Seattle Office of Labor Standards
Written Notice – Itemized Payment Information (Sample)

Commercial hiring entities must provide self-employed Independent Contractors covered by Seattle's Independent Contractor Protections (ICP) ordinance with a written notice that gives specific itemized payment information each time payment is made to the Independent Contractor. The written notice must be provided in English and the primary language of the Independent Contractor receiving the information. Hiring entities are encouraged to notify the Office of Labor Standards if a translated copy of this document is needed. **For more information contact Seattle Office of Labor Standards at (206) 256-5297 or see https://www.seattle.gov/laborstandards.**

ITEMIZED PAYMENT INFORMATION		
Payment must meet terms and conditions agreed to by both parties in the Pre-Work Written Notice		
A. Today's Date		
B. Independent Contractor's Name		
C. Hiring Entity's Name		
D. Description of Work Covered by Payment (e.g., hours and dates worked, description of project or tasks completed, the installment number for a contract milestone, or incorporating the description of work stated in a specific invoice)		
E. Location(s) of Work Covered by Payment		

F. Payment	**Amount**	**Description:** *See italicized examples*
1) Payment by Rate(s) and Basis -- specify any price multiplier, variable pricing policy, or incentive pay as applicable: • By the Hour • By the Day • By the Week • Fee Per Project • Piece Rate • Commission • Non-Discretionary Bonus • Discretionary Bonus • Other (specify)	$	*= ___ (#) hours at service rate of $___/hour*
	$	*= ___ (#) days at service rate of $___/day*
	$	*= ___ (#) weeks at service rate of $___/week*
	$	*= ___ (#) projects at fee of $___/project*
	$	*= ___ (#) pieces at rate of $___/piece*
	$	*= Commission at ___% of $_____ sales*
	$	*= Exceeded Goals Bonus of $___*
	$	*= Early Completion Bonus of $___*
	$	*= Other (specify):* _____ _____
2) Tip Payment (if applicable)	$	*= tips*
3) Service Charge Payment (if applicable)	$	*= service charge payment*
4) Itemized Costs Reimbursed (if applicable) – specify each cost	$	*= reimbursement of _____ cost*
	$	*= reimbursement of _____ cost*
GROSS PAYMENT TOTAL	$	
G. Itemized Deductions, Fees, or Other Charges (if applicable) – specify each deduction, fee, or other charge	$	*= deduction for _____*
	$	*= fee for _____*
	$	*= other charge for _____*
NET PAYMENT TOTAL	$	