



# Cindie Payroll Contractor Information Form

Employer FEIN: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Contractor Information	
Contractor ID: _____	Social Security Number: _____
Contractor Name: _____	Date of Birth: _____
Street Address: _____ Apt. No.: _____	Date of Hire: _____
City/State/Zip: _____	
County: _____	
Contractor Email: _____	Annual Payment Total: _____

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