



Return via secure portal at www.cfcpas.com or by mail to 407 E. Congress Pkwy, Ste. A, Crystal Lake, IL 60014.

Contact Anne at annei@cfcpas.com with questions.

Request to Process Forms 1099 for Tax Year _____

Business Name:	
Business Federal ID #:	
Address:	
Telephone Number:	
Contact Person and Title:	

1099 Recipient Information: (You are required to keep on file a completed IRS Form W-9 for each independent contractor)

Name:	
SS # or Fed ID #:	
Address:	
Amount:	\$
Type:	<input type="checkbox"/> Non-Employee Compensation <input type="checkbox"/> Rent <input type="checkbox"/> Interest <input type="checkbox"/> Dividend <input type="checkbox"/> Other

Name:	
SS # or Fed ID #:	
Address:	
Amount:	\$
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