

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 JWR as an independent contractor. JWR 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 Justin Wayne Rasmussen

MAILING ADDRESS 2794 W 3rd Street Nevada, IA 50201

BUSINESS PHONE NO. 515-382-2661 CELL PH# 515-418-7689

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 12/22/2022

Approved by \_\_\_\_\_, Date \_\_\_\_\_

W-9 completed \_\_\_\_\_