

1099 & W2 FISCAL YEAR 2023

COMPANY INFORMATION

| Company Name | : | |
|-----------------------|---|---|
| Contact Person | | |
| EIN / SSN / ITIN : | Phone N | Number : |
| Address : | | |
| E-Mail : | | |
| Total Amount Reported | : | - |
| Form Type : \$3! | 5 1096 Company Form | \$35 W3 Company Form |
| \$1 | 6 1099 Individual Form | \$16 W2 Individual Form |
| File Type : File | Electronically Paper F | Filing (\$3 Company Form, + \$1/person) |
| Total Fee : | | |
| ACKNOWLEDGEM | | he IRS and contractor by January 31st. |
| | ormation I have provided is a | |
| | - | tors; or W4s for # W2 employees. |
| I have provided in | nformation for #a | additional contractor/employee. |
| I understand tha | t forms filed electronically ar | re done in the IRS FIRE system. |
| | forms to mail, I understand t have them postmarked by Ja | there is an additional fee and it is my anuary 31st. |
| Signature : | | |
| OFFICE USE ONL | Υ | |
| Staff Name : | Payment Type : | Transmitted : |
| Preparer : | In Register: | 1096 Printed : |



| EIN / SSN / ITIN Amount Pd. : Address : | : Phone Number : | Delivery Method: |
|--|--|---------------------|
| EIN / SSN / ITIN Amount Pd. : Address : | : Phone Number : | Delivery Method: |
| Full Name or Company EIN / SSN / ITIN Amount Pd. : | : Expression of the control of the c | Delivery Method |
| EIN / SSN / ITIN Amount Pd. : Address : | : Phone Number : | Delivery Method: |
| are my financial respon | ed above is accurate and any amendments needed to make correctionsibility. Date: | ns |