

Company Name _____

1099/ Contract Worker Information Sheet

New Hire, Change, Re-hire, Termination

Individual Information

Social Security Number _____ Employee # _____

Name: Last _____ First: _____ MI _____

Address: _____

City: _____ State: _____ ZIP: _____

Birth Date: ____/____/____ Gender: _____

Or Company Information

Employer Identification Number: _____ Company Code: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Department: _____

Hire Date: ____/____/____ Re-hire Date: ____/____/____ Term Date: ____/____/____

Pay Rate Information

Pay Frequency: Weekly, Bi-Weekly, Semi-Monthly, Monthly

Hourly Rate1: \$ _____

Salary: \$ _____ per Pay Period **

Rate2: \$ _____

Pay Overtime: Yes No (If Salaried)

First Pay Amount if Prorated: \$ _____

If rate is based on something other than hours, please specify. _____

Direct Deposit Information

Bank T/R #: _____ Account Number _____

(6 character)

Email address _____ password _____

Account Type: checking savings (circle one)

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