



CheckMark, Inc.
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Independent Contractor (1099) Set Up/Change

Employer / Client _____ Client # _____ Date _____ New Change

Complete a contractor set up form for each 1099 contractor. Attach a copy of 1099 contractor's W-9 and YTD balances if this is a mid-year set up. If this is a change request, only update the sections that have changed.

Personal

First Name _____ Last Name _____
 Address 1 _____
 Address 2 _____
 City _____ State _____ Zip _____
 Phone # _____ Email _____
 Social Security # _____ Birth Date _____
 Employee # _____

Payment Options - If Direct Deposit or Pay Card is selected, provide copies of the direct deposit/pay card forms signed by the employee and provide a voided check for each account.

Type of Payment: Direct Deposit Pay Card CheckMark Checks PDF Checks

Pay Rates

Flat Rate _____ (Per pay period) Hourly _____ / _____ / _____ / _____ Pay Frequency _____
 (4 hourly rates per contractor)