**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 |
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| | **Total** | | | | **Total** | |

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