



Payer Information

Name (as it appears on your tax return) _____

DBA or Disregarded LLC Name _____

SSN/EIN _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____ Email _____

Recipient Information

Full Legal Name _____

SSN/EIN _____

Street Address _____

City _____ State _____ Zip _____

Nature of Payment _____ Amount Paid _____

Full Legal Name _____

SSN/EIN _____

Street Address _____

City _____ State _____ Zip _____

Nature of Payment _____ Amount Paid _____

Full Legal Name _____

SSN/EIN _____

Street Address _____

City _____ State _____ Zip _____

Nature of Payment _____ Amount Paid _____

Full Legal Name _____

SSN/EIN _____

Street Address _____

City _____ State _____ Zip _____

Nature of Payment _____ Amount Paid _____

Full Legal Name _____

SSN/EIN _____

Street Address _____

City _____ State _____ Zip _____

Nature of Payment _____ Amount Paid _____

If you will need 1099's prepared for more than the 5 recipients included please indicate the additional number of 1099's you require _____.

Thank you!