



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