



1585 Ellinwood Ave. STE 200 B
 Des Plaines, IL 60016
 Tel. 847-391-5100 ext 106
 Fax: 847-298-8961

Tax Year

Forms: 1099; 1096; W-2; W-3

Payer's or Employer's Name

Address

Address

City

Name of Person Contact

SS #
 SS # only for Individual Payer's (Employer's)

EIN #
 EIN # only for Corporation Payer's (Employer's)

State Zip Code

Phone #

Fax #

List of Subcontractors or Employee

First Name	<input type="text"/>	M.I.	<input type="text"/>	Last Name or Company Name	<input type="text"/>				
Address	<input type="text"/>			SS #	<input type="text"/>	Wage	<input type="text"/>	State Wage	<input type="text"/>
						<small>(for Employee please write SS#, Wage and State Wage)</small>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	EIN #	<input type="text"/>	Nonemployee Compensation	<input type="text"/>
						<small>(for Corporation please write EIN# and Nonemployee Compensation Wage)</small>			
First Name	<input type="text"/>	M.I.	<input type="text"/>	Last Name or Company Name	<input type="text"/>				
Address	<input type="text"/>			SS #	<input type="text"/>	Wage	<input type="text"/>	State Wage	<input type="text"/>
						<small>(for Employee please write SS#, Wage and State Wage)</small>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	EIN #	<input type="text"/>	Nonemployee Compensation	<input type="text"/>
						<small>(for Corporation please write EIN# and Nonemployee Compensation Wage)</small>			
First Name	<input type="text"/>	M.I.	<input type="text"/>	Last Name or Company Name	<input type="text"/>				
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						<small>(for Employee please write SS#, Wage and State Wage)</small>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	EIN #	<input type="text"/>	Nonemployee Compensation	<input type="text"/>
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						<small>(for Employee please write SS#, Wage and State Wage)</small>			
City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	EIN #	<input type="text"/>	Nonemployee Compensation	<input type="text"/>
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First Name	<input type="text"/>	M.I.	<input type="text"/>	Last Name or Company Name	<input type="text"/>				
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City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	EIN #	<input type="text"/>	Nonemployee Compensation	<input type="text"/>
						<small>(for Corporation please write EIN# and Nonemployee Compensation Wage)</small>			

Date

Signed By

