1099 INFORMATION WORKSHEET - 2025

PAYER INFORMATION

Name and Address: _____ Payer ID _____

_____

_____ Payer Phone Number _____

Recipient's Name and Address: **What you paid this recipient:**

_____ Rents $ _____

_____ Non Employee Comp. $ _____

_____ Interest $ _____

Recipient's ID # (SSN or FEIN): _____

Recipient's Name and Address: **What you paid this recipient:**

_____ Rents $ _____

_____ Non Employee Comp. $ _____

_____ Interest $ _____

Recipient's ID # (SSN or FEIN): _____

Recipient's Name and Address: **What you paid this recipient:**

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Recipient's Name and Address: **What you paid this recipient:**

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_____ Non Employee Comp. $ _____

_____ Interest $ _____

Recipient's ID # (SSN or FEIN): _____