



DIRUSSO TAX & ACCOUNTING

COMPANY/PAYER NAME _____ PHONE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____ EMPLOYER ID # _____

Please provide 1099 information for applicable recipients:

1. NAME _____ SS# OR EIN# _____ AMOUNT \$ _____
 ADDRESS _____ CITY _____ ST __ ZIP _____
 DESCRIPTION OF PAYMENT: _____

2. NAME _____ SS# OR EIN # _____ AMOUNT \$ _____
 ADDRESS _____ CITY _____ ST __ ZIP _____
 DESCRIPTION OF PAYMENT: _____

3. NAME _____ SS# OR EIN # _____ AMOUNT \$ _____
 ADDRESS _____ CITY _____ ST __ ZIP _____
 DESCRIPTION OF PAYMENT: _____

4. NAME _____ SS# OR EIN # _____ AMOUNT \$ _____
 ADDRESS _____ CITY _____ ST __ ZIP _____
 DESCRIPTION OF PAYMENT: _____

5. NAME _____ SS# OR EIN # _____ AMOUNT \$ _____
 ADDRESS _____ CITY _____ ST __ ZIP _____
 DESCRIPTION OF PAYMENT: _____

6. NAME _____ SS# OR EIN # _____ AMOUNT \$ _____
 ADDRESS _____ CITY _____ ST __ ZIP _____
 DESCRIPTION OF PAYMENT: _____

7. NAME _____ SS# OR EIN # _____ AMOUNT \$ _____
 ADDRESS _____ CITY _____ ST __ ZIP _____
 DESCRIPTION OF PAYMENT: _____

8. NAME _____ SS# OR EIN # _____ AMOUNT \$ _____
 ADDRESS _____ CITY _____ ST __ ZIP _____
 DESCRIPTION OF PAYMENT: _____

9. NAME _____ SS# OR EIN # _____ AMOUNT \$ _____
 ADDRESS _____ CITY _____ ST __ ZIP _____
 DESCRIPTION OF PAYMENT: _____

10. NAME _____ SS# OR EIN # _____ AMOUNT \$ _____
 ADDRESS _____ CITY _____ ST __ ZIP _____
 DESCRIPTION OF PAYMENT: _____

If you need to add more names, please make copies of this form. Total of 1099s \$ _____