

CONTRACTOR ONBOARDING PACKET
PAYROLL INFORMATION & AUTHORIZATION

1. CONTRACTOR PROFILE

LEGAL NAME (INDIVIDUAL OR BUSINESS ENTITY NAME) _____

TRADE NAME / DBA (IF APPLICABLE) _____

CONTRACTOR CLASSIFICATION

☐ INDIVIDUAL/SOLE PROPRIETOR ☐ LLC ☐ CORPORATION ☐ PARTNERSHIP

EMAIL ADDRESS _____

PHONE NUMBER _____

MAILING ADDRESS _____

CITY, STATE, ZIP CODE _____

SERVICES TO BE PROVIDED _____

2. DIRECT DEPOSIT (ACH) AUTHORIZATION

Please provide your banking information below to opt into direct deposit payments.

☐ SET UP DIRECT DEPOSIT (COMPLETE BANK DETAILS BELOW) ☐ DECLINE DIRECT DEPOSIT (REQUEST PHYSICAL CHECK)

BANK NAME _____

ACCOUNT TYPE

☐ CHECKING ☐ SAVINGS

ROUTING TRANSIT NUMBER (9 DIGITS) _____

ACCOUNT NUMBER _____

I hereby authorize the paying entity to initiate credit entries to my account indicated above. This authorization remains in effect until written notice of termination is received.

CONTRACTOR SIGNATURE _____

DATE _____

W-9

REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

Give Form to the requester. Do not send to the IRS.

1. NAME (AS SHOWN ON YOUR INCOME TAX RETURN). NAME IS REQUIRED ON THIS LINE; DO NOT LEAVE THIS LINE BLANK. _____

2. BUSINESS NAME/DISREGARDED ENTITY NAME, IF DIFFERENT FROM ABOVE _____

3. CHECK APPROPRIATE BOX FOR FEDERAL TAX CLASSIFICATION OF THE PERSON WHOSE NAME IS ENTERED ON LINE 1.

☐ INDIVIDUAL/SOLE PROPRIETOR OR SINGLE-MEMBER LLC ☐ C CORPORATION ☐ S CORPORATION ☐ PARTNERSHIP ☐ TRUST/ESTATE

☐ LIMITED LIABILITY COMPANY. ENTER THE TAX CLASSIFICATION (C=C CORPORATION, S=S CORPORATION, P=PARTNERSHIP) _____

4. EXEMPTIONS (CODES APPLY ONLY TO CERTAIN ENTITIES)

Exempt payee code (if any): _____ Exemption from FATCA reporting code (if any): _____

5. ADDRESS (NUMBER, STREET, AND APT. OR SUITE NO.) _____

REQUESTER'S NAME AND ADDRESS (OPTIONAL) _____

6. CITY, STATE, AND ZIP CODE _____

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). For other entities, it is your employer identification number (EIN).

SOCIAL SECURITY NUMBER

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EMPLOYER IDENTIFICATION NUMBER

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Part II - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
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.

SIGN HERE SIGNATURE OF U.S. PERSON _____

DATE _____