MIKE PARISI TAX CONSULTANTS — 1099 Organizer

Tax Year:	

Payer Information:

Client Name:	
Name from which 1099 will be issued:	
EIN or SSN:	
Address:	
Phone Number:	
Email Address:	

Payee Information:

Name:	
SS#:	
Address:	
Phone Number:	
Email Address:	
Total Nonemployee Compensation:	

Name:	
SS#:	
Address:	
Phone Number:	
Email Address:	
Total Nonemployee Compensation:	

Name:	
SS#:	
Address:	
Phone Number:	
Email Address:	
Total Nonemployee Compensation:	