

## TWRU CPAs & Financial Advisors

Client Name \_\_\_\_\_ Date \_\_\_\_\_

When the completed forms are prepared, please send the employer/issuer copies as follows:

\_\_\_\_ Send to my email address at \_\_\_\_\_

\_\_\_\_ Mail to me at the address used on this letter

\_\_\_\_ Mail to me at this address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ I prefer to pick up at your office

\_\_\_\_ Upload to the portal

Recipient copies should be

\_\_\_\_ I prefer to pick up from your office

\_\_\_\_ Mailed to recipients by TWRU

CO./PAYER NAME \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
EMPLOYER ID # \_\_\_\_\_ EMPLOYER SS # \_\_\_\_\_

Please prepare \_\_\_\_\_ 1099s \_\_\_\_\_ W-2s (attach a schedule showing income and deduction)  
for the following individuals:

1. NAME \_\_\_\_\_ SS# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DESCRIPTION OF PAYMENT \_\_\_\_\_

2. NAME \_\_\_\_\_ SS# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DESCRIPTION OF PAYMENT \_\_\_\_\_

3. NAME \_\_\_\_\_ SS# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DESCRIPTION OF PAYMENT \_\_\_\_\_

4. NAME \_\_\_\_\_ SS# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DESCRIPTION OF PAYMENT \_\_\_\_\_

5. NAME \_\_\_\_\_ SS# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DESCRIPTION OF PAYMENT \_\_\_\_\_

6. NAME \_\_\_\_\_ SS# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DESCRIPTION OF PAYMENT \_\_\_\_\_

7. NAME \_\_\_\_\_ SS# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DESCRIPTION OF PAYMENT \_\_\_\_\_

8. NAME \_\_\_\_\_ SS# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DESCRIPTION OF PAYMENT \_\_\_\_\_

9. NAME \_\_\_\_\_ SS# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DESCRIPTION OF PAYMENT \_\_\_\_\_

10. NAME \_\_\_\_\_ SS# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
DESCRIPTION OF PAYMENT \_\_\_\_\_

If you need to add more names, please make copies of this form. Totals of 1099s \$ \_\_\_\_\_