

# Indiana Department of Revenue

## Worker's Compensation Clearance Certificate for Independent Contractors

Name of Independent Contractor: TIM KUBIAK Affidavit of Exemption Number: 133344

Trade Name of Independent Contractor: KUBIAK DEVELOPMENT LLC

Address: 13135 LAKESHORE DR  
CEDAR LAKE, IN 46303

Federal Identification or Social Security Number: xxx-xx-4441

**VALID**  
OCT 18 2017  
Worker's Compensation  
State of Indiana

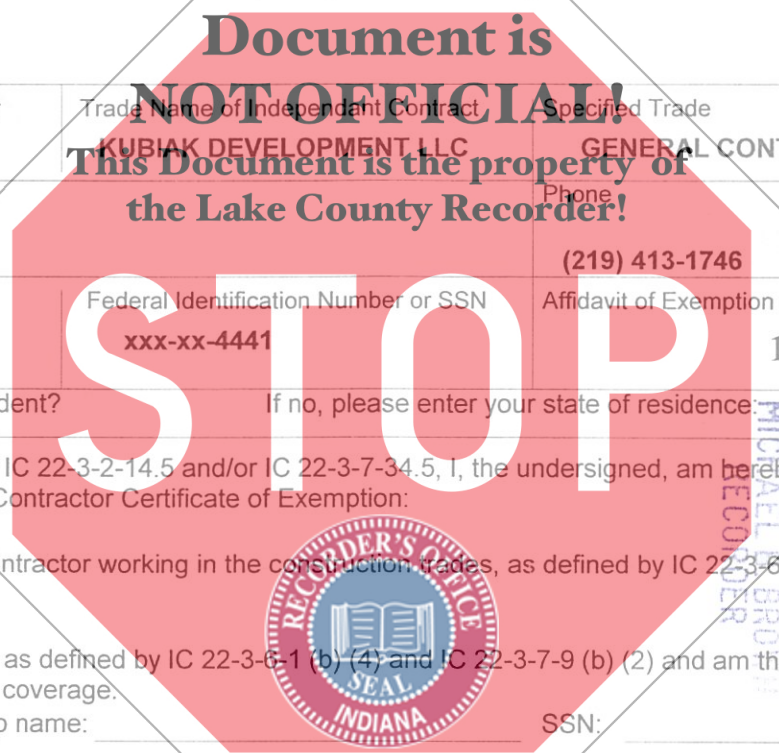
I hereby certify under the penalties of perjury, that the above named individual elects to be exempt from ability to recover under Worker's Compensation.

Signed: Mary Taveltski Title: Exec Admin

Date Issued: 10/18/2017 This certificate expires one (1) year after validation date.

*Not Valid Until Stamped by Worker's Compensation Board.*

Name of Independent Contractor <b>TIM KUBIAK</b>	Trade Name of Independent Contractor <b>KUBIAK DEVELOPMENT LLC</b>	Specified Trade <b>GENERAL CONTRACTOR</b>	
Address <b>13135 LAKESHORE DR CEDAR LAKE, IN 46303</b>	Phone <b>(219) 413-1746</b>		
E-mail Address	Federal Identification Number or SSN <b>xxx-xx-4441</b>	Affidavit of Exemption Number (State Use Only) <b>133344</b>	
<p><b>Yes</b> Are you an Indiana resident? If no, please enter your state of residence: _____</p> <p><b>No</b> Under the provisions of IC 22-3-2-14.5 and/or IC 22-3-7-34.5, I, the undersigned, am hereby requesting issuance to me of an Independent Contractor Certificate of Exemption:</p> <p><b>No</b> I am an independent contractor working in the construction trades, as defined by IC 22-3-6-1 (b) (7) and/or IC 22-3-7-9 (b) (5).</p> <p><b>No</b> I am the sole proprietor as defined by IC 22-3-6-1 (b) (4) and IC 22-3-7-9 (b) (2) and am thereby exempted from worker's compensation coverage. Sole proprietorship name: _____ SSN: _____</p> <p><b>No</b> I am a partner in a partnership as defined by IC 22-3-6-1 (b) (5) and IC 22-3-7-9 (b) (3) and am thereby exempted from worker's compensation coverage. Partnership name: _____ FID: _____</p>			
<p><b>Yes</b> My independent contractor business is incorporated and I am an officer of that corporation.</p> <p><b>No</b> I have employees.</p>			



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2017 OCT 26 AM 9:25  
 MICHAEL BROOKS  
 RECORDER  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD

25.  
CASH  
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### State Use Only

\$ 20.00 Filing Fee Required DOR Filing Fee <b>\$5.00</b> WCB Filing Fee <b>\$15.00</b>	Date Entered: <b>10/18/2017</b>	Validation Date: <b>10/18/2017</b>
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