

BERNARD TAX & BOOKKEEPING

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 Clinton, MO 64735
 (660) 885-3051
 Fax: (660) 885-3825

1099 Worksheet
 For Year _____
 Please return by January 10, _____

This form will provide us with the information we need to prepare your 1099 information returns. 1099 information returns must be prepared and filed for entities except Corporations to which you paid for services in the amount of \$600.00 or more during the tax year.

Your Company Name:		
Address:		
Your FEIN:		

NOTE: The IRS routinely verifies the name and ID numbers on all 1099s filed. If there are discrepancies, you will receive a notice and may be required to begin withholding. For this reason, it is important that you adhere to the following guidelines:

If the recipient is an individual, use the individual's Social Security Number (SSN).

If the recipient is a business with an assigned Employer ID Number (EIN), use the business name and EIN.

If the recipient is a business but does not have an EIN, use the individual's name and Social Security Number.

Never use an Employer ID Number with an individual's name or a Social Security Number with a business name.

Recipient (See Note):		
Recipient FEIN or SSN:		
Street Address:		
City, State, Zip:		
Amount Paid:	\$	<input type="checkbox"/> Non-employee payments <input type="checkbox"/> Rents <input type="checkbox"/> Lawyer <input type="checkbox"/> Other

Recipient (See Note):		
Recipient FEIN or SSN:		
Street Address:		
City, State, Zip:		
Amount Paid:	\$	<input type="checkbox"/> Non-employee payments <input type="checkbox"/> Rents <input type="checkbox"/> Lawyer <input type="checkbox"/> Other

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Recipient FEIN or SSN:		
Street Address:		
City, State, Zip:		
Amount Paid:	\$	<input type="checkbox"/> Non-employee payments <input type="checkbox"/> Rents <input type="checkbox"/> Lawyer <input type="checkbox"/> Other

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Recipient FEIN or SSN:			
Street Address:			
City, State, Zip:			
Amount Paid:	\$	<input type="checkbox"/> Non-employee payments	<input type="checkbox"/> Rents <input type="checkbox"/> Lawyer <input type="checkbox"/> Other

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Recipient FEIN or SSN:			
Street Address:			
City, State, Zip:			
Amount Paid:	\$	<input type="checkbox"/> Non-employee payments	<input type="checkbox"/> Rents <input type="checkbox"/> Lawyer <input type="checkbox"/> Other

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