

Employer Name: \_\_\_\_\_

Sign Here to Authorize Portney & Company to E-file the attached forms :

Check to verify that you have supplied all required Form 1099 recipient information.

\_\_\_\_\_

Recipient's Name	Address & Telephone	Social Security Number Or EIN if Partnership or LLC	Amount Paid	Type of Payment (Rent, Interest, Labor, etc)	Email Address:

**FORM 1099 INFORMATION**

Please sign here :

\_\_\_\_\_