

1099 Information Form

This form is required for all recipients of payments made by Calvary Chapel to individuals for services rendered. If the check is made out to an individual rather than a corporation the following information is required.

Name: _____

Address: _____

Social Security Number: _____

Purpose of Payment: _____

I, the undersigned, understand and acknowledge that Calvary Chapel will be mailing an Annual Information Return to me and the Internal Revenue Service at the end of any year in which payments were made to me.

Furthermore, I understand that I am an independent contractor and not an employee of Calvary Chapel and that no employment taxes are being withheld or paid on my behalf.

Signature

Date