

☐ COMPETED if checked Partner's name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		Date Recd. 10/26/07 Form 1099-MISC Plan number 0000 For calendar year 07	Nonemployee Compensation Copy B For Recipient This document is information and is not a tax form. It is to be furnished to the recipient. A recipient may use this information to determine if a tax liability exists. The recipient may also use this information to determine if a tax liability exists. The recipient may also use this information to determine if a tax liability exists.
Partner's TIN	Recipient's TIN	1 Nonemployee compensation 2 Please attach statement of work showing all work performed by the recipient for the calendar year for which this form is required to be filed. 3	
Recipient's full name (last, first, middle initial) and address (street, city, state, ZIP)		4	5
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401(k), 529, or other address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		(Date Recd: 01-04-14) Form 1099-NEC For calendar year 2013 Pay recipient's job ID	Nonemployee Compensation Copy B For Recipient You must report this information on Form 1041, Schedule E (Form 1041) if you are required to file the return. A recipient who is not a taxpayer should attach this return to his or her Form 1041, Schedule E (Form 1041) if he or she is required to file. See the instructions for Form 1041, Schedule E (Form 1041). See 1099-NEC instructions
Payor's tax ID # 40-0000000-1	1 Nonemployee compensation	2 Total amount paid when filing 10,000 or more of nonemployee payments to recipients for stated	
401(k) or other address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	3 Federal income tax withheld	4 State tax withheld	5 Recipient's state ID
Recipient's name and address	6 State tax withheld	7 Recipient's state ID	8 Other income