1099 ORGANIZER

EMPIRE
TAX SERVICES

Please use this statement if you have paid any individual more than $600 for the tax year.

Tax Year:

PAYER INFORMATION

Client Name	
Name from which 1099 will be issued	
Social Security/EIN #	
Street Address	
City, State, Zip	
Phone #	
Email	

PAYEE #1 INFORMATION

Name	
Social Security #	
Street Address	
City, State, Zip	
Phone #	
Email	
Total Non-Employee Compensation	

PAYEE #2 INFORMATION

Name	
Social Security #	
Street Address	
City, State, Zip	
Phone #	
Email	
Total Non-Employee Compensation	

PAYEE #3 INFORMATION

Name	
Social Security #	
Street Address	
City, State, Zip	
Phone #	
Email	
Total Non-Employee Compensation	

PAYEE #4 INFORMATION

Name	
Social Security #	
Street Address	
City, State, Zip	
Phone #	
Email	
Total Non-Employee Compensation	

PAYEE #5 INFORMATION

Name	
Social Security #	
Street Address	
City, State, Zip	
Phone #	
Email	
Total Non-Employee Compensation	

PAYEE #6 INFORMATION

Name	
Social Security #	
Street Address	
City, State, Zip	
Phone #	
Email	
Total Non-Employee Compensation	

PAYEE #7 INFORMATION

Name	
Social Security #	
Street Address	
City, State, Zip	
Phone #	
Email	
Total Non-Employee Compensation	

PAYEE #8 INFORMATION

Name	
Social Security #	
Street Address	
City, State, Zip	
Phone #	
Email	
Total Non-Employee Compensation	

PAYEE #9 INFORMATION

Name	
Social Security #	
Street Address	
City, State, Zip	
Phone #	
Email	
Total Non-Employee Compensation	

PAYEE #10 INFORMATION

Name	
Social Security #	
Street Address	
City, State, Zip	
Phone #	
Email	
Total Non-Employee Compensation	