

1099 Information Form

All information is due to our Office by January 19th .

Additional charges will apply for changes made after form is submitted.

Payer's Name _____

**Street Address,
City, State, Zip** _____

Payer's FEIN # _____

Recipient's Name _____

**Street Address,
City, State, Zip** _____

Recipient's FEIN # or SS # _____

Amount _____ **Nonemployee compensation** _____ **Other** _____ Example: Rents, Dividends, Interest

Recipient's Name _____

**Street Address,
City, State, Zip** _____

Recipient's FEIN # or SS # _____

Amount _____ **Nonemployee compensation** _____ **Other** _____ Example: Rents, Dividends, Interest

Recipient's Name _____

**Street Address,
City, State, Zip** _____

Recipient's FEIN # or SS # _____

Amount _____ **Nonemployee compensation** _____ **Other** _____ Example: Rents, Dividends, Interest

Page 2 Payer Name: _____

Recipient's Name _____
Street Address, _____
City, State, Zip _____

Recipient's FEIN # or SS # _____

Amount _____ **Nonemployee compensation** _____ **Other** _____ Example: Rents, Dividends, Interest

Recipient's Name _____
Street Address, _____
City, State, Zip _____

Recipient's FEIN # or SS # _____

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Street Address, _____
City, State, Zip _____

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