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GROUP		Rec'd
Your Company:	Phone:	Initial File#
Full Address:	Tax Year:	
	-	

Office Use Only

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our Company.		FIIONE		File#	
ıll Address:		Tax Year:			
IN or SS#:	Contact Person:		Total Number of 109	99 Recipients:	
ame and DBA of Recipient	Address	Social Security Number	Dollar Amount Paid Over \$600 only Legal Fees any amount	Service Non-Employee Compensation (NEC) Rent, Interest, etc	

Do not include any payments you made with credit card, debit card, gift card, or Third Party Processor. Please fill in form completely and return to The Mattox Group at accounting@themattoxgroup.com