

SUMMARY OF PAYMENTS TO CONTRACTORS -1099-MISC

Tax year _____

(DUE BY JANUARY 31ST)

Write your Payees /Contractor's names and information. If they do not change from last year, you may write ON FILE at the fill-in space. Repeat information for better accuracy. Thank you.

PAYER: _____ / Tel# _____
Address: _____ / Email: _____
Fed Tax EIN/ SSN _____ State ID _____

Payee #1 : _____ / Tel# _____
Address: _____ / Email: _____
Fed Tax EIN or SSN _____
Amount paid \$ _____

Payee #2 : _____ / Tel# _____
Address: _____ / Email: _____
Fed Tax EIN or SSN _____
Amount paid \$ _____

Payee #3 : _____ / Tel# _____
Address: _____ / Email: _____
Fed Tax EIN or SSN _____
Amount paid \$ _____

Payee #4 : _____ / Tel# _____
Address: _____ / Email: _____
Fed Tax EIN or SSN _____
Amount paid \$ _____

Payee #5 : _____ / Tel# _____
Address: _____ / Email: _____
Fed Tax EIN or SSN _____
Amount paid \$ _____

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