		etor General Informatio	Ш	for a contract made and the				
Name o	f sole	proprietor						
Business name (if different)					EIN (if applical		EIN (if applicable)	
Busines	s add	lress (if different from hom	e address)	The Health was interested to the same				
Principa	al bus	iness activity			Date business started		Date business closed	
Principal business activity Principal product or service				Date busiless started		Date busiless closed		
Yes	No		ose of the h	usiness activity to	realize a profit?			
Yes	No							
Yes		Has the business repor						
				her (specify)				
Yes		Does the business file		1 10	list the fiscal year.)			
	-	etor Specific Questions		(4) (10)	and the free free free free free free free fr			
Yes	No			for services?				
Yes	No		-		acontractors attorneys acco	untante	directors etc.?	
Yes	No		rments of \$600 or more to subcontractors, attorneys, accountants, directors, etc.? orm 1099-NEC? List name and social security number (SSN) for each person to whom you paid \$60					00 or more
100	140	Name				SSN		
		Name				SSN		
Yes	No	Did you make, or do you plan to make, any contributions to a self-employed retirement plan?						
100	110	Type of plan	ou pluit to i	make, any contino	utions to a sen-employed re	memen		\$
Yes	No		wn health	dental insurance	? If Yes, provide amount of pre	miume na		\$
Yes	No			deritai insurance	i ij res, produc umount oj pre	mums pu	in during the year.	Φ
Yes	No			actions in 20202				
		tor Business Income	criff transe	ictions in 2020.				
	ACCUPATION OF		T 1000	NEG II e				
					payer and amount separately f	rom gross		\$
Form 1099-NEC			\$ Form 1099-K				\$	
P-1-1-C	11 77	1000 NIEC 11000						
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