ISSUING 1099s

1099-NEC

WHAT USED TO BE 1099-MISC, BOX 7, IS NOW 1099-NEC, BOX 1, AS OF 2020

If you paid \$600.00 or more (\$10.00 or more in interest / royalties) to any Freelancer, Independent Contractor (IC), Subcontractor or any other individual or LLC (excluding Corporations) in the course of your business, or paid business rent of \$600 or more, you are required to **issue them a 1099 by January 31st.**

- For 1099-NEC with box 1 (nonemployee compensation) filled: submit or e-file copy to the IRS by **January 31st.**
- For other 1099s : submit a paper copy to the IRS by **February 28th** or e-file with the IRS by **March 31**.

CURRENT PENALTIES ON 1099-NEC 1099-MISC The penalty for late filing is:

Up to 30 days late.....\$60 per 1099

From 31 days to 150 days late.....\$120 per 1099

More than 150 days.....\$310 per 1099

Additional penalties and other burdens are applicable for mismatched names and social security numbers.

To reduce the risk of mismatched penalties, have your freelancers complete W-9 Form throughout the year BEFORE you pay them the first check. We encourage you to email us the W-9 form throughout the year for review.

If you paid your freelancers and contractors using payment forms other than cash or checks (credit cards, debit cards, Paypal, etc.) you must EXCLUDE THOSE PAYMENTS from your 1099 amount.

In other words, your 1099 amounts should only include payments made by checks, wire transfers, ACH transfers, and cash. The credit card processors are now required to issue a form 1099-K to recipients who received total payment transactions over \$600 by credit cards, or third-party network transactions, etc.

Some states also require the issuers of 1099s to file with the state of the recipients. We will inform you of the requirements, if applicable, after you submit your list of 1099s to us.

If you want us to prepare your 1099s, please complete the 1099 data organizer on the next page, and email, fax or mail back to us with your payment.

If you want us to prepare your employees W-2s, please contact us for needed information.

Best regards,

Juda Kallus

Please note: We will mail your 1099s to the recipients for FREE with payment of your invoice in full.

Judu Kall-

CO. / PAYER NAME:	TITLE:		PHONE:	
ADDRESS:	CITY:		STATE: ZIP:	
EMPLOYER ID#:	EMPLOYER SS#:			
PLEASE CHECK THE APPLICABLE BOX IF YOU ARE ISSUIN 1099 NEC 1095 (USE SEPARATE SHEETS FOR EACH CAT Did you pay any of your freelancers by credit cards, p.	99 Rental 1099 INTEREST* EGORY CHECKED)	☐ 1099 ROYALTIES*	*MUST ISSUE IF PAID \$10	OR MORE
If yes, please read our cover letter of this PDF about t			4	ı.
1. NAME	SS#			
Business name/ entity, if applicable	EIN		AMT\$	FEES - \$175
Check the appropriate Individual / sole proprietor single-member LLC	C Corporation S Corpor	ration Partnership	Trust / Estate	FOR FIRST
ADDRESS	CITY	STATE	ZIP	
2. NAME	SS#			
Business name/ entity,			AMT\$	
if applicable Check the appropriate Individual / sole proprieto	EIN S Corporation S Corpo	ration Partnership		\$45 FOR 2-6
box Single-member LLC		Tarther Ship	Trust / Estate	1
ADDRESS	CITY	STATE	ZIP	
3. NAME	SS#		ABATÉ	
Business name/ entity,	FIN		AMT\$	
if applicable Check the appropriate Individual / sole proprieto	r C Corporation S Corpo	pration Partnership	Trust / Estate	\$45
box single-member LLC	C Corporation 3 corpo	Taraners.iip	ITUSE / Estate	_
ADDRESS	CITY	STATE	ZIP	
4. NAME	SS#		- AMT\$	
Business name/ entity, if applicable	EIN		AIVITŞ	
Check the appropriate Individual / sole proprieto		ration Partnership	Trust / Estate	\$45
box single-member LLC			I rust / Estate	_
ADDRESS	CITY	STATE	ZIP	
5. NAME	SS#		- AMT\$	
Business name/ entity,	FIN		AIVITŞ	
that the appropriate Individual / sole proprieto	r C Corporation S Corpo	pration Partnership	Trust / Estate	\$45
box Single-member LLC	c corporation s corpo	Taranersp	Trust / Estate	
ADDRESS	CITY	STATE	ZIP	
6. NAME	SS#		- AMT\$	
Business name/ entity, if applicable	EIN		7	
Check the appropriate Individual / sole proprieto		oration Partnership	Trust / Estate	\$45
box single-member LLC		<u> </u>		
ADDRESS	CITY	STATE	ZIP	
Have more names? Please see the "1099 Continuation 2" sheet. Total of 1099s AMT\$ -				
Please mail 1099s to my recipients at no cost to me, I am enclosing full payment with my order. Please mail 1099s to my recipients at no cost to me, I am enclosing card Please charge my credit card				
Please send me my copy as	Card Number	EXP. Date	Sec. Code	
an upload to my CloudCabinet free an E-mail, pdf [password protected] free a Paper Copy \$45	BILLING ADDRESS FOR CREDIT CARD:			

1099 Continuation Sheet

CO. / PAYER NAME:

7. NAME	SS#			
Business name/ entity,			AMT\$	
if applicable	EIN			
Check the appropriate Individual / sole proprietor			П	\$35
box single-member LLC	C Corporation	S Corporation Partnership	Trust / Estate	FOR NEXT
				10
ADDRESS	CITY	STATE	ZIP	
8. NAME	SS#			
	33#		AMT\$	
Business name/ entity,			AWITY	
if applicable	EIN			\$35
Check the appropriate Individual / sole proprietor	C Corporation	S Corporation Partnership	Trust / Estate	733
box single-member LLC			Trust / Estate	
ADDRESS	CITY	STATE	ZIP	
9. NAME	SS#			
Business name/ entity,			AMT\$	
if applicable	EIN			
Check the appropriate Individual / sole proprietor				\$35
box single-member LLC	C Corporation	S Corporation Partnership	Trust / Estate	
ADDRESS	CITY	STATE	ZIP	
10 NAME	CCII			
10. NAME	SS#		AMT\$	
Business name/ entity,			AIVIIŞ	
if applicable	EIN			ĊЭГ
Check the appropriate Individual / sole proprietor		S Corporation Partnership	Trust / Estate	\$35
box Single-member LLC	C Corporation	S Corporation Partnership	I I I I I I I I I I I I I I I I I I I	
ADDRESS	CITY	STATE	ZIP	
11. NAME	SS#			
B. dan and a different control of the control of th			AMT\$	
Business name/ entity,				
if applicable	EIN			\$35
Check the appropriate Individual / sole proprietor	C Corporation	S Corporation Partnership	Trust / Estate	,
box Single-member LLC				
ADDRESS	CITY	STATE	ZIP	
12. NAME	SS#			
Business name/ entity,			AMT\$	
if applicable	EIN			
				\$35
	C Corporation	S Corporation Partnership	Trust / Estate	
box single-member LLC				
ADDRESS	CITY	STATE	ZIP	
		JIAIL		
13. NAME	SS#			
Business name/ entity,			AMT\$	
if applicable	EIN			46-
Check the appropriate Individual / sole proprietor		S Composition D S	—	\$35
box single-member LLC	C Corporation	S Corporation Partnership	Trust / Estate	
ADDRESS	CITY	STATE	ZIP	
Have more names? Please see the "1099 Continua	ation 3" sheet.			
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1099 Continuation Sheet

CO. / PAYER NAME:

14. NAME	SS#			
Business name/ entity,	FIN		- AMT\$	
if applicable	EIN			
Check the appropriate Individual / sole proprietor	C Corporation	S Corporation Partnership	Trust / Estate	\$35
box Single-member LLC			<u> </u>	
ADDRESS	CITY	STATE	ZIP	
15. NAME	SS#			
Business name/ entity,			AMT\$	
if applicable	EIN			
Check the appropriate Individual / sole proprietor				\$35
box single-member LLC	C Corporation	S Corporation Partnership	Trust / Estate	
ADDRESS	CITY	STATE	ZIP	
16. NAME	SS#		_	
Business name/ entity,			AMT\$	
if applicable	EIN			ćar
Check the appropriate Individual / sole proprietor	C Corporation	S Corporation Partnership	Trust / Estate	\$35
box Single-member LLC		3 corporation rarenessing	Hust/Estate	
ADDRESS	CITY	STATE	ZIP	
ADDRESS	CITY	STATE	ZIP	
17. NAME	SS#		ABATÓ	
Business name/ entity,			AMT\$	
if applicable	EIN			\$30
Check the appropriate Individual / sole proprietor	C Corporation	S Corporation Partnership	Trust / Estate	-
box Single-member LLC				FOR NEXT
ADDRESS	CITY	STATE	ZIP	
18. NAME	SS#			
Business name/ entity,			- AMT\$	
if applicable	EIN			
Check the appropriate Individual / sole proprietor	C Corneration			\$30
box single-member LLC	C Corporation	S Corporation Partnership	Trust / Estate	
ADDRESS	CITY	STATE	ZIP	
19. NAME	SS#			
Business name/ entity,			AMT\$	
if applicable	EIN			40-
Check the appropriate Individual / sole proprietor	C Corporation		П /г	\$30
box single-member LLC	c corporation	S Corporation Partnership	Trust / Estate	
ADDRESS	CITY	STATE	ZIP	
20. NAME	SS#			
Business name/ entity,			AMT\$	
if applicable	EIN			\$30
Check the appropriate Individual / sole proprietor	C Corporation	S Corporation Partnership	Trust / Estate	Ş3 U
box Single-member LLC			L Hust/Estate	
ADDRESS	CITY	STATE	ZIP	
Have more names? Please see the "1099 Continua	tion 3" sheet.	T-1-1 -£4000-	ANATÉ	
		Total of 1099s	IAMTS -	i

1099 Continuation Sheet

CO. / PAYER NAME:

21. NAME	SS#		ABATÉ	
Business name/ entity, if applicable	EIN		AMT\$	
Check the appropriate Individual / sole proprietor box	C Corporation	S Corporation Partnership	Trust / Estate	\$30
ADDRESS	CITY	STATE	ZIP	
22. NAME	SS#			
	33#		AMT\$	
Business name/ entity,	FIN			
if applicable Check the appropriate Individual / sole proprietor	EIN			\$30
box Individual / sole proprietor single-member LLC	C Corporation	S Corporation Partnership	Trust / Estate	
ADDRESS	CITY	STATE	ZIP	
23. NAME	SS#			
Business name/ entity,			AMT\$	
if applicable	EIN			
Check the appropriate Individual / sole proprietor	C Corporation	Documents of the company of the comp	□/	\$30
box single-member LLC	C Corporation	S Corporation Partnership	Trust / Estate	
ADDRESS	CITY	STATE	ZIP	
24. NAME	SS#			
Business name/ entity,			AMT\$	
if applicable	EIN			
Check the appropriate Individual / sole proprietor				\$30
box single-member LLC	C Corporation	S Corporation Partnership	Trust / Estate	
ADDRESS	CITY	STATE	ZIP	
25. NAME	SS#			
			AMT\$	
Business name/ entity,	FIN			ADDITIO NAL
if applicable	EIN			1099s
Check the appropriate Individual / sole proprietor single-member LLC	C Corporation	S Corporation Partnership	Trust / Estate	
box — single-member LLC				\$25
ADDRESS	CITY	STATE	ZIP	
26. NAME	SS#			
Business name/ entity,			AMT\$	
if applicable	EIN			\$25
Check the appropriate Individual / sole proprietor	C Corporation	S Corporation Partnership	Trust / Estate	\$25
box single-member LLC		3 corporation Faithership	Trust / Estate	
ADDRESS	CITY	STATE	ZIP	
27. NAME	SS#			
Business name/ entity,			AMT\$	
if applicable	EIN			
Check the appropriate Individual / sole proprietor				\$25
box single-member LLC	C Corporation	S Corporation Partnership	Trust / Estate	
ADDRESS	CITY	STATE	ZIP	
Have more names? Please see the "1099 Continua				
mave more names: Flease see the 1033 Continua	ition 3 sileet.	Total of 1099s	AMT\$ -	