

[Current Date]

[Recipient Name]

[Recipient Title/Department]

[Recipient Company or Institution Name]

[Street Address]

[City, State, Zip Code]

Subject: Independent Contractor Compensation Verification

To Whom It May Concern,

This letter is to confirm that **[Contractor Name]** is currently engaged as an independent contractor for **[Your Company Name/Your Name]**.

The details of the engagement and compensation are as follows:

- **Start Date:** [Start Date of Contract]
- **End Date:** [End Date or "Ongoing"]
- **Services Provided:** [Brief Description of Services]
- **Current Compensation:** \$[Amount] per [Hour/Week/Month/Project]
- **Total Compensation (Year-to-Date):** \$[Amount]

Please note that [Contractor Name] is not an employee. As an independent contractor, they are responsible for their own tax withholdings, insurance, and benefits.

If you require any further information or documentation, please feel free to contact me at [Phone Number] or [Email Address].

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Title]