

**Homemaker Companion Services**

**of South Florida, LLC.**

**HCSOFLA**

8900 SW 117th Ave

Suite 201B

Miami, FL. 33186-2184

(305)239-9786 phone info@homemakersofla.com

**SUBCONTRACTOR AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, acknowledge that I have been advised by HCSOFLA (the Company) that the work I do is on a subcontract basis. This means that the Company WILL NOT retain taxes from my earnings.

Each year, the Company will issue a Form 1099 to the Internal Revenue Service as required by Federal Law, (Form 1099 is the equivalent to a W-2). The Company will also provide a copy of this form to me for my tax filing purposes.

I understand that I may be exposed to proprietary materials and other intellectual property of HCSOFLA and if its' corporate officers. I understand that such work product is proprietary and hereby covenant not to disclose such information to any party outside those authorized to work with said intellectual property within the business, and hereby agree not to compete or to accept work for any competitive employer for a period of three years from termination of this agreement, unless mutually agreed upon by both parties. If there has been serious misconduct that has a detrimental effect on the business, termination may be without notice. The geographical boundary of this no compete clause shall be Miami-Dade County and Monroe County Florida.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_