

1099's – Information Form

Company Name: _____

Contact: _____ Phone: _____

Email: _____

Company Address: _____

City: _____ Zip: _____

Number of 1099's _____ for year _____

x-act fill in ID #	Name	Address	Identification Number	Amount
	NAME: _____ DBA: _____ ☐ NEW 1099 ☐ ON PAYROLL ☐ FROM PREV. YR	_____ _____ CITY: _____ ZIP: _____	FED ID ____ - ____ or SSN ____ - ____ - ____	
	NAME: _____ DBA: _____ ☐ NEW 1099 ☐ ON PAYROLL ☐ FROM PREV. YR	_____ _____ CITY: _____ ZIP: _____	FED ID ____ - ____ or SSN ____ - ____ - ____	

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	NAME: _____ DBA: _____ ☐ NEW 1099 ☐ ON PAYROLL ☐ FROM PREV. YR	_____ _____ CITY: _____ ZIP: _____	FED ID ____ - ____ or SSN ____ - ____ - ____	

DATE: _____

TIME: _____

SENT: EMAIL PHONE FAX

PAGE: _____ OF _____