

For Office Use

File # \_\_\_\_\_

CPA: \_\_\_\_\_

# Williamson & Aebi, LLP

Certified Public Accountants

## 1099 INFORMATION SHEET

### PAYER INFORMATION

<b>CONTACT:</b>	<b>PHONE #:</b>
<b>PAYER NAME:</b>	
<b>MAILING ADDRESS:</b>	
<b>CITY:</b>	<b>FEDERAL ID #:</b>
<b>STATE / ZIP:</b>	<b>OREGON BIN:</b>

### RECIPIENT INFORMATION

<b>First Name:</b>	<b>Last Name</b>	
<b>Social Security # <u>OR</u> Federal Tax ID #:</b>		
<b>Corporation or Partnership Name:</b>		
<b>Mailing Address:</b>		
<b>City/State/Zip:</b>		
<b>TYPE OF PAYMENT (Check One)</b>		
<input type="checkbox"/> Non-Employee Compensation	<input type="checkbox"/> Rent	<input type="checkbox"/> Interest
<input type="checkbox"/> Other		
<b>AMOUNT PAID: \$</b> _____		

<b>First Name:</b>	<b>Last Name</b>	
<b>Social Security # <u>OR</u> Federal Tax ID #:</b>		
<b>Corporation or Partnership Name:</b>		
<b>Mailing Address:</b>		
<b>City/State/Zip:</b>		
<b>TYPE OF PAYMENT (Check One)</b>		
<input type="checkbox"/> Non-Employee Compensation	<input type="checkbox"/> Rent	<input type="checkbox"/> Interest
<input type="checkbox"/> Other		
<b>AMOUNT PAID: \$</b> _____		

**RECIPIENT INFORMATION (CONTINUED)**

**PAYER'S NAME:** \_\_\_\_\_

<b>First Name:</b>	<b>Last Name</b>	
<b>Social Security # <u>OR</u> Federal Tax ID #:</b>		
<b>Corporation or Partnership Name:</b>		
<b>Mailing Address:</b>		
<b>City/State/Zip:</b>		
<b>TYPE OF PAYMENT (Check One)</b>		
<input type="checkbox"/> Non-Employee Compensation	<input type="checkbox"/> Rent	<input type="checkbox"/> Interest
<input type="checkbox"/> Other		
<b>AMOUNT PAID: \$</b> _____		

<b>First Name:</b>	<b>Last Name</b>	
<b>Social Security # <u>OR</u> Federal Tax ID #:</b>		
<b>Corporation or Partnership Name:</b>		
<b>Mailing Address:</b>		
<b>City/State/Zip:</b>		
<b>TYPE OF PAYMENT (Check One)</b>		
<input type="checkbox"/> Non-Employee Compensation	<input type="checkbox"/> Rent	<input type="checkbox"/> Interest
<input type="checkbox"/> Other		
<b>AMOUNT PAID: \$</b> _____		

<b>First Name:</b>	<b>Last Name</b>
<b>Social Security # <u>OR</u> Federal Tax ID #:</b>	
<b>Corporation or Partnership Name:</b>	
<b>Mailing Address:</b>	
<b>City/State/Zip:</b>	
<b>TYPE OF PAYMENT (Check One)</b>	

\_\_\_\_\_ **Non-Employee Compensation**

\_\_\_\_\_ **Rent**

\_\_\_\_\_ **Interest**

\_\_\_\_\_ **Other**

**AMOUNT PAID: \$** \_\_\_\_\_