

**INFORMATION SHEET – 1099 FORMS**

Once complete, please upload your documents to your tax portal or mail them to your Allied CPAs office. You can access the portal anytime through our website, alliedcpa.com.



**CO./PAYER NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMPLOYER ID#** \_\_\_\_\_ **EMPLOYER SS#** \_\_\_\_\_

Please Prepare 1099's for the following individuals **EMAIL:**

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**PAYEES:**

**CO/NAME** \_\_\_\_\_ **EIN/SS#** \_\_\_\_\_ **AMT PAID** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**WHAT WAS THE PAYMENT FOR:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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**CO/NAME** \_\_\_\_\_ **EIN/SS#** \_\_\_\_\_ **AMT PAID** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**WHAT WAS THE PAYMENT FOR:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

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**WHAT WAS THE PAYMENT FOR:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

\* If you need more entries, please make copies of this form.