

## **Employee/Contractor Information Form**

Complete this form for each employee or contractor electing direct deposit.

Upon completion, upload to our website at <a href="www.isaanatax.com">www.isaanatax.com</a> -> SEND US A FILE. DO NOT EMAIL.

First Name	Middle Initial	Last Name
Street Address	City State	Zip code
Email Address	Social Security Number	Birth Date
Pay Method	Worker Type  Independent Contractor or Employee (Circle One)	Pay Delivery  paper check, direct deposit, pay card, cash (Circle One)
Other Payments	Pay Frequency Weekly, Bi-Weekly, Monthly (Circle One)	Pay Period Covered
Date of first pay check	<b>Payroll deductions</b> Child support, benefits, etc. (Y/N)?	Sick and Vacation Pay Y/N (Circle one)
Employee Identification D	ocuments	
Please upload a copy of the em	ployee/contractor's social security card	and proof of identity (driver's
license, state ID, passport, or g	green card). The proof of identity must	not be expired and must be legible.
These documents can be uploa	ded securely to our website at www.isa	anatax.com (SEND US A FILE).
DO NOT EMAIL THESE DOCU	MENTS. THE EMPLOYEE/CONTRACT	OR WILL NOT BE SETUP FOR
PAYROLL WITHOUT THESE I	DOCUMENTS.	
Name of person submit	ting this form:	
Title/Position:		
Phone:		
Signature:		

By signing this form, I am duly authorized to act on behalf of the company above ("Employer") to provide this information and bind the company to any related payroll services offered by Isaana Tax & Accounting LLC and its affiliates.