



Simple Accounting

1099 - INFORMATION SHEET

(For payments in excess of \$600)

COMPANY #: _____ COMPANY NAME: _____

Contact Name: _____ Phone: _____

Recipient's Name: _____ dba: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Tax ID #

or Social Security Number

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(Please provide if you are a business)

Total Paid \$ _____ Payment Type: _____
(if less than \$600 "1099" not required) (example: non-employee compensation, rents, interest or other)

Federal Income Tax withheld (if any) \$ _____

Recipient's Name: _____ dba: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Tax ID #

or Social Security Number

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(Please provide if you are a business)

Total Paid \$ _____ Payment Type: _____
(if less than \$600 "1099" not required) (example: non-employee compensation, rents, interest or other)

Federal Income Tax withheld (if any) \$ _____

Recipient's Name: _____ dba: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal Tax ID #

or Social Security Number

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(Please provide if you are a business)

Total Paid \$ _____ Payment Type: _____
(if less than \$600 "1099" not required) (example: non-employee compensation, rents, interest or other)

Federal Income Tax withheld (if any) \$ _____

IMPORTANT DEADLINES
EMPLOYER TO POSTMARK TO RECIPIENT BY - 1/31/22
EMPLOYER TO POSTMARK TO I.R.S. BY - 2/28/22