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.

Address: Same as last year Y / N. If New fill in below Street:Apt/unit# CityState Zip Name of recipient:	YOU	JR NAME							
TODAY'S DATE	YOU	JR PHONE # ()	YOUR FAX #	· · · · · · · · · · · · · · · · · · ·					
TOTAL # OF 1099'S : TOTAL AMOUNT PAID :	CONTACT PERSON EMAIL ADDRESS								
Name of recipient: SSN or EIN Address: Same as last year Y / N. If New fill in below Street: Apt/unit# Fed w/h \$ State w/h \$	TOI	DAY'S DATE	ling this page						
Name of recipient: Address: Same as last year Y / N. If New fill in below Street: Apt/unit# City State Zip Name of recipient: Apt/unit# Address: Same as last year Y / N. If New fill in below Name of recipient: Apt/unit# Address: Same as last year Y / N. If New fill in below Street: Apt/unit# City State Zip Type of 1099 income (Check one) Rent Royalties Interest SSN or EIN Amount paid \$. Type of 1099 income (Check one) Rent Royalties Interest Dividends Non-employee Comp Other Compensation (describe) Fed w/h \$. State w/h \$. Name of recipient: SSN or EIN State W/h \$. State w/h \$. State w/h \$.	TOTAL # OF 1099'S : TOTAL AMC			OUNT PAID :					
Address: Same as last year Y / N. If New fill in below Street:Apt/unit# CityState Zip Name of recipient:	1099's to be issued on my behalf:								
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