

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: \_\_\_\_\_

*(Only if you want your contractor to have paystub access online)*

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

Payment Method?  Check  Direct Deposit

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

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

**Direct Deposit Information** *(Max. of 1 Account)*

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

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

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