Form 5

Sub-Contractor/1099 Listing

Name:_____ Name:_____

Address:_____ Address:_____

City/State/Zip:_____ City/State/Zip:_____

Tax ID Number:_____ Tax ID Number:_____

Date	Check No	Amount		Date	Check No	Amount
	Total				**Total**	

In the check number column, list the check or how you made each payment, i.e., cash, credit card, etc.