

Owner Name:

Date:

ASSOCIATE #1 NAME: HIRE DATE OR YEAR:

Is this Associate a ☐ W-2 Employee or a ☐ 1099 Independent Contractor

Associate is Compensated at _____% of Collections, _____% of Production or \$_____ Daily Rate

Per Week the Associate Works: _____ Days and _____ Hours with Last Year Collections of: \$_____

Is Associate a Specialist? ☐ Endodontist ☐ Pediatric ☐ Periodontal ☐ Prosthodontic ☐ Orthodontic ☐ Oral Surgeon

Associate Has a Written Non-Compete/Restrictive Covenant: ☐ Yes - Transferrable ☐ Yes - NOT Transferrable ☐ No

Associate Has a Written Non-Solicitation Clause? ☐ Staff and Patients ☐ Staff Only ☐ Patients Only ☐ No

Please Enter Amounts Paid by Practice:

Compensation (W-2/1099)	\$	\$	\$	\$
Health Insurance Premium	\$	\$	\$	\$
Life/Disability Insurance Premium	\$	\$	\$	\$
Pension/Profit Share Contribution	\$	\$	\$	\$
Other:	\$	\$	\$	\$

ASSOCIATE #2 NAME: HIRE DATE OR YEAR:

Is this Associate a ☐ W-2 Employee or a ☐ 1099 Independent Contractor

Associate is Compensated at _____% of Collections, _____% of Production or \$_____ Daily Rate

Per Week the Associate Works: _____ Days and _____ Hours with Last Year Collections of: \$_____

Is Associate a Specialist? ☐ Endodontist ☐ Pediatric ☐ Periodontal ☐ Prosthodontic ☐ Orthodontic ☐ Oral Surgeon

Associate Has a Written Non-Compete/Restrictive Covenant: ☐ Yes - Transferrable ☐ Yes - NOT Transferrable ☐ No

Associate Has a Written Non-Solicitation Clause? ☐ Staff and Patients ☐ Staff Only ☐ Patients Only ☐ No

Please Enter Amounts Paid by Practice:

Compensation (W-2/1099)	\$	\$	\$	\$
Health Insurance Premium	\$	\$	\$	\$
Life/Disability Insurance Premium	\$	\$	\$	\$
Pension/Profit Share Contribution	\$	\$	\$	\$
Other:	\$	\$	\$	\$

ASSOCIATE #3 NAME: HIRE DATE OR YEAR:

Is this Associate a ☐ W-2 Employee or a ☐ 1099 Independent Contractor

Associate is Compensated at _____% of Collections, _____% of Production or \$_____ Daily Rate

Per Week the Associate Works: _____ Days and _____ Hours with Last Year Collections of: \$_____

Is Associate a Specialist? ☐ Endodontist ☐ Pediatric ☐ Periodontal ☐ Prosthodontic ☐ Orthodontic ☐ Oral Surgeon

Associate Has a Written Non-Compete/Restrictive Covenant: ☐ Yes - Transferrable ☐ Yes - NOT Transferrable ☐ No

Associate Has a Written Non-Solicitation Clause? ☐ Staff and Patients ☐ Staff Only ☐ Patients Only ☐ No

Please Enter Amounts Paid by Practice:

Compensation (W-2/1099)	\$	\$	\$	\$
Health Insurance Premium	\$	\$	\$	\$
Life/Disability Insurance Premium	\$	\$	\$	\$
Pension/Profit Share Contribution	\$	\$	\$	\$
Other:	\$	\$	\$	\$

Owner Name:

Date:

ASSOCIATE #4 NAME: HIRE DATE OR YEAR:

Is this Associate a ☐ W-2 Employee or a ☐ 1099 Independent Contractor

Associate is Compensated at _____% of Collections, _____% of Production or \$_____ Daily Rate

Per Week the Associate Works: _____ Days and _____ Hours with Last Year Collections of: \$_____

Is Associate a Specialist? ☐ Endodontist ☐ Pediatric ☐ Periodontal ☐ Prosthodontic ☐ Orthodontic ☐ Oral Surgeon

Associate Has a Written Non-Compete/Restrictive Covenant: ☐ Yes - Transferrable ☐ Yes - NOT Transferrable ☐ No

Associate Has a Written Non-Solicitation Clause? ☐ Staff and Patients ☐ Staff Only ☐ Patients Only ☐ No

Please Enter Amounts Paid by Practice:

Compensation (W-2/1099)	\$	\$	\$	\$
Health Insurance Premium	\$	\$	\$	\$
Life/Disability Insurance Premium	\$	\$	\$	\$
Pension/Profit Share Contribution	\$	\$	\$	\$
Other:	\$	\$	\$	\$

ASSOCIATE #5 NAME: HIRE DATE OR YEAR:

Is this Associate a ☐ W-2 Employee or a ☐ 1099 Independent Contractor

Associate is Compensated at _____% of Collections, _____% of Production or \$_____ Daily Rate

Per Week the Associate Works: _____ Days and _____ Hours with Last Year Collections of: \$_____

Is Associate a Specialist? ☐ Endodontist ☐ Pediatric ☐ Periodontal ☐ Prosthodontic ☐ Orthodontic ☐ Oral Surgeon

Associate Has a Written Non-Compete/Restrictive Covenant: ☐ Yes - Transferrable ☐ Yes - NOT Transferrable ☐ No

Associate Has a Written Non-Solicitation Clause? ☐ Staff and Patients ☐ Staff Only ☐ Patients Only ☐ No

Please Enter Amounts Paid by Practice:

Compensation (W-2/1099)	\$	\$	\$	\$
Health Insurance Premium	\$	\$	\$	\$
Life/Disability Insurance Premium	\$	\$	\$	\$
Pension/Profit Share Contribution	\$	\$	\$	\$
Other:	\$	\$	\$	\$

ASSOCIATE #6 NAME: HIRE DATE OR YEAR:

Is this Associate a ☐ W-2 Employee or a ☐ 1099 Independent Contractor

Associate is Compensated at _____% of Collections, _____% of Production or \$_____ Daily Rate

Per Week the Associate Works: _____ Days and _____ Hours with Last Year Collections of: \$_____

Is Associate a Specialist? ☐ Endodontist ☐ Pediatric ☐ Periodontal ☐ Prosthodontic ☐ Orthodontic ☐ Oral Surgeon

Associate Has a Written Non-Compete/Restrictive Covenant: ☐ Yes - Transferrable ☐ Yes - NOT Transferrable ☐ No

Associate Has a Written Non-Solicitation Clause? ☐ Staff and Patients ☐ Staff Only ☐ Patients Only ☐ No

Please Enter Amounts Paid by Practice:

Compensation (W-2/1099)	\$	\$	\$	\$
Health Insurance Premium	\$	\$	\$	\$
Life/Disability Insurance Premium	\$	\$	\$	\$
Pension/Profit Share Contribution	\$	\$	\$	\$
Other:	\$	\$	\$	\$