



Books by Kelly, LLC
Tax Year Ending 12/31/18
Form 1099 Request Form

Payer Name: _____	Title: _____
Payer Phone: _____	Employer ID: _____
Payer Address: _____	Payer City/State: _____

Please prepare 1099s for the following individuals:

Name: _____	SSN or EIN: _____
Address: _____	City/State/Zip: _____
Amount: _____	State Withholding: _____
Reason for Payment: _____	

Name: _____	SSN or EIN: _____
Address: _____	City/State/Zip: _____
Amount: _____	State Withholding: _____
Reason for Payment: _____	

Name: _____	SSN or EIN: _____
Address: _____	City/State/Zip: _____
Amount: _____	State Withholding: _____
Reason for Payment: _____	

Name: _____	SSN or EIN: _____
Address: _____	City/State/Zip: _____
Amount: _____	State Withholding: _____
Reason for Payment: _____	

Name: _____	SSN or EIN: _____
Address: _____	City/State/Zip: _____
Amount: _____	State Withholding: _____
Reason for Payment: _____	

If you need to add more names, please make copies of this form.

Return this to our office, no later than **January 18, 2019 by 2:00 (CST)** to meet deadlines.

kelly@booksbykelly.com / PO Box 130 - Granite Falls, MN 56241 / 888.394.2964 (fax)

Please keep in mind the penalties for failure to issue Forms 1099 can be deep and are strictly enforced.