

<b>Payer's Name &amp; Address</b>	
<b>Federal ID Number</b>	
<b>Is this for Rental Equipment? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>Is this for Non-Employee Compensation? Yes <input type="checkbox"/> No <input type="checkbox"/></b>	
<b>Recipient's Name</b>	
<b>Social Security #</b>	
<b>Recipient's Address</b>	
<b>Amount</b>	\$
<b>Recipient's Name</b>	
<b>Social Security #</b>	
<b>Recipient's Address</b>	
<b>Amount</b>	\$
<b>Recipient's Name</b>	
<b>Social Security #</b>	
<b>Recipient's Address</b>	
<b>Amount</b>	\$