Ó./PAYER NAME	TITLE	PHONE	
DDRESS	CITY	STATE ZIP	
MPLOYER ID#	EMPLOYER SS#	·	
lease prepare 1099s for the	e following:		
NAME	SS#	AMOUNT S	
ADDRESS	CITY	ST ZIP	
DESCRIPTION OF PAYMENT		THE THE PROPERTY OF THE PROPERTY OF THE PROPERTY WHICH THE PROPERTY OF THE PRO	
. 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	•		
G. NAME	SS1!	AMOUNT \$	
ADDRESS	CITY	ST ZIP	
DESCRIPTION OF PAYMENT			
7. NAME			
	SS#	AMOUNT \$	
ADDRESS DESCRIPTION OF PAYMENT	CITY	ST ZIP	
	•		
8. NAME	SS#	AMOUNT \$	
DESCRIPTION OF BAYAGENT	CITY	STZIP	
	ATOPATTINIS PARTICIPANTAL PROPERTY AND SOCIAL PROPERTY OF THE		
9. NAME	SS#	AMOUNT \$	
ADDRESS	CITY	ST ZIP	
DESCRIPTION OF PAYMENT			
10. NAME		AMOUNT S	
ADDRESS.	CITY	STZIP	

If you need to add more names, please make copies of this form,

Totals of 1099s S_____