

1099 REQUEST FORM  
Fax: (408) 252-1875  
Email: 1099@lmgw.com



20520 Prospect Road  
Suite 200  
Saratoga, CA 95070  
(408) 252-1800

\$30 per 1099/ \$100 per 1096 transmittal form (estimated fee)

Payer Name \_\_\_\_\_

SS# \_\_\_\_\_

or (not both)

or (not both)

Business Name \_\_\_\_\_

FEIN \_\_\_\_\_

Phone/Email/Name of Contact Person \_\_\_\_\_

1. INDIVIDUAL NAME of RECIPIENT (Sole proprietors go here) or (not both) BUSINESS NAME \_\_\_\_\_

SS# or (if business named above) FEIN# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

☐ NON-EMPLOYEE COMP ☐ LEGAL SERV ☐ RENT ☐ INTEREST ☐ DIVIDENDS ☐ OTHER DESC

2. INDIVIDUAL NAME of RECIPIENT (Sole proprietors go here) or (not both) BUSINESS NAME \_\_\_\_\_

SS# or (if business named above) FEIN# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

☐ NON-EMPLOYEE COMP ☐ LEGAL SERV ☐ RENT ☐ INTEREST ☐ DIVIDENDS ☐ OTHER DESC

3. INDIVIDUAL NAME of RECIPIENT (Sole proprietors go here) or (not both) BUSINESS NAME \_\_\_\_\_

SS# or (if business named above) FEIN# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

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4. INDIVIDUAL NAME of RECIPIENT (Sole proprietors go here) or (not both) BUSINESS NAME \_\_\_\_\_

SS# or (if business named above) FEIN# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

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5. INDIVIDUAL NAME of RECIPIENT (Sole proprietors go here) or (not both) BUSINESS NAME \_\_\_\_\_

SS# or (if business named above) FEIN# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

☐ NON-EMPLOYEE COMP ☐ LEGAL SERV ☐ RENT ☐ INTEREST ☐ DIVIDENDS ☐ OTHER DESC

6. INDIVIDUAL NAME of RECIPIENT (Sole proprietors go here) or (not both) BUSINESS NAME \_\_\_\_\_

SS# or (if business named above) FEIN# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

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