



Intake Form - 1099

Client Name: _____ SSN: _____

Phone: _____ Email: _____

Business Name: _____ EIN: _____

Business Address: _____

Method of distribution: Client will pick up ATA will mail Billing: Pay at pick-up Add to tax prep bill

Recipient Name		
Business Name (if different from above)		
Recipient Address		
Taxpayer Identification Number (SSN or EIN)		Amount:

Recipient Name		
Business Name (if different from above)		
Recipient Address		
Taxpayer Identification Number (SSN or EIN)		Amount:

Recipient Name		
Business Name (if different from above)		
Recipient Address		
Taxpayer Identification Number (SSN or EIN)		Amount:

Recipient Name		
Business Name (if different from above)		
Recipient Address		
Taxpayer Identification Number (SSN or EIN)		Amount: