

[Date]

[Vendor/Contractor Name]

[Address Line 1]

[City, State, Zip Code]

Re: Review of Independent Contractor Classification

Dear [Name of Contact],

We are currently conducting a periodic compliance review of our firm's vendor and contractor relationships. This review is intended to ensure that our engagement with [Vendor/Contractor Name] remains consistent with current federal and state labor laws, including Department of Labor (DOL) guidelines and IRS regulations regarding independent contractor status.

To assist us in this evaluation, please provide the following documentation by [Date]:

- A copy of your current business license or professional certification.
- Proof of Workers' Compensation and Professional Liability insurance.
- A completed Form W-9 (if not already on file).
- Evidence of other clients or a marketing presence (e.g., website or business card) to verify your status as an independent entity.

Please note that as an independent contractor, you are responsible for providing your own tools and equipment, setting your own work hours to meet deadlines, and managing your own tax withholdings. This firm does not provide employee benefits, unemployment insurance, or overtime compensation to independent vendors.

We value our professional relationship and wish to ensure that our contractual agreement accurately reflects the independent nature of your services. We may require an updated Service Agreement to be signed following this review.

Please submit the requested information to [Contact Name/Department] at [Email Address].

Sincerely,

[Your Name/Authorized Signature]

[Title]

[Law Firm Name]