

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.