**Reset Form** 

## FORM 1099 INFORMATION



## IMPORTANT: IF YOU ARE REQUIRED TO FILE 1099s, RETURN THIS FORM TO US BY JANUARY 5, 2024.

As with previous years, we have the ability to file all required 1099s on your behalf. Form 1099s must be filed by January 31, and will be issued as follows:

- For business payments in excess of \$600.
- For payments made to individuals, sole proprietors, partnerships, LLCs, as well as to all professional legal service providers. (Note: You are not required to send 1099s for payments made to corporations.)
- For rent, fees, commissions, prizes and awards for services performed as a nonemployee, and other forms of compensation for services performed.

There are penalties from the IRS and Department of Labor for not filing these forms in a timely manner, so it is important to provide me with the appropriate information to issue 1099s. Please provide information as requested below. We will complete the 1099s, return them to you to mail, and we will file all applicable forms with the IRS on your behalf.

Your Information						
Your Name or Business Na	ame:					
SSN or Business EIN:		Phone:				
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Payee Information (Imp	ortant: Please be specific with all de	etails.)				
Individual Name: (As shown	on W9, Line 1)					
Or Business Name: (As show	vn on W9, Line 2)					
Individual SSN (or EIN if B	usiness Name):					
Mailing Address:						
_				Zip:		
	Type of Payment?:				Rent?	
	3,					
Individual Name: (As shown	on W9, Line 1)					
	vn on W9, Line 2)					
	usiness Name):					
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	V9, Line 1)			
	n W9, Line 2)			
•	ness Name):			
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Amount: \$	Type of Payment:	Interest?	Services?	Rent?
Individual Name: (As shown on V	V9, Line 1)			
Or Business Name: (As shown o	n W9, Line 2)			
Individual SSN (or EIN if Busin	ness Name):			
Mailing Address:				
City:			State: Zip:	
Amount: \$	Type of Payment:	Interest?	Services?	Rent?
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	V9, Line 1)			
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	ness Name):			
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Amount: \$	Type of Payment:	Interest?	Services?	Rent?
Individual Name: (As shown on V	V9, Line 1)			
Or Business Name: (As shown o	n W9, Line 2)			
Individual SSN (or EIN if Busin	ness Name):			
Mailing Address:				
City:			State: Zip:	
Amount: \$	Type of Payment:	Interest?	Services?	Rent?
Individual Name: (As shown on V	V9, Line 1)			
	n W9, Line 2)			
	ness Name):			
Mailing Address:				
City:			State: Zip:	
Amount: \$	Type of Payment:	Interest?	Services?	Rent?