

2022- 1099 INFORMATION

Please return to Christianson PLLP no later than 1-6-23

PAYER'S NAME _____

SOCIAL SECURITY # _____

FEDERAL ID # _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE # _____

CELL # _____

EMAIL ADDRESS _____

Christianson PLLP
Willmar
 302 SW 5th St
 Fax: 320-235-5962
 Phone: 320-235-5937

Litchfield
 194 S Litchfield Ave
 Fax: 320-373-1041
 Phone: 320-373-1040

Forms description types
 Rent, Non-employee comp.
 Interest, PATR, Dividend

	RECIPIENT NAME & ADDRESS	SOC. SEC. # OR FED. I.D. #	TOTAL PAYMENT	DESCRIPTION OF PAYMENTS
1	_____ _____ _____	_____	_____	_____
2	_____ _____ _____	_____	_____	_____
3	_____ _____ _____	_____	_____	_____
4	_____ _____ _____	_____	_____	_____
5	_____ _____ _____	_____	_____	_____
6	_____ _____ _____	_____	_____	_____
7	_____ _____ _____	_____	_____	_____
8	_____ _____ _____	_____	_____	_____
9	_____ _____ _____	_____	_____	_____

MAKE COPIES IF NEEDED