

DUE DATE JANUARY 11, 2019 1099 WORKSHEET

YOUR (PAYER) BUSINESS NAME _____

ADDRESS _____

YOUR (PAYER) FEDERAL ID# OR SOCIAL SECURITY# _____

Name of person to contact if IRS needs more information.

Telephone# _____

<u>Recipients Name, Address, & Zip Code</u>	<u>Recipient's I.D. Number (EIN or SSN)</u>	<u>Kind of Payment</u>	<u>Amount of Payment</u>
1. _____ _____ _____	_____	_____	_____
2. _____ _____ _____	_____	_____	_____
3. _____ _____ _____	_____	_____	_____
4. _____ _____ _____	_____	_____	_____
5. _____ _____ _____	_____	_____	_____
6. _____ _____ _____	_____	_____	_____
7. _____ _____ _____	_____	_____	_____
8. _____ _____ _____	_____	_____	_____

RETURN TO: MAIN STREET TAX & ACCOUNTING SERVICES, INC.
P.O. BOX 219, BERNVILLE, PA 19506
mainstreettax@mainstreettaxandaccounting.com In subject area of email please note 1099
(610) 488-0295 OFFICE
(610) 488-6693 FAX