1099 WORKSHEET
2025

CLIENT NAME: _____ **Contact Name:** _____

Address: _____ **Telephone #:** _____

City, State, Zip: _____ **Federal ID # :** _____

PAYEE NAME (If providing a business name we need their federal id # and if providing an individual name we will need their social security #s)	ADDRESS, City, State Zip	FED ID #/or Soc Sec #	STATE WORK PERFORMED	AMOUNT PAID FOR NON-EMPLOYEE COMPENSATION	AMOUNT PAID FOR RENTS	AMOUNT PAID FOR INTEREST
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						