



1099 Contractor Form

Co Name: \_\_\_\_\_  
Company IID: \_\_\_\_\_  
Company Code: \_\_\_\_\_  
☐ New 1099 ☐ Change ☐ Rehire

## Contractor Information

Legal Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_  
*Last Name, First Name, M.I.*

- OR -

Company Name: \_\_\_\_\_ TIN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_  
*Home Mobile Work*

Email: \_\_\_\_\_ Hire Date: \_\_\_\_\_

## Payroll Information

☐ Seasonal ☐ Full Time ☐ Part Time ☐ Temporary

Hourly Rate: \_\_\_\_\_ Department: \_\_\_\_\_

Salary Amt: \_\_\_\_\_ Department: \_\_\_\_\_

Additional Amounts & Departments (Specify):

☐ Activate Etime - Entry Method: ☐ Punch ☐ Timecard Time Zone: \_\_\_\_\_

## Earnings/Deductions/Garnishments *(please include garnishment order)*

Name:	Amount <i>(per payroll)</i> :	Pre/Post Tax:	Additional Information:
1.			
2.			
3.			
4.			

## Direct Deposit Information

Bank Name:	Banking/ Savings:	Routing Number:	Account Number:	Full Net:	Amount <i>(if any)</i> :
1.					
2.					
3.					
4.					

☐ Activate Contractor Access