

Recipient 1099 Form - Copy B

**Payer's Name, Address, and
Phone:**

Payer's TIN:

Recipient's TIN:

Recipient's Name:

Recipient's Address:

| Box | Description | Amount |
|-----|-----------------------------|----------------------|
| 1 | Nonemployee compensation | <input type="text"/> |
| 2 | Other income | <input type="text"/> |
| 3 | Federal income tax withheld | <input type="text"/> |
| 4 | State income tax withheld | <input type="text"/> |
| 5 | State/Payer's state number | <input type="text"/> |
| 6 | State income | <input type="text"/> |

Instructions for Recipient:

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed if this income is taxable and the IRS determines that it has not been reported.

Keep this copy for your records.