



CONTRACTOR INFORMATION SHEET

Complete this form for each 1099 contractor.

General Information

Company Name: _____
Contractor Type: Individual Business
Contractor Name _____
Address _____
City, State, Zip _____
Email Address _____
Social Security No. _____
Employer Identification No. _____

Direct Deposit Information

Will this contractor be paid by direct deposit?

Yes If so, complete the Authorization of Direct Deposit form.
 No

Pay Information

Has this contractor already been paid this calendar year?

Yes
If so, enter the total compensation and/or reimbursement amounts that you have paid the contractor during the current year.
 No

Compensation amount \$ _____
Reimbursement amount \$ _____

NOTES

Please upload this form at www.3ClickPayroll.com/resources or email us at Forms@3ClickPayroll.com

or call us at 866-3CP-4PAY (866-327-7429)