

## Form 1099 Information for 20\_\_

Employer Name:			SSN of Payor:	
Employer Address:_			or Federal ID #:	
City:	_State:	Zip:		

Recipient Information		SSN or Federal ID # of Recipient	Type of Payment to Recipient (circle one)		Amount of Payment
Name:Address:		or	Labor Dividend	Trucking Interest	
City:State:	_ Zip:		Rent		
Name:			Labor	Trucking	
Address:		_ or	Dividend	Interest	
City:State:	_ Zip:	<u> </u>	Rent		
Name:			Labor	Trucking	
Address:		_ or	Dividend	Interest	
City:State:		_ <del> </del>	Rent		
Name:			Labor	Trucking	
Address:		_ or	Dividend	Interest	
City:State:	_ Zip:		Rent		
Name:			Labor	Trucking	
Address:		_ or	Dividend	Interest	
City:State:	_ Zip:		Rent		
Name:			Labor	Trucking	
Address:		_ or	Dividend	Interest	
City:State:	_ Zip:		Rent		
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Address:		_ or	Dividend	Interest	
City:State:	_ Zip:		Rent		
Name:			Labor	Trucking	
Address:		_ or	Dividend	Interest	
City:State:	_ Zip:		Rent		
Name:			Labor	Trucking	
Address:		or	Dividend	Interest	
City:State:	_ Zip:		Rent		
Name:			Labor	Trucking	
Address:		or	Dividend	Interest	
City:State:	Zip:		Rent		
Name:			Labor	Trucking	
Address:		or	Dividend	Interest	
City:State:	Zip:	-	Rent		