

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>PAYMENT METHOD:</b> <input type="checkbox"/> Pay at Pick Up <input type="checkbox"/> ACH* <input type="checkbox"/> Credit Card*   *fill out ACH/CC page	
<b>COMPANY COPY DELIVERY METHOD:</b> <input type="checkbox"/> Pick Up <input type="checkbox"/> Mail (standard postage rates apply) <input type="checkbox"/> E-Mail   ( <input type="checkbox"/> SF Folder <input type="checkbox"/> Client File)	
<b>RECIPIENT DELIVERY METHOD:</b> <input type="checkbox"/> Distributed by CLIENT <input type="checkbox"/> by TAXESPLUS, INC. (standard postage rates apply)   ( <input type="checkbox"/> Client File)	
<p><i>By signing below you acknowledge that you are engaging TAXESPLUS, INC. to prepare 1099 Series Forms for Tax Year 2021. TAXESPLUS, INC. will prepare, from information provided by you, 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(s) by the January 31, 2022 deadline.</i></p>	
<input type="checkbox"/> I DO NOT NEED TAXESPLUS, INC. TO PREPARE OUR FORMS 1099s/1096	
PAYER SIGNATURE	DATE

<b>FOR OFFICE USE ONLY – to be completed by TAXESPLUS</b>		
Description	Date	Initials
Received Initial Information from Client		
Received <b>Complete</b> Information from Client		
Processed 1099 Forms # of 1099’s _____ and Type _____		
Final Review		
Assembly (default electronic copy) <input type="checkbox"/> Paper File		
Client Copies <input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed <input type="checkbox"/> E-mailed <input type="checkbox"/> ShareFile Folder <input type="checkbox"/> Client File		
Recipient Copies Mailed (if requested) Postage _____		
Invoice # _____ Payment Received		
NEC - Federal/State 1096 Forms Submitted: <input type="checkbox"/> e-file <input type="checkbox"/> paper file <input type="checkbox"/> e-confirm		
_____ Federal/State 1096 Forms Submitted: <input type="checkbox"/> e-file <input type="checkbox"/> paper file <input type="checkbox"/> e-confirm		

## ① ACH AUTHORIZATION – 1099 Preparation Fee

ACH withdrawal approval: I authorize TaxesPlus, Inc. to withdraw my **2021 1099-Form preparation fee** from my account with the information provided below:

_____	_____
(Company Name)	(print authorized name)
_____	_____
(date)	(authorized signature)
_____	_____
(Bank Routing Number)	(Bank Account No.)

***\*\*Attach copy of blank check \*\****

## ② CREDIT CARD AUTHORIZATION – 1099 Preparation Fee

Credit Card approval: I authorize TaxesPlus, Inc. to charge my **2021 1099-Form preparation fee** to my credit card with the information provided below:

_____	_____	_____
(Credit Card Number)	(Expiration Date)	(Security Code)
_____	_____	_____
(Name as it appears on Credit Card)	(authorized signature)	
_____	_____	_____
		(date)
_____		
(Credit Card Billing Address)		

**A COPY OF THE PAID INVOICE WILL BE INCLUDED IN YOUR 2021 CLIENT PACKET**

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 <input type="checkbox"/> Interest Income	\$
	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 <input type="checkbox"/> Interest Income	\$
	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 <input type="checkbox"/> Interest Income	\$
	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 <input type="checkbox"/> Interest Income	\$
	City	ST	Zip				

\*Please include copies of all completed W-9 Forms

Please send back to [donna@taxesplus.com](mailto:donna@taxesplus.com) by requesting a secure link