



Co Name:			
Company IID:			
Company Code:			
□ New 1099	$\overline{\Box}$	Change	Rehire

## Contractor Information

Legal Name:				Social Security No:					
3		ne, First Name, M	1.1.		<u></u>				
- OR -									
Company	Name:				TIN:				
Address:									
City:				_	Zip:				
Phone:									
,	Ноте		Mobile		Work				
Email:			Hire Date:						
Payroll Ir	nformation		\to Seaso	nal 🗆 Full Ti	me   Part Time	☐ Temporary			
Hourly Ra	te:	•	tment:						
Salary Am	t:	Depar	tment:						
Additiona	l Amounts & De	partments (Sp	oecify):						
☐ Activa	te Etime           Er	ntry Method:	☐ Punch	☐ Timecard ☐	Γime Zone:				
Earnings	/Deductions/	Garnishmer	าts (please inclu	de garnishment ord	er)				
Name:		Amount Pro/Post Tow		Additional lafamatica					
		(per payroll):	Pre/Post Tax:	Additional Information:					
1.									
<ol> <li>3.</li> </ol>									
4.									
Direct De	eposit Inform	ation							
Bank Name:	Banking/	Routing	Ac	count Full	Amount				
	Savings:	Number:	Nu	mber: Net:	(if any):				
1.									
2.									
3.									
4.									