

Contractor Information Sheet – for 1099

Contractor Type Individual Business

Contractor Name:

Address:

City, State, Zip:

Email Address:

Social Security/ Tax ID Number:

Will this contractor be paid by Direct Deposit? Yes No

If yes, please attach Authorization for Direct Deposit Form

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: