

1099 REQUEST FORM

BUSINESS/PERSON REQUESTING: _____

BUSINESS ADDRESS _____

EIN/SS#: _____

PHONE NUMBER: _____

TOTAL # OF 1099S: _____

TYPE OF 1099: ___ RENT PAID or ___ NONEMPLOYEE COMPENSATION

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR SS#/EIN: _____ **AMOUNT: \$** _____

TYPE OF 1099: ___ RENT PAID or ___ NONEMPLOYEE COMPENSATION

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR SS#/EIN: _____ **AMOUNT: \$** _____

TYPE OF 1099: ___ RENT PAID or ___ NONEMPLOYEE COMPENSATION

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

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TYPE OF 1099: ___ RENT PAID or ___ NONEMPLOYEE COMPENSATION

CONTRACTOR NAME: _____

CONTRACTOR ADDRESS: _____

CONTRACTOR SS#/EIN: _____ **AMOUNT: \$** _____