



Aerobic Atlanta

Aerobic Atlanta, Inc. is your amenities expert!

Payroll Form

Name _____

Phone (list all) _____

Address _____

Email _____

SSN _____ Requested Pay Rate _____

Or Tax I.D. Please attach W-9 Form

Attach a blank, voided check to have your paycheck deposited directly to your account. You will receive a pay stub in the mail. Paychecks are mailed or deposited to your account by the 7th day of the following month. If you have not received your check by the 10th of the month, please call 770-414-1383.

*Pay rate for enrollment and personal training locations will be \$_____ advertising/use of facilities fee, or _____% of proceeds collected from clients. (Fill in only if applicable)

I understand that Aerobic Atlanta, Inc. is a service to myself as a professional instructor. I understand that if this application is accepted by the aerobic director of Aerobic Atlanta, Inc. that I will be teaching as an independent contractor, in which there is a long standing, recognized practice in this industry for reporting my own tax liability. I realize Aerobic Atlanta, Inc. will not be withholding taxes from my check. At the end of the year I will receive a 1099 tax form for which I will be responsible for my own tax liability. I also present myself as a current certified instructor, will adhere by the teachings of the above listed certifications and will keep the above certification up to date while teaching with Aerobic Atlanta, Inc. In addition to the above, I realize that I may be held liable for any injuries that could result in my class. Aerobic Atlanta, Inc. has made me aware and recommends that I obtain personal liability insurance (through my certification group), to protect me from any said complaints.

Signature _____ Date _____