

Federal Form 1099 Information Sheet

Client Name:	
SS # or EIN: (check box)	<input type="checkbox"/> SS # _____ <input type="checkbox"/> EIN # _____
State Withholding #:	
Address:	
City/St/Zip:	
Phone Number:	

Vendor 1099 Information

1	Full Legal Name*:	
	SS # or EIN: (check box)	<input type="checkbox"/> SS # _____ <input type="checkbox"/> EIN # _____
	Address:	
	City/St/Zip:	
	1099 Type:	<input type="checkbox"/> Service (Non-Employee) <input type="checkbox"/> Rent <input type="checkbox"/> Interest <input type="checkbox"/> Other (Please Specify) _____
	Amount Paid:	\$ _____

2	Full Legal Name*:	
	SS # or EIN: (check box)	<input type="checkbox"/> SS # _____ <input type="checkbox"/> EIN # _____
	Address:	
	City/St/Zip:	
	1099 Type:	<input type="checkbox"/> Service (Non-Employee) <input type="checkbox"/> Rent <input type="checkbox"/> Interest <input type="checkbox"/> Other (Please Specify) _____
	Amount Paid:	\$ _____

3	Full Legal Name*:	
	SS # or EIN: (check box)	<input type="checkbox"/> SS # _____ <input type="checkbox"/> EIN # _____
	Address:	
	City/St/Zip:	
	1099 Type:	<input type="checkbox"/> Service (Non-Employee) <input type="checkbox"/> Rent <input type="checkbox"/> Interest <input type="checkbox"/> Other (Please Specify) _____
	Amount Paid:	\$ _____

* Name as shown on income tax return.