2025 FORM 1099 WOL	KKSHEEI CHEHLID#	
Your Name:	OFFICE USE ON	ILY
Your Address:	Date Received	
	Date Completed:	
Your Federal ID No	Date Mailed:	
Social Security No. (if no Fed. ID No.)		
Contact person (in case of questions)	TOTALS	1_ 1
Phone Number ()	RENT:	_b-1
	INTEREST:	b-1
*Use W-2 Worksheets for payments in commodities.	SERVICES:	b-7
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