

# 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 No./

Employer Identification No. \_\_\_\_\_

## Direct Deposit Information

Will this contractor be paid by direct deposit?

Yes    If so, complete the Authorization of Direct Deposit form.

No

## Pay Information

**Has this contractor already been paid this calendar year?**

Yes

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

No

Compensation amount \$ \_\_\_\_\_

Reimbursement amount \$ \_\_\_\_\_

## NOTES