

EMPLOYER NAME	ACCOUNTANT'S NAME	ACCOUNT #
1096-MISC EMPLOYER DATA		

EMPLOYER FEDERAL ID NUMBER		
EMPLOYER NAME		
ADDITIONAL NAME		
STREET ADDRESS		
CITY	STATE	ZIP
FOREIGN ADDRESS		
PRIMARY STATE ID #		
ELECTRONIC FILER		
SUPPRESS PRINTING OF PAYER INFO		

TYPE OF EMPLOYER (REGULAR - AUTOMATIC)
OTHER EIN USED
SUTA RATE %

TYPE OF EMPLOYER: REGULAR
 AGRICULTURE
 HOUSEHOLD
 MILITARY
 MEDICARE QUAL
 RAILROAD
 3RD PARTY SICK PAY
 HOUSEHOLD 944

CONTACT INFORMATION
NAME
TITLE
TELEPHONE #
FAX #
E-MAIL ADDRESS

SUMMARY TOTALS	
DESCRIPTION	TOTAL AMOUNT
1. Rents	
2. Royalties	
3. Other Income	
4. Federal income tax withheld	
5. Fishing boat proceeds	
6. Medical & health care payments	
7. Non-employee compensation	
8. Substitute payments in lieu of Interest/Dividends	
10. Crop Insurance Proceeds	
13. Excess Golden Parachute Payments	
14. Gross proceeds paid to attorneys	
15a. Section 409A deferrals	
15b. Section 409A income	
16. State income tax withheld	
18. State income	

Total of 1099-MISC _____