

SUMMARY OF PAYMENTS TO EMPLOYEES AND CONTRACTORS
Year _____

If your employees /contractors information do not change from last year, you may write ON FILE at the fill-in space. Repeat information for better accuracy. Thank you.

EMPLOYER: _____ / Tel# _____
 Address: _____ / Email: _____

Fed Tax ID/ SSN _____ State ID _____

XX

Employee : _____ / Tel# _____
 Address: _____ / Email: _____

Fed Tax ID or SSN _____
 Amount paid in the year to this employee/contractor \$ _____ on 1099MIS ____ or W2 ____

 Employee: _____ / Tel# _____
 Address: _____ / Email: _____

Fed Tax ID or SSN _____
 Amount paid in the year to this employee/contractor \$ _____ on 1099MIS ____ or W2 ____

 Employee: _____ / Tel# _____
 Address: _____ / Email: _____

Fed Tax ID or SSN _____
 Amount paid in the year to this employee/contractor \$ _____ on 1099MIS ____ or W2 ____

 Employee: _____ / Tel# _____
 Address: _____ / Email: _____

Fed Tax ID or SSN _____
 Amount paid in the year to this employee/contractor \$ _____ on 1099MIS ____ or W2 ____

 If you have more employees or contractors, use a copy of this form.

LEASE COMPLETE, SEND, FAX, OR EMAIL TO SON LE BEFORE JAN 27 TO HAVE FORMS PREPARED AND FILED ON TIME.

Son Le
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