

For Office Use

File # _____

CPA: _____

Williamson & Aebi, LLP

1099 Information Sheet

PAYER INFORMATION

CONTACT:	PHONE #:
PAYER NAME:	
MAILING ADDRESS:	
CITY:	FEDERAL ID #:
STATE / ZIP:	

RECIPIENT INFORMATION

First Name:	Last Name:
Social Security #:	or Federal ID #:
Corporation or Partnership Name:	
Mailing Address:	
City/State/Zip:	
TYPE OF PAYMENT (Check One)	
____ Non-Employee Compensation ____ Rent ____ Interest ____ Other	
AMOUNT PAID: \$	

First Name:	Last Name:
Social Security #:	or Federal ID #:
Corporation or Partnership Name:	
Mailing Address:	
City/State/Zip:	
TYPE OF PAYMENT (Check One)	
____ Non-Employee Compensation ____ Rent ____ Interest ____ Other	
AMOUNT PAID: \$	

RECIPIENT INFORMATION (CONTINUED)

PAYER'S NAME: _____

First Name:	Last Name:		
Social Security #:	or Federal ID #:		
Corporation or Partnership Name:			
Mailing Address:			
City/State/Zip:			
TYPE OF PAYMENT (Check One)			
<input type="checkbox"/> Non-Employee Compensation	<input type="checkbox"/> Rent	<input type="checkbox"/> Interest	<input type="checkbox"/> Other
AMOUNT PAID: \$			

First Name:	Last Name:		
Social Security #:	or Federal ID #:		
Corporation or Partnership Name:			
Mailing Address:			
City/State/Zip:			
TYPE OF PAYMENT (Check One)			
<input type="checkbox"/> Non-Employee Compensation	<input type="checkbox"/> Rent	<input type="checkbox"/> Interest	<input type="checkbox"/> Other
AMOUNT PAID: \$			

First Name:	Last Name:		
Social Security #:	or Federal ID #:		
Corporation or Partnership Name:			
Mailing Address:			
City/State/Zip:			
TYPE OF PAYMENT (Check One)			
<input type="checkbox"/> Non-Employee Compensation	<input type="checkbox"/> Rent	<input type="checkbox"/> Interest	<input type="checkbox"/> Other
AMOUNT PAID: \$			