



1099 INFORMATION SHEET

COMPLETE & SEND TO TBC

E-mail: 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

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