

SECTION I – PAYER’S INFORMATION	
COMPANY NAME OR PAYER’S NAME	COMPANY/PAYER’S ADDRESS
COMPANY FEDERAL ID NUMBER OR PAYER’S SOC. SEC. NUMBER	COMPANY/PAYER’S CITY, STATE, ZIP
CONTACT NAME	COMPANY/PAYER’S EMAIL ADDRESS
COMPANY/PAYER’S CONTACT PHONE NUMBER	COMPANY/PAYER’S FAX NUMBER (if applicable)
<b>PAYER (COMPANY) COPY:</b> <input type="checkbox"/> Pick Up <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Payer ShareFile Folder	
<b>RECIPIENT DELIVERY METHOD:</b> <input type="checkbox"/> by PAYER <input type="checkbox"/> by TAXESPLUS, INC. (forms will be mailed to recipients when completed)	
<p><i>By signing below you acknowledge that you are engaging TAXESPLUS, INC. to prepare 1099 Series Forms for tax year 2016. TAXESPLUS, INC. will prepare, from information you provide, Federal and State (if applicable) Forms 1099 and Transmittal Form 1096. You understand that you are solely responsible for the correctness and completeness of your information. You affirm that all information which you furnished to TAXESPLUS, INC. is true, complete and accurate. In addition, you have and will retain all necessary written support and documentation for that information. If delivery method “by Payer” has been selected, you will be notified by our office when forms are completed, and it will be your responsibility for delivery to the recipient by the January 31, 2016, deadline.</i></p>	
<input type="checkbox"/> I DO NOT NEED TAXESPLUS, INC. TO PREPARE OUR FORM 1099s	
PAYER SIGNATURE	DATE

FOR OFFICE USE ONLY – to be completed by TAXESPLUS		
Description	Date	Initials
<i>Received Initial Information from Client</i>		
<i>Received Complete Information from Client</i>		
<i>Processed 1099 Forms</i>		
<i>Final Review</i>		
<i>Client Copies Picked Up/Delivered</i>		
<i>Recipient Copies Mailed (if requested)</i>		
<i>Payment Received</i>		
Federal/State 1096 Forms Submitted: <input type="checkbox"/> e-file <input type="checkbox"/> paper file <input type="checkbox"/> e-confirmation		

Please print this page and fax 913.722.4653 OR email to: [donna@taxesplus.com](mailto:donna@taxesplus.com)

**SECTION II – RECIPIENT’S INFORMATION**

Recipient’s Name (include DBA)	Recipient’s Federal ID (SSN or EIN)	Address			Amount Paid	Type of Payment (please check only ONE box)	Federal Income Tax Withheld from Recipient
	# _____ <input type="checkbox"/> Completed W9 Form* If LLC, how are they taxed? <input type="checkbox"/> Sole Prop./Sched. C (SSN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN)	Address		Suite or Apt No	\$	<input type="checkbox"/> Nonemployee Compensation <input type="checkbox"/> Rents <input type="checkbox"/> Other Income <input type="checkbox"/> Gross Proceeds Paid to An Attorney	\$
	City	ST	Zip				
	# _____ <input type="checkbox"/> Completed W9 Form* If LLC, how are they taxed? <input type="checkbox"/> Sole Prop./Sched. C (SSN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN)	Address		Suite or Apt No	\$	<input type="checkbox"/> Nonemployee Compensation <input type="checkbox"/> Rents <input type="checkbox"/> Other Income <input type="checkbox"/> Gross Proceeds Paid to An Attorney	\$
	City	ST	Zip				
	# _____ <input type="checkbox"/> Completed W9 Form* If LLC, how are they taxed? <input type="checkbox"/> Sole Prop./Sched. C (SSN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN)	Address		Suite or Apt No	\$	<input type="checkbox"/> Nonemployee Compensation <input type="checkbox"/> Rents <input type="checkbox"/> Other Income <input type="checkbox"/> Gross Proceeds Paid to An Attorney	\$
	City	ST	Zip				
	# _____ <input type="checkbox"/> Completed W9 Form* If LLC, how are they taxed? <input type="checkbox"/> Sole Prop./Sched. C (SSN) <input type="checkbox"/> Partnership (EIN) <input type="checkbox"/> Corporation (EIN)	Address		Suite or Apt No	\$	<input type="checkbox"/> Nonemployee Compensation <input type="checkbox"/> Rents <input type="checkbox"/> Other Income <input type="checkbox"/> Gross Proceeds Paid to An Attorney	\$
	City	ST	Zip				

\*If you have a completed W9 form(s), include copy(s) - no need to fill out "Federal ID" or "Address" sections