

## 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:

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

