



Date: _____

Dear Contractor:

The Office of Student Life (OSL) and the Associated Students (A.S.) of Santa Monica College (SMC) would like to thank you for your services in advance.

- Please complete the Enclosed A.S. of SMC Contract Packet (2 forms).
 1. A.S. Contract Agreement
 2. IRS W-9 Tax Form – valid for one (1) calendar year.

- All forms must contain the same name that will appear on the payment check and signed by the same contractor individual / representative.

- A faxed / scanned / electronic A.S. Contract Packet must be received in our office seven (7) business days prior to your scheduled performance / assignment for processing.

Please send (email/fax/mail/deliver) the A.S. Contractor packet with original signatures to:

<p>Associated Students of Santa Monica College Cayton Center, 2nd Floor, Room #202 1900 Pico Blvd., Santa Monica, CA 90405 Attn: Administrative Assistant II, Office of Student Life (OSL)</p> <hr/> <p><u>OSL@SMC.EDU</u>, Fax: (310) 434-8274</p>
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Sincerely,
The Associated Students of Santa Monica College
Ph: (310) 434-4250
WWW.SMC.EDU/AS



ASSOCIATED STUDENTS (A.S.) OF SANTA MONICA COLLEGE (SMC) CONTRACT AGREEMENT

Note: This contract becomes valid only after the Santa Monica College Dean of Education Enterprise has signed this contract.

THIS AGREEMENT is entered into this day: _____, of the month: _____, in the year: 20_____, between:

Contractor's Name (Individual/representative): _____ Phone: _____

Mailing Address: _____

Hereinafter referred to as the CONTRACTOR, and the ASSOCIATED STUDENTS (A.S.) OF SANTA MONICA COLLEGE (SMC) hereinafter referred to as the ASSOCIATED STUDENTS or A.S.

WHEREAS the **ASSOCIATED STUDENTS** is authorized by Government Code Section 53060 to contract with and employ an independent contractor specially trained to perform special services required; and **WHEREAS** the **CONTRACTOR** is specially trained, experienced and competent to perform the special services in pursuant to this agreement, the parties hereto contact and agree as follows:

1. **PERIOD OF AGREEMENT** shall be (dates & times): _____

The Agreement shall be subject to cancellation by either party on 30 days written notice to the other. In case of inclement weather or other "Acts of God" at show time, the **ASSOCIATED STUDENTS** reserve the right to postpone activity and payment of consideration to a later date suitable to **ASSOCIATED STUDENTS** and **CONTRACTOR**.

2. **DUTIES OF CONTRACTOR** shall be: _____

a. **For the following event/assignment:** _____

3. **PAYMENT BY THE ASSOCIATED STUDENTS:** The **Associated Students** shall pay the **Contractor** the following fee: _____

4. **CONTRACTOR is NOT an OFFICER, EMPLOYEE, or an AGENT of ASSOCIATED STUDENTS of Santa Monica College.**

While engaged in the performance of this contract, the **CONTRACTOR** is an independent contractor and is not an officer, employee or an agent of the Associated Students of Santa Monica College.

5. **CONTENT AGREEMENT:** The Contractor agrees to maintain positive and appropriate language and content throughout the performance, presentation or assignment. This agreement ensures that there will be no inappropriate or offensive statements or actions made during the performance, presentation or assignment. If this agreement is broken, the A.S. reserves the right to withhold compensation.

6. **CONTRACT VALIDATION:** This contract becomes valid only after the Santa Monica College Dean of Education Enterprise has signed this contract.

WITNESS the parties hereto the day and year first above written.

CONTRACTOR (Individual / Representative named above):

Contractor Signature: _____ Contractor Federal Tax I.D./Social Security No.: _____

Santa Monica College: A.S., Office of Student Life (OSL), and Auxiliary Office Designated Signatures:

1. **A.S. Director of Budget Management, see attached A.S. CHECK REQUEST FORM.**

2. **Office of Student Life Associate Dean, see attached A.S. CHECK REQUEST FORM.**

3. **Auxiliary Office - Contract AUTHORIZED by Mitch Heskell, Dean of Education Enterprise: _____ Date: _____**

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p> <p>Requester's name and address (optional)</p>
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Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.