

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 _____

VETERINARY (FORM 1099-MISC)

AMOUNT PAID	NAME & "COMPLETE" ADDRESS	SOCIAL SECURITY #
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