

1099 INFORMATION SHEET

COMPLETE & SEND TO TBC

E-mail: Info@TotalBizCare.com | Fax: (510) 797-9503

Payer's Name:	Phone:					
Address/City/State/Zip:	Federal ID#:					
Identifying No	☐ Non-Employee Comp	☐ Interest	☐ Dividends	☐ Rents	☐ Attorneys	☐ Distributions
Name:	Address/City/State/Zip:			Amount: \$		
Identifying No	☐ Non-Employee Comp	☐ Interest	☐ Dividends	☐ Rents	☐ Attorneys	☐ Distributions
Name:	Address/City/State/Zip:Amount: \$					t: \$
Identifying No	☐ Non-Employee Comp	☐ Interest	☐ Dividends	☐ Rents	☐ Attorneys	☐ Distributions
Identifying No					-	
Name:	Address/City/State/Z Non-Employee Comp	ip:	☐ Dividends	☐ Rents	Amoun	t: \$ Distributions
Name:	Address/City/State/Z Non-Employee Comp	ip:	☐ Dividends	☐ Rents	Amoun	t: \$ Distributions
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