

1099 Information

<u>Payer Information</u>	
Name:	Fed. ID # (EIN) OR SSN:
Address:	State ID #:
	State:
<u>Recipient Information</u>	
Name:	Choose One: <input type="checkbox"/> 1. Nonemployee Compensation (most common) <input type="checkbox"/> 2. Rents <input type="checkbox"/> 3. Royalties <input type="checkbox"/> 4. Other Income <input type="checkbox"/> 5. Medical/ Health Care Payments <input type="checkbox"/> 6. Fishing Boat Proceeds <input type="checkbox"/> 7. Crop Insurance Proceeds <input type="checkbox"/> 8. Payments to Attorney <input type="checkbox"/> Other:
Address:	
Federal ID# (EIN) OR	
Social Security Number:	
Federal Income Tax Withholding (if any): \$	
State Income Tax Withholding (if any): \$	
Payment Amount: \$	
<input type="checkbox"/> W-9 Attached (Preferred)	
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Important: Please DO NOT EMAIL! Once filled out this document contains confidential information. Please utilize our secure portal (<https://www.clientaccess.com/sharesafe/#/dpwcpas>) to upload completed PDF and W-9s or fax to (503) 362-9186

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