

Form 1099 Worksheet

CLIENT NAME: _____

Social Security # or Federal ID #	<u>AMOUNT</u>
Name :	\$
Address :	_____
City, State & Zip:	_____
MUST CIRCLE ONE: NonEmployee/Subcontractor Directors Fees Rent Interest Dividends Health Premiums Prizes/Awards Attorneys	

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INDIVIDUALS : SS# and "Name" on SS Card SOLE PROPRIETORS : EIN# and "Name" on SS Card
 PARTNERSHIPS, LLCs and CORPORATIONS : EIN# and the "Entity Name" on Form SS4
 REQUEST Form W-9 for YOUR files before ISSUING