

6490 Marindustry Pl., Ste. A San Diego, Ca 92121 Phone: (858) 587-1901

Date:			
To:			
Fax:			
PLEASE SIGN & FAX B	OTH SHEETS TO ACCOU	NTING AT (858) 535-3704 AS S	SOON AS POSSIBLE
	e requires a form 1099 report rship, independent contractor)	to be issued to any unincorporate	d entity (i.e. individual,
	payer to withhold 30% of any	this information to payer automaty amount due to the payee. The w	
		on below and return this letter to tabove is not correct please make the	
Please check the appropriate	te box below.	Please complete this s	ection clearly
1. () Corporation 2. () Partnership 3. () Individual/F	Proprietorship/	FEIN#	
Independent 4. () Organization	t Contractor	or	
5. () Other B Plea		If Individual provide SS# and Name appearing on SS card:	
Signature		Title	 Date