

Form 1099 - MISC Recipient Information: Fax back to 818-889-9294

Account Number:			
Tax Id: (Use FEIN. A sole-proprietorship can use owner's SSN)			
Legal Name: (if sole-proprietorship, use owner's full legal name, otherwise business name)			
DBA: (optional) Doing Business As:			
Address:			
City:			
State:			
Zip:			
Phone:			
Account Number:		Report to what State? (if blank, reported to mailing address state, if state participates in IRS EF program)	
Box 1-Rents		Box 10-Crop insurance proceeds	
Box 2-Royalties		Box 11-NOT USED	
Box 3-Other Income		Box 12-NOT USED	
Box 4-FIT Withheld		Box 13-Excess golden parachute payments	
Box 5-Fishing		Box 14-Gross proceeds paid to attorney	
Box 6-Medical Pymts		Box 15a Sec. 409A deferrals	
Box 7-Nonemployee Compensation		Box 15b Sec 409A income	
Box 8-Subst pymt in lieu of dividends or interest		Box 16-State tax withheld	
Box 9-Payer made direct sales of \$5,000 or more of consumer products to a buyer		Box 17 State/Payer's state no	
		Box 18 State income	