

1099 CONTRACTOR INFORMATION SHEET

Complete this form for each 1099 Contractor OR provide us with a completed W-9 form & YTD\$ paid to this contractor.

Contractor Name: \_\_\_\_\_

Do you need us to file a New Hire Form?

Yes  No

Address: \_\_\_\_\_

If so, First Day worked? MM\_\_\_/DD\_\_\_YR\_\_\_

City, State, Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Or Employer ID Number: \_\_\_\_\_

*(Only if you won't your contractor to have paystubs access online)*

Payment Method?  Check  Direct Deposit

YTD Compensation Paid \$ \_\_\_\_\_

YTD Reimbursement Paid \$ \_\_\_\_\_

Account # \_\_\_\_\_

Routing # \_\_\_\_\_

Direct Deposit to Checking *(attach a voided check from the employee's checking account below)*