**SCHEIBE ACCOUNTING L.L.P.** **1099 COMPUTER INPUT SHEET** **YEAR 2025**

**YOU NEED TO FILL IN ALL THE INFORMATION - EVERY YEAR - INCLUDING THIS TOP PORTION - PLEASE PRINT**

YOUR NAME _____ SOCIAL SECURITY # _____

STREET, BOX, ETC _____ FEDERAL ID # _____

TOWN & STATE _____ ZIP_____ PHONE # (605) _____

EMAIL _____

**NON-EMPLOYEE COMPENSATION**
**(FORM NEC)**
**AMOUNT PAID**

**DO NOT CHANGE HEADINGS**
**NAME & "COMPLETE" ADDRESS**

AMOUNTS PAID TO AN INDIVIDUAL ONLY
IF $600.00 OR MORE
**SOCIAL SECURITY #**

**$** _____ Name _____ _____

Address _____

City/State/Zip _____

**$** _____ Name _____ _____

Address _____

City/State/Zip _____

**$** _____ Name _____ _____

Address _____

City/State/Zip _____

**$** _____ Name _____ _____

Address _____

City/State/Zip _____

**$** _____ Name _____ _____

Address _____

City/State/Zip _____

**$** _____ Name _____ _____

Address _____

City/State/Zip _____

**$** _____ Name _____ _____

Address _____

City/State/Zip _____

**$** _____ Name _____ _____

Address _____

City/State/Zip _____

**$** _____ Name _____ _____

Address _____

City/State/Zip _____