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IMPORTANT: PLEASE SAVE THIS BLANK FORM (AS PDF) TO YOUR COMPUTER FIRST. THEN COMPLETE AND SUBMIT.

FORM 1099 INFORMATION



IMPORTANT: IF YOU ARE REQUIRED TO FILE 1099s, RETURN THIS FORM TO US BY JANUARY 7, 2026.

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 Name: _____

SSN or Business EIN: _____

Phone: _____

Address: _____

City: _____

State: _____

Zip: _____

Payee Information (Important: Please be specific with all details.)

Individual Name: (As shown on W9, Line 1) _____

Or Business Name: (As shown on W9, Line 2) _____

Individual SSN (or EIN if Business Name): _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Amount: \$ _____

Type of Payment?: _____

Interest? _____

Services? _____

Rent? _____

Individual Name: (As shown on W9, Line 1) _____

Or Business Name: (As shown on W9, Line 2) _____

Individual SSN (or EIN if Business Name): _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Amount: \$ _____

Type of Payment: _____

Interest? _____

Services? _____

Rent? _____

FORM 1099 INFORMATION



Payee Information

Individual Name: (As shown on W9, Line 1) _____
Or Business Name: (As shown on W9, Line 2) _____
Individual SSN (or EIN if Business Name): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Amount: \$ _____ Type of Payment: _____ Interest? _____ Services? _____ Rent? _____

Individual Name: (As shown on W9, Line 1) _____
Or Business Name: (As shown on W9, Line 2) _____
Individual SSN (or EIN if Business Name): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Amount: \$ _____ Type of Payment: _____ Interest? _____ Services? _____ Rent? _____

Individual Name: (As shown on W9, Line 1) _____
Or Business Name: (As shown on W9, Line 2) _____
Individual SSN (or EIN if Business Name): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Amount: \$ _____ Type of Payment: _____ Interest? _____ Services? _____ Rent? _____

Individual Name: (As shown on W9, Line 1) _____
Or Business Name: (As shown on W9, Line 2) _____
Individual SSN (or EIN if Business Name): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Amount: \$ _____ Type of Payment: _____ Interest? _____ Services? _____ Rent? _____

Individual Name: (As shown on W9, Line 1) _____
Or Business Name: (As shown on W9, Line 2) _____
Individual SSN (or EIN if Business Name): _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Amount: \$ _____ Type of Payment: _____ Interest? _____ Services? _____ Rent? _____

SUBMIT FORM >