



Independent Contractor/Subcontractor

If you are claiming use of independent contractors/subcontractors, please provide the following information: full name, address, phone number, FEIN, and amount paid to date for 2019.

- *This request applies to work performed in Tennessee only.
- *Signature and date is required at the bottom of the page.

Name	Address	Phone Number	FEIN	Amount Paid to Date

PRINT NAME _____

SIGNATURE _____ **DATE** _____

Tennessee Bureau of Workers' Compensation • 220 French Landing Dr. • Floor 1-B • Nashville, TN 37243-1002
Tel: 615-741-2395 • 800-332-2667 • www.tn.gov/workerscomp