

CONTRACTOR INFORMATION SHEET

Complete this form for each 1099 contractor

General Information

Contractor Type: Individual Business

Contractor Name _____

Address _____

City, State, Zip _____

Email Address _____

Social Security Number _____

Employer Identification Number _____

Direct Deposit Information

Will this contractor be paid by direct deposit?

- Yes (Please complete the Authorization of Direct Deposit form)
 No

Pay Information

Has this contractor already been paid this calendar year?

- Yes
(Enter the total compensation and/or reimbursement amounts paid during the current year)
 No

Compensation Amount \$ _____

Reimbursement Amount \$ _____

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