	1.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	2.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	3.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	4.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	5.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	6.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	7.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	8.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	9.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	10.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	11.
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	12.

NOTICE AND ACKNOWLEDGEMENT

As an independent contractor:

1. You are responsible for all income tax obligations related to your compensation. You understand that no tax withholdings will be deducted from your compensation. You may be issued a Form 1099-MISC or 1099-NEC reporting your compensation.
2. You are not eligible for protection under certain employment protection laws, including but not limited to, wage and hour laws, anti-retaliation laws, and occupational safety and health laws.
3. You are not entitled to unemployment insurance benefits.
4. You may not be entitled to worker's compensation benefits.
5. You are responsible for obtaining and maintaining all necessary licenses and registrations required for the work to be performed.

I affirm, under penalty of perjury, that all information provided and agreed to herein and submitted herewith, is true, correct, and accurate to the best of my knowledge and belief.

Applicant Signature: _____

Paid preparer option, if applicable:

PAID PREPARER USE ONLY	Print Preparer's Name		Preparer's Signature		Date (mm/dd/yyyy)		Check <input type="checkbox"/> if Self-employed	
	Firm's Name >				Firm's FEIN >			
	Firm's Address >				Telephone >			

For office
use only.

PTIN, FEIN, or LDR Account Number
of Paid Preparer

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DRAFT FOR DISCUSSION