

CONTRACTOR COMPENSATION DETAILS

& W-9 Intake Form

1. CONTRACTOR INFORMATION

Full Legal Name / Business Name: _____

DBA (if applicable): _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

2. COMPENSATION & PAYMENT DETAILS

Pay Rate / Structure: _____

Payment Frequency: _____

Payment Method: _____

Direct Deposit Routing #: _____

Direct Deposit Account #: _____

Account Type (Checking/Savings): _____

Form W-9 Information Taxpayer Identification Number (TIN)

Federal Tax Classification (Check only one):

- ☐ Individual / Sole Proprietor or Single-member LLC
- ☐ C Corporation
- ☐ S Corporation
- ☐ Partnership
- ☐ Trust / Estate
- ☐ Limited Liability Company (LLC) - C, S, or P classification

Exempt Payee Code (if any): _____

Social Security Number (SSN):

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OR

Employer Identification Number (EIN):

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3. CERTIFICATION & SIGNATURES

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding; (3) I am a U.S. citizen or other U.S. person; and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Contractor Signature

Date

Authorized Company Representative Signature

Date