

Legend Tax

1099 Request Form

Tax Year: _____

Payer's Information

Payer's Name _____

Address _____

City, State Zip _____

EIN/SSN _____

Recipient #1 Information

Recipient Name _____

Address _____

City, State Zip _____

EIN/SSN _____

Amount Paid _____

Recipient #2 Information

Recipient #3 Information

Recipient #4 Information

Recipient Name _____

Address _____

City, State Zip _____

EIN/SSN _____

Amount Paid _____

Recipient #5 Information

Recipient #6 Information

Recipient #7 Information

Recipient Name _____

Address _____

City, State Zip _____

EIN/SSN _____

Amount Paid _____

Recipient #8 Information

Recipient #9 Information
