

Recipients Information

Individual/Business Name _____
Federal Identification Number (SSN or EIN) _____
Street Address _____
City _____ State _____ Zip Code _____

\$ _____ **1099-MISC Amount** \$ _____ Federal Withholdings
\$ _____ State Withholdings

Type of Payment (Check One)

_____ Rents _____ Medical Payments
_____ Other Income (Prizes, Awards, etc.) _____ Other _____
_____ Nonemployee Compensation (Contract Labor)

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