1099 Information Request Form

Your Information

Your Company Name:_____

Your Federal ID#:_____

Mailing Address:_____

Phone Number:_____

Subcontractor Information:

Subcontractor Name:_____

SS#/ID#:_____

Mailing Address:_____

Total Amount Paid:_____

Subcontractor Name:_____

SS#/ID#:_____

Mailing Address:_____

Total Amount Paid:_____

Subcontractor Name:_____

SS#/ID#:_____

Mailing Address:_____

Total Amount Paid:_____