

Your Company: _____ Phone: _____

Full Address: _____ Tax Year: _____

EIN or SS#: _____ Contact Person: _____ Total Number of 1099 Recipients: _____

Name and DBA of Recipient	Address	Social Security Number	Dollar Amount Paid <small>Over \$600.00 only Legal Fees any amount</small>	Service <small>Non-Employee Compensation (NEC), Rent, Interest, etc</small>
<i>(Cannot be DBA only)</i>				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Do not include any payments you made with credit card, debit card, gift card, or Third Party Processor.
Please fill in form completely and return to Goodfriend & Talbott Accountancy Corp.
Danielle@GoodfriendTalbott.com or use our SafeSend Exchange here.