office printable .com

CONTRACTOR PAYMENT STATEMENT

STATEMENT PERIOD	PAYMENT DATE	PAYMENT REF.	PAYMENT METHOD

PAYER

Business _____

Address _____

EIN _____

CONTRACTOR

Name / business _____

Address _____

TIN on file (W-9) _____

Invoices paid this period

Invoice no.	Date	Description	Services	Expenses reimbursed

Services (1099-NEC)	
Expenses reimbursed	
Less backup withholding	
Amount paid	

Services paid year to date _____

Backup withholding year to date _____

You are an independent contractor. No income, Social Security or Medicare taxes have been withheld from this payment unless backup withholding is shown. You are responsible for your own taxes, including self-employment tax and estimated payments. Payments of $600 or more in a calendar year are reported to the IRS on Form 1099-NEC.

Prepared by _____ Date _____