

CIAMPI MANDILE & CO.
PAYER'S 1099 FILING FORM

◆ *Please complete the form below for your company and return with a completed W-9 Recipient form for each 1099 you would like issued by January 15th, to Ciampi Mandile & Co.*

1. Payer's name (Your Company), Street Address, City, State, ZIP code:

2. Name of Company Person
to Contact:

3. Company Telephone Number:

4. Company Email Address:

5. Employer Identification #:

6. Social Security Number
(If no employer I.D.#)

7. Attach a list of total compensation paid to each Recipient. Contact our office if you would like us to send a spreadsheet.

◆ *Please return this form with a completed W-9 Recipient form for each 1099 you would like issued.*