

Company Name* _____

*Indicates required field

1099/CONTRACT WORKER INFORMATION SHEET

____ New Hire ____ Change ____ Re-hire ____ Termination

Attention Employers: Please verify after employee's first payroll that all info is entered into the payroll system correctly. Any corrections need to be conveyed to Payroll Partners immediately.

Individual Information

Social Security # / Employer ID # *: _____ Employee # _____

Individual Name or Company Name*: _____

Address*: _____

City*: _____ State*: _____ ZIP*: _____

Telephone #: _____

Hire Date: _____ Re-hire Date: _____ Term Date: _____

Department: _____

Email Address*: _____

PAY RATE INFORMATION

Pay Frequency*: ____ Weekly ____ Bi-Weekly ____ Semi-Monthly ____ Monthly

1099 Hourly Rate1: \$ _____ 1099 Hourly Rate2: \$ _____

1099 Salary: \$ _____ *(Per Pay Period)*

Pay Overtime: ____ Yes ____ No *(If Salaried)*

First Pay Amount if Prorated: \$ _____

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