

Form 5

Sub-Contractor/1099 Listing

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Tax ID Number: _____ Tax ID Number: _____

Date	Check No	Amount		Date	Check No	Amount
	Total				**Total**	

In the check number column, list the check or how you made each payment, i.e., cash, credit card, etc.