

**Please complete this form for 1099s to be processed by Hacker, Nelson & Co., CPAs.**

Each 1099 form **MUST** have a correct social security (for individuals) or federal identification number (for businesses) and address. Complete all information, even if the recipient is the same as prior years. For us to provide a properly prepared form you **MUST** have your information to us by **January 8, 2024**.

Client Name: \_\_\_\_\_  
 Business Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Client Phone: \_\_\_\_\_  
 Client Email: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_  
 Client SSN: (Only if no Federal ID) \_\_\_\_\_  
 Contact Name: (If other than Client.) \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_

YOUR 1099s WILL BE FILED ELECTRONICALLY

Recipient's Information	1099-INT	1099-NEC	1099-MISC	Veterinary, Medical, Attorney or Other (Please indicate)
	Interest Paid	Machine Hire/ Contract Labor	Rent Paid	Vet Med Atty Other
Name: _____ Business Name (if different): _____ Address: _____ City, State, Zip Code: _____ SSN (individual) FEIN (business): _____	Description:  Amount:			
Name: _____ Business Name (if different): _____ Address: _____ City, State, Zip Code: _____ SSN (individual) FEIN (business): _____	Description:  Amount:			
Name: _____ Business Name (if different): _____ Address: _____ City, State, Zip Code: _____ SSN (individual) FEIN (business): _____	Description:  Amount:			
Name: _____ Business Name (if different): _____ Address: _____ City, State, Zip Code: _____ SSN (individual) FEIN (business): _____	Description:  Amount:			

Total: