

Form 1099 Information for 20_____



Employer Name: _____ SSN of Payor: _____ - _____ - _____
 Employer Address: _____ or Federal ID #: _____ - _____
 City _____ State _____ Zip _____

Recipient Information	SSN or Federal ID # of Recipient	Type of Payment to Recipient (circle one)	Amount of Payment
Name: _____ Address: _____ City: _____ State: _____ Zip: _____	____ - ____ - ____ or ____ - _____	Labor Trucking Dividend Interest Rent _____	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____	____ - ____ - ____ or ____ - _____	Labor Trucking Dividend Interest Rent _____	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____	____ - ____ - ____ or ____ - _____	Labor Trucking Dividend Interest Rent _____	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____	____ - ____ - ____ or ____ - _____	Labor Trucking Dividend Interest Rent _____	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____	____ - ____ - ____ or ____ - _____	Labor Trucking Dividend Interest Rent _____	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____	____ - ____ - ____ or ____ - _____	Labor Trucking Dividend Interest Rent _____	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____	____ - ____ - ____ or ____ - _____	Labor Trucking Dividend Interest Rent _____	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____	____ - ____ - ____ or ____ - _____	Labor Trucking Dividend Interest Rent _____	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____	____ - ____ - ____ or ____ - _____	Labor Trucking Dividend Interest Rent _____	
Name: _____ Address: _____ City: _____ State: _____ Zip: _____	____ - ____ - ____ or ____ - _____	Labor Trucking Dividend Interest Rent _____	