



CONTRACT LABOR 1099

Name: _____

Address: _____

Telephone: _____ () - _____

The Internal Revenue Service requires you provide us with the following information:

- EIN (Federal Tax ID Number): _____
- Social Security Number _____ - _____ - _____
- Proof of Workers Comp Insurance
- Proof of Professional Liability Insurance

PLEASE NOTE: It is your responsibility to report any income you receive to the Internal Revenue Service when you file your income taxes.

The information I have given is true and accurate to the best of my knowledge. Please sign and date below.

Name (please print) _____

Signature _____ Date: _____

**P.O. Box 8223 Gadsden, AL 35902
(866) 466-2721 Fax (866) 619-6966**