



Frontier

Payroll Management

CONTRACTOR INFORMATION SHEET

Complete this form for each 1099 contractor.

General Information

Contractor Type Individual Business

Contractor Name _____

Address _____

City, State, Zip _____

Email Address _____

Social Security No./Employer Identification

Number: _____

Direct Deposit Information

Will this contractor be paid by direct deposit?

Direct deposit Yes No

If yes, attach completed Authorization of Direct Deposit form.

Pay Information

Has this contractor already been paid this calendar year?

Yes No

If yes, enter the total compensation and/or reimbursement amounts that you have paid the contractor during the current year.

Compensation amount \$ _____

Reimbursement amount \$ _____

Notes