



1099 WORKSHEET

Use this form to provide TD Consulting Group, PC with the information needed to prepare and file your 1099 Forms. These forms must be prepared for individuals you paid \$600 or more during the tax year and filed with the IRS.

CAUTION: The IRS routinely verifies the name and payer ID numbers on 1099s filed. Usually if there are discrepancies, you will receive a notice and may be required to begin withholding. Therefore, it is important that you pay attention to the following: If the payee is an individual, use the individual's Social Security Number (SSN). If the recipient operates under a business name and the business has an Employer ID Number (EIN), use the EIN. Otherwise, use the individual's name and SSN. Never use an EIN with an individual's name or a SSN with a business name.

***Recipient copies will be mailed directly from our system and will not be sent to you for distribution. Please inform TD Consulting Group, PC if a different delivery method is preferred.**

TAX YEAR: _____

YOUR BUSINESS NAME: _____

YOUR FEDERAL TAX ID NUMBER: _____

Recipient: _____ Recipient EIN or SSN: _____

1 Address: _____

Amount: \$ _____ Type of Payment: _____

Recipient: _____ Recipient EIN or SSN: _____

2 Address: _____

Amount: \$ _____ Type of Payment: _____

Recipient: _____ Recipient EIN or SSN: _____

3 Address: _____

Amount: \$ _____ Type of Payment: _____

Recipient: _____ Recipient EIN or SSN: _____

4 Address: _____

Amount: \$ _____ Type of Payment: _____

5

Recipient: _____ Recipient EIN or SSN: _____

Address: _____

Amount: \$ _____ Type of Payment: _____

6

Recipient: _____ Recipient EIN or SSN: _____

Address: _____

Amount: \$ _____ Type of Payment: _____

7

Recipient: _____ Recipient EIN or SSN: _____

Address: _____

Amount: \$ _____ Type of Payment: _____

8

Recipient: _____ Recipient EIN or SSN: _____

Address: _____

Amount: \$ _____ Type of Payment: _____

9

Recipient: _____ Recipient EIN or SSN: _____

Address: _____

Amount: \$ _____ Type of Payment: _____

10

Recipient: _____ Recipient EIN or SSN: _____

Address: _____

Amount: \$ _____ Type of Payment: _____
