P	Name:	Social Security #:	
A Y	Address:	rederal ID #:	
Ô	City:	State:	
R	Zip Code:	Telephone:	

INFORMATION NEEDED FOR 1099 FORMS

Once again, you will need to send a Form 1099 to anyone you paid more than \$600 for interest, rent, custom work or any other service. This must be done for all individuals who are not incorporated. Failure to file penalties of up to \$520 per form may be assessed if you are audited.

1	Name:	Social Securit	:y #:	
U	Address:			
9	City:		Zip Code:	
9	What Paid For:		Amount Paid: \$	
1	Name:	Social Securit	ty #:	
0	Address:			
9	City:	State:	Zip Code:	
9	What Paid For:		Amount Paid: \$	
1	Name:	Social Securi	ty #:	
0	Address:			
9	City:		Zip Code:	
9				
1	Name:	Social Security #:		
0	Address:			
9	City:		Zip Code:	
9				
1	Name:	Social Securi	ity#:	
υ	Address:			
9	City:		Zip Code:	
9	I			
1	Name:	Social Secur	rity #:	
0	Address:			
9	City;	State:	Zip Code:	
9	What Paid For:		Amount Paid; \$	

INFORMATION NEEDED FOR W-2 FORMS

W-2 forms need to be done for any employee, including spouses and children, even if paid in commodities. If you wish to have us do your W-2's, please complete the form below. All forms must be sent by January 31st.

	Name: Address:			
W	City:		State:	Zip Code:
2	Social Security #:		Date of Birth:	
	Amount of Wage: \$		Federal Withholding: \$_	
	FICA Withholding: \$		State Withholding: \$	
	Services Paid For With:	Commodities	Cash	
	Name:		Address:	
W	City:		State:	Zip Code:
2	Social Security #:	•	Date of Birth:	
			Federal Withholding: \$_	
	FICA Withholding: \$		_ State Withholding: \$	
	Services Paid For With:	Commodities	Cash	
W	Name:			
	City:			Zip Code:
2	Social Security #:			
	ı			
	1 .			
	Services Paid For With:	Commodities	Cash	
	Name:		Address:	,
W	Ciry:		State:	Zip Code:
2	Social Security #:	· · · · · · · · · · · · · · · · · · ·		
•	Amount of Wage: \$			
	FICA Withholding: \$		State Withholding: \$	
ļ 	Services Paid For With:	Commodities	Cash	
	Name:		Address:	
w	City:		State:	Zip Code:
2	Social Security #:		Date of Birth:	
	Amount of Wage: \$		_ Federal Withholding: \$_	
	FICA Withholding: \$		State Withholding: \$_	
	Services Paid For With:	Commodities	Cash	
	Name:		·	
i w	City:			Zip Code:
2	Social Security #:			
. -				
!	1			
ŀ	Services Paid For With:		Cash	