

W-9 Independent Contractor Form

This substitute W9 form enables USA of Indiana to issue you an IRS 1099 form. Please submit an updated W-9 form each calendar year prior to first check and upon address change.

United Soccer Alliance of Indiana, Inc., Pike Youth Soccer Club, Inc., Brownsburg Junior Soccer Leagues, Inc.,
dba: Fusion Soccer Academy, Indy Burn, Pike Soccer Club, Community Through Youth Sport Foundation,
USA of Indiana

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This confidential form provides bonded USA of Indiana Accounting with your Social Security Number so it may issue an IRS form 1099 to you in January. Please indicate if USA of Indiana is to pay a corporation rather than an individual. It also enables you to accept/refuse compensation and designate portions of your stipend. **Complete and mail or email to USA of Indiana President, PO Box 532472, Indianapolis, IN 46253 or email/give in envelop to USA of Indiana President.**

I ACCEPT COMPENSATION SECTION

A. I accept compensation for this period of the agreement as negotiated with USA of Indiana. 100% of stipend will be paid to me unless all responsibilities required are not fulfilled or I indicate other instructions below.

B. Please distribute my stipend in this manner:

Donate \$ _____ to the USA of Indiana Tuition Assistance Fund.

Donate \$ _____ to the USA of Indiana Fields Development Fund or General Operating account.

Pay USA of Indiana \$ _____ of my stipend to pay for Club Tuition for: _____ (player, team) If your child plays USA of Indiana, his/her tuition will be deducted from your stipend, unless you indicate alternative.

I DO NOT ACCEPT COMPENSATION SECTION

I do not accept \$ _____ of this year's compensation.

I suggest USA of Indiana Board designate:

\$ _____ to the USA of Indiana Tuition Assistance Fund (in name of _____ (player, team)

\$ _____ to the USA of Indiana Fields Development Fund or USA of Indiana General Operating account.

\$ _____ to pay this invoice: _____

This information is for checks and an IRS 1099. Please *print* name as shown on your income tax return. You must keep your mailing address current. Please submit revisions as necessary.

Name as shown on your income tax return: _____

Business if different than above: _____

Address: _____

City, State: _____ Zip: _____

Phone: _____ Social Security Number: _____ - _____ - _____ EIN: _____

Enter your TIN (usually SSN). The TIN provided must match the name given to avoid backup withholding. If a resident alien, sole proprietor, or disregarded entity please provide your employer identification number (EIN).

I certify the number shown on this form is correct. As an independent contractor, I understand I am responsible for reporting and paying all appropriate taxes on said income as is required by law. I also agree to release, indemnify, and hold harmless United Soccer Alliance of Indiana, Inc., Fusion Soccer Academy, Inc., Brownsburg Junior Soccer League, Inc., and/or Pike Youth Soccer Club, Inc. and its officers, employees, independent contractors, and members for any claims arising out of this agreement including but not limited to claims by taxing authorities.

I have read, I understand and agree to this independent contractor coach agreement.
I accept this offer and agree to this agreement.

Signature: _____ Date: _____