



HABERSHAM COUNTY SCHOOL DISTRICT



Non-Employee Pay

Athletic Events

One Form per Non-Employee per Athletic Event is required for payment.

Section 1 – Payee:

Non-Employee Name: _____

Address: _____

City/State/Zip: _____

Section 2 - Event:

- Baseball
 Basketball
 Football
 Soccer
 Softball
 Track
 Volleyball
 Wrestling

Other: _____ Event Date: _____

Section 3 – Type of Work:

- Announcer \$30 (Single Event)
 Clock Keeper \$30 (Single Event)
 Gate \$20 (Single Event)
 Gate \$30 (Track Events)
 Gate \$40 (Double Event)

Non-Employee Payment Calculation: _____ X _____ = _____
Total # of event(s) Event Rate (above) Total Payment

Section 4 – Non-Employee Attest:

I agree to complete and attach the enclosed IRS Form W-9, Request for Taxpayer Identification Number and Certification. I understand HCSD will issue a Form 1099-MISC, Miscellaneous Income, at the end of each calendar year for all compensation paid totaling \$600 or more, excluding reimbursed expenses.

I further agree that I am not an employee of HCSD and am in no way authorized to commit or bind HCSD. I understand that I am considered a representative of HCSD as it relates to the work I am performing and all HCSD policies and procedures applicable to this work are to be followed.

Payment Authorized by:

Non-Employee Signature

Date

Administrator Signature

Date

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School Instructions:

Grand Total Payments Paid to Non-Employee: \$ _____ (Add all events together if multiple forms)

School Check #: _____

Charge to Category _____