



# 1099 INFORMATION FORM

## PERSONAL/BUSINESS INFORMATION



First and Last Name:  Business Name (If Applicable):  Tax ID # (EIN/SSN):	Mailing Address: City/State/Zip:  Phone Number: Updated Email:
<b>Card on File for Billing:</b> <b>Bill upon completion? Y or N</b> Name on Card: _____ Card Number: _____ Exp: __/__/__ CVV: _____	Signature: _____  <i>By signing your name, you hereby certify that all information provided on this document is true and accurate to the best of your knowledge.</i>

### RECIPIENTS

Please fill out each box **COMPLETELY** for each recipient.  
 W9 forms (official request for Tax ID Numbers) available upon request.

Recipient's Tax ID (EIN/SSN):	Recipient's Name:
Recipient's Mailing Address:	Recipient's Phone Number:
1099 Form Needed: (Misc, NEC, Etc.)	1099 Amount:

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