



# Statement of Non-Employee Compensation

1099SF\_2018\_V1.0

Form

## 1099-SF

INDIVIDUAL/ SOLE PROPRIETOR			
Last name	First name	MI	Social Security Number

CORPORATION/ PARTNERSHIP	
Legal name/ Business name	Federal ID Number

CHECK IF CHANGE IN ADDRESS IS BELOW

Address (number and street)	Unit/Apt. no.	Account ID
City, town, or post office	State	Zip code
Email	Phone no.	Ext.

If Column 5 is not completed, total compensation will be calculated at 100%.

**Compensation Information**

If less than 100% of total compensation paid was for services performed in O # , KY, Column 5 must be completed with the amount of compensation earned in O # , KY.

Column 1 Recipient's Name	Column 2 Recipient's Address			Column 3 Recipient's identification Number	Column 4 Total Non-Employee Compensation Paid	Column 5 Amount of Column 4 earned in O #
	Address (number and street)	Unit/Apt.no.	Social Security Number			
	City, town, or post office	State	Zip code	Federal ID Number	.00	.00
	Address (number and street)	Unit/Apt.no.	Social Security Number			
	City, town, or post office	State	Zip code	Federal ID Number	.00	.00
	Address (number and street)	Unit/Apt.no.	Social Security Number			
	City, town, or post office	State	Zip code	Federal ID Number	.00	.00
	Address (number and street)	Unit/Apt.no.	Social Security Number			
	City, town, or post office	State	Zip code	Federal ID Number	.00	.00
	Address (number and street)	Unit/Apt.no.	Social Security Number			
	City, town, or post office	State	Zip code	Federal ID Number	.00	.00
	Address (number and street)	Unit/Apt.no.	Social Security Number			
	City, town, or post office	State	Zip code	Federal ID Number	.00	.00
	Address (number and street)	Unit/Apt.no.	Social Security Number			
	City, town, or post office	State	Zip code	Federal ID Number	.00	.00
	<b>TOTAL</b>				<b>.00</b>	<b>.00</b>

<b>Signature</b>	I hereby certify, under penalty of perjury, that the information provided and the attached supporting schedules are true, correct, and complete to the best of my knowledge.	
	Signature	Title
	Print Name	Date