STATEMENT OF NON-EMPLOYEE COMPENSATION

Calendar Year: _____

PAYER INFORMATION

Name:

Address:

TIN / EIN:

RECIPIENT INFORMATION

Name:

Address:

TIN / SSN:

DESCRIPTION OF SERVICES / COMPENSATION TYPE	AMOUNT PAID
Total Non-Employee Compensation:	
Federal Income Tax Withheld (if any):	
State Income Tax Withheld (if any):	

Payer Signature

Date