REQUEST OF INFORMATION FORMS 1099-NEC (NON-EMPLOYEE COMPENSATION) TAX YEAR 2023

COMPANY INFO

COMPANY NAME		
	CITY	
	EMAIL@	
	TELEPHONE	
CONTACT NAME		
	CONTRACTOR'S INFORMATION	
Please write clear and legible the information below		
"W	RITE THE INFORMATION AS IS IN SS CARD OR ITIN LETTER"	
First Name		
Middle Name		
	me	
SSN	EIN	
ADDRESS:		
	STATEZIP CODE	
AMOUNT \$		
(1)A(1)	RITE THE INFORMATION AS IS IN SS CARD OR ITIN LETTER"	
1		
Middle Name		
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1	me	
•	EIN	
CITY	STATE ZIP CODE	
AMOUNT \$		
ΑΙνίοσινί ఫ		
"W	RITE THE INFORMATION AS IS IN SS CARD OR ITIN LETTER"	
First Name		
Last Name		
DBA or Company Na	me	
SSN	EIN	
ADDRESS:		
CITY	STATE ZIP CODE	
AMOUNT \$		