1099 Filing Form

The following disclaimer serves to inform clients that Cleveland Business Services will be filing your 1099 forms on your behalf. While we strive for accuracy and compliance with IRS regulations, it is the client's responsibility to ensure that all information provided is complete and correct.

Please review the details of your 1099s carefully, as any discrepancies may result in penalties or delays. Cleveland Business Services cannot be held liable for any errors or omissions in the information submitted that arise from incomplete or inaccurate data provided by the client.

If you have any questions or require further clarification regarding your 1099 filing, please do not hesitate to reach out to our office.

Thank you for your trust in our services.

By signing below, you acknowledge that the information provided to Cleveland Business Services for the preparation and filing of your 1099s is accurate and complete to the best of your knowledge. You understand that Cleveland Business Services is not liable for any inaccuracies or omissions in the information you have provided. Any errors resulting from incomplete or incorrect information may lead to penalties, delays, or other consequences for which Cleveland Business Services assumes no responsibility.

Signature:	Date:
Please J	provide your information below.
Taxpayer/Business Name:	
SSN/EIN:	
Mailing Address:	
City:	Zip Code:
Phone Number:	
Preferred Delivery Method:	Mail Out: Pickup at Office: Email:



Please provide contractor information below.

Taxpayer/Business Name:		
	Amount Paid:	
Mailing Address:		
City:	Zip Code:	
Taxpayer/Business Name:		
SSN/EIN:	Amount Paid:	
Mailing Address:		
City:	Zip Code:	
Taxpayer/Business Name:		
SSN/EIN:	Amount Paid:	
Mailing Address:		
City:	Zip Code:	
Taxpayer/Business Name:		
SSN/EIN:	Amount Paid:	
Mailing Address:		
City:	Zip Code:	



Please provide contractor information below.

Taxpayer/Business Name:		
	Amount Paid:	
Mailing Address:		
City:	Zip Code:	
Taxpayer/Business Name:		
SSN/EIN:	Amount Paid:	
Mailing Address:		
City:	Zip Code:	
Taxpayer/Business Name:		
SSN/EIN:	Amount Paid:	
Mailing Address:		
City:	Zip Code:	
Taxpayer/Business Name:		
SSN/EIN:	Amount Paid:	
Mailing Address:		
City:	Zip Code:	



Please provide contractor information below.

Taxpayer/Business Name:		
	Amount Paid:	
Mailing Address:		
City:	Zip Code:	
Taxpayer/Business Name:		
SSN/EIN:	Amount Paid:	
Mailing Address:		
City:	Zip Code:	
Taxpayer/Business Name:		
SSN/EIN:	Amount Paid:	
Mailing Address:		
City:	Zip Code:	
Taxpayer/Business Name:		
SSN/EIN:	Amount Paid:	
Mailing Address:		
City:	Zip Code:	