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- For 1099EP00 with box 1 (nonemployee compensation) filled: submit or efile copy to the IRS by January 31st.
- For other 1099s : submit a paper copy to the IRS by February 28th or efile with the IRS by March 31.

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1099EMISO

The penalty for late filin\* is:

Up to 30 days late... .....\$10 per 1099

From 31 days to 110 days late..... .....\$120 per 1099

More than 110 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 Y9 Form throughout the year. Before you pay them the first check. We encourage you to email us the Y9 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 report the amount 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 1099ES to recipients who received total payment transactions over \$100 by credit cards or third-party network transactions, etc.

This year, 11 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 or attach it on the next page and email, fax or mail back to us with your payment.

If you want us to prepare your employees Y2s, please contact us for needed information.

Best regards,



Juda Sallus

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



# 1099 Continuation Sheet

CO. / PAYER NAME: \_\_\_\_\_

<b>7. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	\$25 FOR NEXT 10
Business name/ entity, if applicable		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>8. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	\$25
Business name/ entity, if applicable		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>9. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	\$25
Business name/ entity, if applicable		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>10. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	\$25
Business name/ entity, if applicable		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>11. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	\$25
Business name/ entity, if applicable		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>12. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	\$25
Business name/ entity, if applicable		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>13. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	\$25
Business name/ entity, if applicable		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
Have more names? Please see the "1099 Continuation 3" sheet.					<b>Total of 1099s</b>	<b>AMT\$</b> -

# 1099 Continuation Sheet

CO. / PAYER NAME: \_\_\_\_\_

<b>14. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	<b>\$25</b>
<b>Business name/ entity, if applicable</b>		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>15. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	<b>\$25</b>
<b>Business name/ entity, if applicable</b>		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>16. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	<b>\$25</b>
<b>Business name/ entity, if applicable</b>		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>17. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	<b>\$20 FOR NEXT 8</b>
<b>Business name/ entity, if applicable</b>		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>18. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	<b>\$20</b>
<b>Business name/ entity, if applicable</b>		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>19. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	<b>\$20</b>
<b>Business name/ entity, if applicable</b>		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>20. NAME</b>		<b>SS#</b>			<b>AMT\$</b>	<b>\$20</b>
<b>Business name/ entity, if applicable</b>		<b>EIN</b>				
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>Have more names? Please see the "1099 Continuation 3" sheet.</b>					<b>Total of 1099s</b>	<b>AMT\$ -</b>

# 1099 Continuation Sheet

CO. / PAYER NAME: \_\_\_\_\_

<b>21. NAME</b>	<b>SS#</b>				<b>AMT\$</b>	<b>\$20</b>
<b>Business name/ entity, if applicable</b>	<b>EIN</b>					
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>22. NAME</b>	<b>SS#</b>				<b>AMT\$</b>	<b>\$20</b>
<b>Business name/ entity, if applicable</b>	<b>EIN</b>					
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>23. NAME</b>	<b>SS#</b>				<b>AMT\$</b>	<b>\$20</b>
<b>Business name/ entity, if applicable</b>	<b>EIN</b>					
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>24. NAME</b>	<b>SS#</b>				<b>AMT\$</b>	<b>\$20</b>
<b>Business name/ entity, if applicable</b>	<b>EIN</b>					
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>25. NAME</b>	<b>SS#</b>				<b>AMT\$</b>	<b>ADDITIONAL 1099s \$15</b>
<b>Business name/ entity, if applicable</b>	<b>EIN</b>					
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>26. NAME</b>	<b>SS#</b>				<b>AMT\$</b>	<b>\$15</b>
<b>Business name/ entity, if applicable</b>	<b>EIN</b>					
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>27. NAME</b>	<b>SS#</b>				<b>AMT\$</b>	<b>\$15</b>
<b>Business name/ entity, if applicable</b>	<b>EIN</b>					
<b>Check the appropriate box</b>	Individual / sole proprietor single-member LLC	C Corporation	S Corporation	Partnership	Trust / Estate	
<b>ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>			
<b>Have more names? Please see the "1099 Continuation 3" sheet.</b>					<b>Total of 1099s AMT\$</b>	<b>-</b>