

CO./PAYER NAME _____ TITLE _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
EMPLOYER ID # _____ EMPLOYER SS # _____

Please prepare _____ 1099s _____ W-2s (attach a schedule showing income and deduction)
for the following individuals:

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

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

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

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

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

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

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

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

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

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

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