

**NOTICE OF WITHDRAWAL OF DESIGNATION AS INDEPENDENT CONTRACTOR
PURSUANT TO R.I.G.L. §28-29-17.1**

* I, (Name) _____ Soc. Sec. No. _____
* Business Name _____ FEIN # _____
* Address _____ Business License # _____
_____ Date of Birth _____

* hereby withdraw my Designation as Independent Contractor for:

* Hiring Entity Name: _____
* Address: _____

Signature * Date

* **This information is available to the public.**

Information on this form may be shared within the Department of Labor and Training, the Rhode Island Division of Taxation and the Internal Revenue Service.

Form is not valid until received and date stamped by this Department.

For a dated receipt copy, include a copy with the original sent to the Department of Labor and Training with a SELF-ADDRESSED, STAMPED ENVELOPE. The original and copy will be date stamped. The original will be retained for our files. The stamped copy will be returned in the envelope provided.