

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	SS # SS # only for Individual Payer's (Employer's)			
Address	EIN # EIN # only for Corporation Payer's (Employer's)			
Address	State Zip Code			
City	Phone #			
Name of Person Contact	Fax #			

## List of Subcontractors or Employee

First Name	M.I	Last Name or Compan	y Name					
Address			SS #		Wage (for Employee pleas	State Wage e write SS#, Wage and State V	Vage)	
City		State Zip Code	9	EIN #		employee Compensation	nsation Wage)	
First Name	M.I	Last Name or Compan	y Name					
Address			SS #		Wage (for Employee please	State Wage	Wage)	
City		State Zip Code	•	EIN #		employee Compensation EIN# and Nonemployee Comp	ensation Wage)	
First Name	M.I	Last Name or Compan	y Name					
Address			SS #		Wage (for Employee pleas	State Wage	Vage)	
City		State Zip Code	•	EIN #		employee Compensation	nsation Wage)	
First Name	M.I	Last Name or Compan	y Name					
Address			SS #		Wage (for Employee pleas	State Wage	Vage)	
City		State Zip Code	•	EIN #	None	employee Compensation		
First Name	M.I	Last Name or Compan	y Name					
Address			SS #		Wage (for Employee pleas	State Wage	Vage)	
City		State Zip Code	•	EIN #	None	employee Compensation		
First Name M.I Last Name or Company Name								
Address			SS #		Wage (for Employee pleas	State Wage	Vage)	
City		State Zip Code	•	EIN #	None	employee Compensation EIN# and Nonemployee Compe		
		Date				· · · · · · · · · · · · · · · · · · ·		
	Signed By		pyright 20	13@Atom I	Financial Services,	Inc. All Right Reserved.	ATOM Financial Services, Inc.	