

**YOUR COMPANY NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

FEIN #: \_\_\_\_\_ CT TAX REGISTRATION #: \_\_\_\_\_

TAX YEAR \_\_\_\_\_

**Name of Subcontractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Social Security, or Tax ID #: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Non-Employee compensation: \$ \_\_\_\_\_

**Name of Subcontractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Social Security, or Tax ID #: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Non-Employee compensation: \$ \_\_\_\_\_

**Name of Subcontractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Social Security, or Tax ID #: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Non-Employee compensation: \$ \_\_\_\_\_

**Name of Subcontractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Social Security, or Tax ID #: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Non-Employee compensation: \$ \_\_\_\_\_

**Name of Subcontractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Social Security, or Tax ID #: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Non-Employee compensation: \$ \_\_\_\_\_

**Name of Subcontractor:** \_\_\_\_\_

Address: \_\_\_\_\_

Social Security, or Tax ID #: \_\_\_\_\_ FEIN #: \_\_\_\_\_

Non-Employee compensation: \$ \_\_\_\_\_