

# Substitute 1099 Form Copy

## Payer's Information

Name:

Address:

City, State, ZIP:

Payer's TIN:

## Recipient's Information

Name:

Address:

City, State, ZIP:

Recipient's TIN:

1. Nonemployee compensation:

2. Federal income tax withheld:

3. Other income:

4. State tax withheld:

5. State/Payer's state no.:

6. State income:

Date:

Authorized Signature:

This is a substitute for IRS Form 1099-MISC.

Please retain a copy for your records. For questions regarding this form, contact your payer.