

**WORK SHEET FOR FORM 1099 MISC & INT (miscellaneous/interest)**

Name/Business \_\_\_\_\_  
 Date \_\_\_\_\_  
 EIN or SS # \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Rents = Rents  
 Royalties = Royalties  
 Other = Other Income  
 FITW = Federal Income Tax Withheld  
 Boat Pro = Fishing Boat Proceeds  
 Med Care = Medical and Health Care Payments  
 NEmpComp = Non Employee Compensation (Custom Hire)  
 Sub Pymts = Substitute Payments  
 Sales>5K = Consumer Sales > \$5,000.  
 Crop Ins = Crop Insurance Proceeds  
 SITW1 = State Income Tax WH 1  
 StateNum1 = State ID Number 1  
 Income1 = State Income 1

\*1099 MISC is used to report payments (\$600 or more) for services performed for a trade or business by people not treated as an employee.

\*1099 INT is used to report interest paid in the course of a trade or business for a loan that is not held by a lending institute.

Social Security or EIN # _____	Med Care _____
Name _____	Interest _____
Address _____	NEmpComp _____
City _____ State _____ Zip _____	Crop Ins _____
Rents _____	SITW1 _____
Other _____	StateNum1 _____
FITW _____	Income1 _____

Social Security or EIN # _____	Med Care _____
Name _____	Interest _____
Address _____	NEmpComp _____
City _____ State _____ Zip _____	Crop Ins _____
Rents _____	SITW1 _____
Other _____	StateNum1 _____
FITW _____	Income1 _____

Social Security or EIN # _____	Med Care _____
Name _____	Interest _____
Address _____	NEmpComp _____
City _____ State _____ Zip _____	Crop Ins _____
Rents _____	SITW1 _____
Other _____	StateNum1 _____
FITW _____	Income1 _____

Social Security or EIN # _____	Med Care _____
Name _____	Interest _____
Address _____	NEmpComp _____
City _____ State _____ Zip _____	Crop Ins _____
Rents _____	SITW1 _____
Other _____	StateNum1 _____
FITW _____	Income1 _____

Social Security or EIN #	_____	Med Care	_____
Name	_____	Interest	_____
Address	_____	NEmpComp	_____
City	State	Zip	_____
Rents	_____	SITW1	_____
Other	_____	StateNum1	_____
FITW	_____	Income1	_____

Social Security or EIN #	_____	Med Care	_____
Name	_____	Interest	_____
Address	_____	NEmpComp	_____
City	State	Zip	_____
Rents	_____	SITW1	_____
Other	_____	StateNum1	_____
FITW	_____	Income1	_____

Social Security or EIN #	_____	Med Care	_____
Name	_____	Interest	_____
Address	_____	NEmpComp	_____
City	State	Zip	_____
Rents	_____	SITW1	_____
Other	_____	StateNum1	_____
FITW	_____	Income1	_____

Social Security or EIN #	_____	Med Care	_____
Name	_____	Interest	_____
Address	_____	NEmpComp	_____
City	State	Zip	_____
Rents	_____	SITW1	_____
Other	_____	StateNum1	_____
FITW	_____	Income1	_____

Social Security or EIN #	_____	Med Care	_____
Name	_____	Interest	_____
Address	_____	NEmpComp	_____
City	State	Zip	_____
Rents	_____	SITW1	_____
Other	_____	StateNum1	_____
FITW	_____	Income1	_____