

Form 1099 - Copy C

For Payer

PAYER'S Information	
Name:	<input type="text"/>
Address:	<input type="text"/>
Payer's TIN:	<input type="text"/>

RECIPIENT'S Information	
Name:	<input type="text"/>
Address:	<input type="text"/>
Recipient's TIN:	<input type="text"/>

Account Number (optional):	<input type="text"/>
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Box	Description	Amount
1	Nonemployee compensation	<input type="text"/>
2	Other income	<input type="text"/>
4	Federal income tax withheld	<input type="text"/>
6	State tax withheld	<input type="text"/>

Notice: This is Copy C for Payer. For Payer's records only.