

Lincoln Tax Professionals, LLC
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TAX YEAR _____

Employer, to serve you better, we ask that you submit all 1099 information at one time and that you fill in the information below using this form. 1099's must be issued to all your subcontractors by January 31.

YOUR NAME _____

YOUR PHONE # (____) - ____ - _____ YOUR FAX # (____) - ____ - _____

CONTACT PERSON _____ EMAIL ADDRESS _____

TODAY'S DATE _____ #pages including this page _____

TOTAL # OF 1099'S : _____ TOTAL AMOUNT PAID : _____

1099's to be issued on my behalf:

Name of recipient: _____	SSN or EIN	
Address : Same as last year Y / N. If New fill in below ----- Street: _____ Apt/unit# _____ City _____ State _____ Zip _____	Amount paid	\$.
	Type of 1099 income (Check one) Rent ____ Royalties ____ Interest ____ Dividends ____ Non-employee Comp ____ Other Compensation (describe) _____	
	Fed w/h \$ _____	State w/h \$ _____

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