

# 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