

REQUEST OF INFORMATION FORMS 1099-NEC (NON-EMPLOYEE COMPENSATION)

COMPANY INFO

COMPANY NAME	_____				
EIN	_____ - _____ TELEPHONE	_____ - _____ - _____			
ADDRESS	_____	CITY	_____		
STATE	_____	ZIP CODE	_____	EMAIL	_____@_____
CONTACT NAME	_____				

CONTRACTOR'S INFORMATION

Please write clear and clean the information below

"WRITE THE INFORMATION AS IS IN SS CARD OR ITIN LETTER"

Name	_____						
Middle	_____						
Last Name	_____						
SSN	_____ - _____ - _____	EMAIL	_____@_____				
ADDRESS:	_____						
CITY	_____	STATE	_____	ZIP CODE	_____	TEL:	_____
AMOUNT \$	_____						

"WRITE THE INFORMATION AS IS IN SS CARD OR ITIN LETTER"

Name	_____						
Middle	_____						
Last Name	_____						
SSN	_____ - _____ - _____	EMAIL	_____@_____				
ADDRESS:	_____						
CITY	_____	STATE	_____	ZIP CODE	_____	TEL:	_____
AMOUNT \$	_____						

"WRITE THE INFORMATION AS IS IN SS CARD OR ITIN LETTER"

Name	_____						
Middle	_____						
Last Name	_____						
SSN	_____ - _____ - _____	EMAIL	_____@_____				
ADDRESS:	_____						
CITY	_____	STATE	_____	ZIP CODE	_____	TEL:	_____
AMOUNT \$	_____						

- INACCURATE INFORMATION COULD TRIGGER AUDITS AND PENALTIES