

1099 WORKSHEET

Note: A sole proprietor or single member LLC must furnish their individual name and their SSN.

NAME (if sole proprietor): _____

BUSINESS NAME: _____

ADDRESS: _____

EMPLOYER I.D. #: _____

SSN: _____

Phone #

Name of contact person if IRS needs information

Recipient's Name, Address & Zip Code	Recipient's I.D. Number (EIN or SSN)	Description of Type of Payment***	Amount of Payment	PA*

*** Must list some type of description. Example: Lawn care, attorney, accountant, or non-employee.

* Place checkmark in this column if:

- nonemployee compensation is for Pennsylvania-based work
- amount is Pennsylvania-source oil/gas lease payments

