

Contractor Information Sheet

Complete this form for each 1099 contractor.

General Information

Contractor Type	<input type="radio"/> Individual	<input type="radio"/> Business
Contractor Name	_____	
Address	_____	
City, State, Zip	_____	
Email Address	_____	
Social Security No./ Employer Identification No.	_____	

Direct Deposit Information

Will this contractor be paid by direct deposit?

Direct deposit Yes No If yes, attach completed Authorization of Direct Deposit form.

Pay Information

Has this contractor already been paid this calendar year?

Yes No

If yes, enter the total compensation and/or reimbursement amounts that you have paid the contractor during the current year.

Compensation amount \$ _____

Reimbursement amount \$ _____

Notes