



Payer/Business Name _____ EIN / SSN _____
 Contact Name _____ Phone # _____
 Full Address _____
 Email Address _____

Recipient Name _____ EIN/SS# _____
 Address _____
 City _____ State _____ Zip _____
 Amount Paid _____
 1099 Type **Miscellaneous** **Interest** **1098 Mortgage Interest**
 Rent **Other** *Explain:* _____
 Non Employee Compensation
 Other Income
 Attorney Fees
 Additional Services: **EIN Verification Request**

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2017 1099 INFORMATION SHEET – CONTINUED

Payer/Business Name _____ Page ____ Of ____

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