**W-9 Independent Contractor Form 07/07/2025**

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

**United Soccer Alliance of Indiana, Inc., Pike Youth Soccer Club, Inc.,
Brownsburg Junior Soccer Leagues, Inc., dba: USA of Indiana, Fusion Soccer Academy**

**This confidential form provides bonded USA of Indiana Accounting Department 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 then email to USA of Indiana President. Only legible copies accepted.*
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 required responsibilities 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
(players, team). If your child plays USA of Indiana, some or all of his/her tuition may be granted as coach assistance grant. Any scholarship grant amount is deducted from the amount paid. If you wish alternative, please inform
USA of Indiana President.**

**I DO NOT ACCEPT COMPENSATION SECTION**

**I do not accept $\_\_\_\_\_\_\_\_\_ of this year’s compensation.
I suggest USA of Indiana President 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 ACH payments and an IRS 1099. Please *print* name as shown on your income tax return.**

**You must keep your banking and mailing address current. Please submit revisions as necessary.**

**Name as shown on your income tax return: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Business if different than above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banking Routing Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **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 SSN/TIN number shown on this form is correct.**

**As an independent contractor, I understand I am solely responsible for reporting and paying all appropriate taxes on said income as required by law. I also agree to release, indemnify, and hold harmless United Soccer Alliance of Indiana, Inc., Brownsburg Junior Soccer League, Inc., and 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 the entire agreement.**