EMPLOYER INFORMATION:

Employer Name:	
EIN or SSN:	
Address:	
Phone:	
E-mail:	
Bank Routine Number:	
Bank Account Number:	
Account Title:	

Number of 1099s	*Price*
1	*$25*
2	*$30*
3	*$40*
over 3	*$10 per 1099*

Please sent your Information to
1099@tmaccountant.us

prior January 15, 2024

! filing Extension is not allowed by IRS

RECIPIENT'S INFORMATION:

Tax ID (SSN or EIN) number	Full recepient Name or Company Name	Address	City	State	Zip code	Amount $