

Form 1099 Template

Your Company name: _____

Business Type (Self Employed, S-corp, C-corp, Partnership): _____

Owner name: _____

Business Phone #: _____

Business Address: _____

Tax ID/EIN: _____ **OR** SSN if self-employed: _____

**Self-employed (SE) means that there is no company name, or there is no LLC or INC at the end of your company name. If you are unsure please include the Tax ID and SSN.*

Contractor Name/Company Name: _____

Business Address: _____

Tax ID/EIN: _____ **OR** SSN if self-employed: _____

Amount paid: _____

Contractor Name/Company Name: _____

Business Address: _____

Tax ID/EIN: _____ **OR** SSN if self-employed: _____

Amount paid: _____

Contractor Name/Company Name: _____

Business Address: _____

Tax ID/EIN: _____ **OR** SSN if self-employed: _____

Amount paid: _____