

# Contractor Information Sheet

**Complete this form for each 1099 contractor.**

Name of Company Contracting Services \_\_\_\_\_

Address \_\_\_\_\_

## Contractor's General Information

Contractor Type  Individual  Business

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

Address \_\_\_\_\_

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

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

Social Security No./  
Employer Identification No. \_\_\_\_\_

- Contractor complete Form W-9 and Company keep on file
- Contractor sign contract
- Contractor sign workers' compensation waiver

## Authorization of Direct Deposit

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Routing/Transit # (9-digits) \_\_\_\_\_ Account # \_\_\_\_\_

Checking  Savings  Other

**ATTACH A VOIDED CHECK**

I hereby authorize Company to direct deposit any amounts owed me by initiating credit entries into my account at the financial institution listed above. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full effect until Company has received written notice from me of its termination in such time and manner as to afford Company reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## 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 \$ \_\_\_\_\_