

1099 Check In Sheet

Name: _____

Date: _____

Date of Completion: _____

Do you want us to mail forms? (additional \$25 charge)

☐ Yes

☐ No

Note: If we did them last year just verify that everything is the same.

1. What is the client name?

- Social security number or Tax ID number
- Address
- Phone number

2. What is the recipients (Payee) name? (or attach W-9)

- Social security number or Tax ID number
- Address

- Receives Tips or Overtime?

☐ Yes

☐ No

Amount paid:

Tips paid: _____

Overtime paid: _____

3. What was it for? Circle one:

- Services - 1099 NEC
- Rents - 1099 MISC