

## 1099 Issuance Worksheet

Please use this worksheet to give us recipient and amount information for eFiling and mailing of 1099s.

The rule is- if you paid more than \$600 in rents, services (including parts and materials) or other income payments to any individual or LLC in connection with your trade or business, you are required to complete a Form 1099-MISC.

1099s are typically required to be sent by January 31. Later submissions are allowed but might incur penalties. 1099s are not required to be sent to corporations.

**Note:** we are accountants, but we are also counselors. Make sure the recipient understands that you will be filing a Form 1099-MISC and sending a copy to them. Some people are not aware that you might be doing this.

With the information provided in this form, we will prepare the Form 1099-MISC, electronically file it with the IRS and state (if applicable), and mail a copy to the recipient. Our normal fee is \$50 for the first 1099, then \$15 each thereafter. Those S Corps who are on our subscription packages enjoy the first five 1099s at no charge (yay!).

Please download, open in Adobe, complete and securely upload the PDF to your client portal. Please do not email this worksheet since it contains sensitive information. You can access your client portal here-

[www.watsoncpagroup.com/portal](http://www.watsoncpagroup.com/portal)

**Caution:** many browsers will give you the warm fuzzy that your information is being saved however when we receive it, the PDF is blank. As such, please download first and then open with Adobe, rather than using your browser.

You can also create a [MS-Excel spreadsheet](#) with this information and upload it to your client portal.

**Issuer (you)**

Legal Name \_\_\_\_\_ SSN / EIN \_\_\_\_\_

Full Address \_\_\_\_\_

**Recipient 1**

Legal Name \_\_\_\_\_ SSN / EIN \_\_\_\_\_

Contact Name \_\_\_\_\_

Full Address \_\_\_\_\_

Amount \_\_\_\_\_ Services Provided \_\_\_\_\_

**Recipient 2**

Legal Name \_\_\_\_\_ SSN / EIN \_\_\_\_\_

Contact Name \_\_\_\_\_

Full Address \_\_\_\_\_

Amount \_\_\_\_\_ Services Provided \_\_\_\_\_

**Recipient 3**

Legal Name \_\_\_\_\_ SSN / EIN \_\_\_\_\_

Contact Name \_\_\_\_\_

Full Address \_\_\_\_\_

Amount \_\_\_\_\_ Services Provided \_\_\_\_\_

**Recipient 4**

Legal Name \_\_\_\_\_ SSN / EIN \_\_\_\_\_

Contact Name \_\_\_\_\_

Full Address \_\_\_\_\_

Amount \_\_\_\_\_ Services Provided \_\_\_\_\_

# Disclosure

I(We) verify that the information provided in this **1099 Issuance Worksheet** is accurate and complete. I(We) understand it is my(our) responsibility to include any and all information concerning income, deductions and other information necessary for the preparation of my (our) tax returns.

Taxpayer Signature \_\_\_\_\_ Date\_\_\_\_\_

Printed Name \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date\_\_\_\_\_

Printed Name \_\_\_\_\_

Please call or email us anytime with your questions and concerns. Thank you in advance, and we look forward to working with you!

The Watson CPA Group