

PROFESSIONAL CONSULTANT SERVICES

AGREEMENT (Contracted Services)

Under the provision of Section 3401 of the Internal Revenue Code of 1954, an employer must withhold income tax from all remuneration actually or constructively paid to an employee. This agreement covers professional services provided by Caity as an independent contractor. Caity assumes all responsibility for payroll taxes and required FOAB contributions.

In general, an individual who is subject to the control and direction of another only as to the results of their work, and not as the means by which it is accomplished in an independent contractor and is not an employee.

AGREEMENT

NAME OF CONTRACTOR Caity Mills

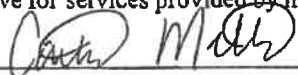
MAILING ADDRESS 1415 Arthur Dr. Ames, IA 50010

BUSINESS PHONE NO. _____ CELL PH# 515-450-9993

1. DESCRIPTION OF SERVICES: Medical Examiner Investigations/On-Call - death as outline in the Iowa Code ch: 331.802 at the direction of the Story County Medical Examiner.
2. DATE (S): 1/1/23 - 12/31/24; 2 year term
3. TIME (S) To be determined by the Story County Medical Examiner
4. LOCATION; To be determined by the Story County Medical Examiner
5. PROFESSIONAL FEES; \$250.00/per Investigation plus County mileage paid at current County rate.
6. SPECAIL CONDITIONS; Insurance coverage is provided for services. The medical examiner investigators perform on behalf of the County.

CERTIFICATION

I certify that I have read the above statement regarding the requirements of the IRS for an "independent contractor" and I assume the responsibility for payroll and FOAB contributions. I agree to the conditions stated above for services provided by myself to Story County.

Signature  Date 12/21/22

Approved by _____ Date _____

W-9 completed 

PROFESSIONAL CONSULTANT SERVICES

AGREEMENT (Contracted Services)

Under the provision of Section 3401 of the Internal Revenue Code of 1954, an employer must withhold income tax from all remuneration actually or constructively paid to an employee. This agreement covers professional services provided by Mitchell Owen as an independent contractor. Mitchell Owen assumes all responsibility for payroll taxes and required FOAB contributions.

In general, an individual who is subject to the control and direction of another only as to the results of their work, and not as the means by which it is accomplished in an independent contractor and is not an employee.

AGREEMENT

NAME OF CONTRACTOR Mitchell C. Owen
MAILING ADDRESS 1507 Kellogg Avenue Ames IA 50010
BUSINESS PHONE NO. Same CELL PH# 515-238-1441

1. DESCRIPTION OF SERVICES: Medical Examiner Investigations/On-Call - death as outline in the Iowa Code ch: 331.802 at the direction of the Story County Medical Examiner.

2. DATE (S): 1/1/23 - 12/31/24; 2 year term

3. TIME (S) To be determined by the Story County Medical Examiner

4. LOCATION; To be determined by the Story County Medical Examiner

5. PROFESSIONAL FEES; \$250.00/per Investigation plus County mileage paid at current County rate.

6. SPECAIL CONDITIONS; Insurance coverage is provided for services. The medical examiner investigators perform on behalf of the County.

CERTIFICATION

I certify that I have read the above statement regarding the requirements of the IRS for an "independent contractor" and I assume the responsibility for payroll and FOAB contributions. I agree to the conditions stated above for services provided by myself to Story County.

Signature Mitchell C. Owen Date 12/20/2022

Approved by _____ Date _____

W-9 completed Yes

PROFESSIONAL CONSULTANT SERVICES

AGREEMENT (Contracted Services)

Under the provision of Section 3401 of the Internal Revenue Code of 1954, an employer must withhold income tax from all remuneration actually or constructively paid to an employee. This agreement covers professional services provided by MJR as an independent contractor. MJR assumes all responsibility for payroll taxes and required FOAB contributions.

In general, an individual who is subject to the control and direction of another only as to the results of their work, and not as the means by which it is accomplished in an independent contractor and is not an employee.

AGREEMENT

NAME OF CONTRACTOR Mathew S. Ringgenberg

MAILING ADDRESS 6300 Prairie Ridge Road Ames IA 50014

BUSINESS PHONE NO. _____ CELL PH# 712-790-3126

1. DESCRIPTION OF SERVICES: Medical Examiner Investigations/On-Call - death as outline in the Iowa Code ch: 331.802 at the direction of the Story County Medical Examiner.

2. DATE (S): 1/1/23 - 12/31/24; 2 year term

3. TIME (S) To be determined by the Story County Medical Examiner

4. LOCATION; To be determined by the Story County Medical Examiner

5. PROFESSIONAL FEES; \$250.00/per Investigation plus County mileage paid at current County rate.

6. SPECAIL CONDITIONS; Insurance coverage is provided for services. The medical examiner investigators perform on behalf of the County.

CERTIFICATION

I certify that I have read the above statement regarding the requirements of the IRS for an "independent contractor" and I assume the responsibility for payroll and FOAB contributions. I agree to the conditions stated above for services provided by myself to Story County.

Signature [Signature] Date 12/20/2022

Approved by _____, Date _____

W-9 completed [initials]

PROFESSIONAL CONSULTANT SERVICES

AGREEMENT (Contracted Services)

Under the provision of Section 3401 of the Internal Revenue Code of 1954, an employer must withhold income tax from all remuneration actually or constructively paid to an employee. This agreement covers professional services provided by Mindy Royster as an independent contractor. Mindy Royster assumes all responsibility for payroll taxes and required FOAB contributions.

In general, an individual who is subject to the control and direction of another only as to the results of their work, and not as the means by which it is accomplished in an independent contractor and is not an employee.

AGREEMENT

NAME OF CONTRACTOR Mindy Royster

MAILING ADDRESS 1105 Stafford Ave Ames, IA 50010

BUSINESS PHONE NO. 515 290 0442 CELL PH# 515 290 0442

1. DESCRIPTION OF SERVICES: Medical Examiner Investigations/On-Call - death as outline in the Iowa Code ch: 331.802 at the direction of the Story County Medical Examiner.

2. DATE (S): 1/1/23 - 12/31/24; 2 year term

3. TIME (S) To be determined by the Story County Medical Examiner

4. LOCATION; To be determined by the Story County Medical Examiner

5. PROFESSIONAL FEES; \$250.00/per Investigation plus County mileage paid at current County rate.

6. SPECIAL CONDITIONS; Insurance coverage is provided for services. The medical examiner investigators perform on behalf of the County.

CERTIFICATION

I certify that I have read the above statement regarding the requirements of the IRS for an "independent contractor" and I assume the responsibility for payroll and FOAB contributions. I agree to the conditions stated above for services provided by myself to Story County.

Signature Mindy Royster Date 12-20-22

Approved by _____ Date _____

W-9 completed YKO

PROFESSIONAL CONSULTANT SERVICES AGREEMENT

(Contracted Services)

Under the provision of Section 3401 of the Internal Revenue Code of 1954, an employer must withhold income tax from all remuneration actually or constructively paid to an employee. This agreement covers professional services provided by James Kruse as an independent contractor. James Kruse assumes all responsibility for payroll taxes and required FOAB contributions.

In general, an individual who is subject to the control and direction of another only as to the results of their work, and not as the means by which it is accomplished in an independent contractor and is not an employee.

AGREEMENT

NAME OF CONTRACTOR James Edward Kruse
MAILING ADDRESS 2528 Shadow Creek Ln, Des Moines IA, 50320
BUSINESS PHONE NO. 515-203-7069 CELL PH# 515-203-7069

1. DESCRIPTION OF SERVICES: Medical Examiner Investigations/On-Call - death as outline in the Iowa Code ch: 331.802 at the direction of the Story County Medical Examiner.

2. DATE(S): 1/1/23 - 12/31/24: 2 year term

3. TIME (S) To be determined by the Story County Medical Examiner

4. LOCATION; To be determined by the Story County Medical Examiner

5. PROFESSIONAL FEES; \$250.00/per Investigation plus County mileage paid at current County rate.

6. SPECAIL CONDITIONS; Insurance coverage is provided for services. The medical examiner investigators perform on behalf of the County.

CERTIFICATION

I certify that I have read the above statement regarding the requirements of the IRS for an "independent contractor" and assume the responsibility for payroll and FOAB contributions. I agree to the conditions stated above for services provided by myself to Story County.

Signature James Kruse Date 12/20/22

Approved by _____ Date _____

W-9 completed YPO