

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 :
