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& ASSOCIATES, CPAs**

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Hamilton, NJ 08619  
Ph- 609-671-1300 Fax- 609-981-7258

**2019**

**1099 INFORMATION SHEET**

Payer/Business Name \_\_\_\_\_ EIN/SSN \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Recipient Name \_\_\_\_\_ EIN/SSN \_\_\_\_\_  
Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_ Email: \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
1099 Type      Miscellaneous      1098 Mortgage Interest      Interest  
                    Rent  
                    Non Employee Compensation  
                    Other Income  
                    Attorney Fees

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Recipient Name \_\_\_\_\_ EIN/SSN \_\_\_\_\_  
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City, State ZIP \_\_\_\_\_ Email: \_\_\_\_\_  
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