



# 1099 INFORMATION SHEET

COMPLETE & SEND TO TBC

E-mail: [Info@TotalBizCare.com](mailto:Info@TotalBizCare.com) | Fax: (510) 797-9503

Payer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Identifying No. \_\_\_\_\_  Non-Employee Comp  Interest  Dividends  Rents  Attorneys  Distributions

Name: \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Identifying No. \_\_\_\_\_  Non-Employee Comp  Interest  Dividends  Rents  Attorneys  Distributions

Name: \_\_\_\_\_ Address/City/State/Zip: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

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