Under the provision of Section 34010f 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 as an independent contractor. In the services 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.

AGREEMEN T
NAME OF CONTRACTOR Amy Enckson Keller
NAME OF CONTRACTOR. Amy Enckson Keller MAILING ADDRESS610 N. White Fox Rd, Webster City 14 50525
BUSINESS PHONE NO CBLL PH# 515-835-1944
 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.
 SPECAIL CONDITIONS; <u>Insurance coverage is provided for services. The medical examiner investigators perform</u> on behalf of the County.
CERTIFICATIO N
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_

Approved by_

W-9 completed_

,Date_

12/25/2022