

**CONSULTANT DATA SHEET**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

CONSULTANT'S COMPANY: VICCS Inc TAX ID NO: N/A

COMPANY ADDRESS: 11821 Parklawn Drive Suite 206 DOB: \_\_\_\_\_

Rockville, MD 20852 PASSPORT NO. \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ DRIVERS LICENSE NO.: \_\_\_\_\_

CAR Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

NO. OF EXEMPTIONS Fed: \_\_\_\_\_ State: \_\_\_\_\_

HOME TEL: \_\_\_\_\_ WORK TEL: 301-984-1355 MARITAL STATUS: \_\_\_\_\_

PAGER NO: \_\_\_\_\_ CELLULAR: \_\_\_\_\_ EMAIL: (personal) \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: EMAIL: (work) \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ TEL: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ TEL: \_\_\_\_\_

**FOR OFFICE USE ONLY**

CLIENT: \_\_\_\_\_ TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

JOB SITE ADDRESS: \_\_\_\_\_

CLIENT ADDRESS: \_\_\_\_\_

SITE SUPERVISOR NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_ PAGER: \_\_\_\_\_

TEL (home): \_\_\_\_\_ TEL (work): \_\_\_\_\_ FAX: \_\_\_\_\_

START DATE: \_\_\_\_\_

STATUS:  CONTRACTOR/W2  CONTRACTOR/1099  EMPLOYEE  VENDOR: \_\_\_\_\_

EMPLOYEE RATE/SALARY: \_\_\_\_\_ VENDOR R: \_\_\_\_\_ BILLING R: \_\_\_\_\_ O/T: \_\_\_\_\_

INSURANCE BENEFITS START DATE: \_\_\_\_\_ PROBATION END DATE/BNFTS: \_\_\_\_\_

WAIVER  MEDICAL  LIFE  S/LT DIS.  AUTO  SECT 125  T. Rowe  OTHER \_\_\_\_\_

BONUS: \_\_\_\_\_ RELOCATION: \_\_\_\_\_ OTHER EXCEPTIONS: \_\_\_\_\_

APPROX. TERMINATION DATE (HRS): \_\_\_\_\_ BUDGET ALLOCATION: \$ \_\_\_\_\_

**BILLING INFORMATION**

P.O. NO: \_\_\_\_\_ CONTRACT NO \_\_\_\_\_ ACCT NO \_\_\_\_\_

NO. OF COPIES: \_\_\_\_\_ NO. OF COPIES: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_