



## EGA TREASURER PAYMENT REPORTING FORM (1099-MISC)

This form must be used to report all non-employee/contract labor payments. This applies to all chapters, region and national workshops or seminars, and other contracted labor where taxes are not withheld.

Each time a payment is made, please complete this form. Send the original to national headquarters, provide one copy to the payee and keep one copy for your organization's files.

Payee is to confirm that his/her social security number or employer identification number is on file at EGA headquarters. If it is not, please have payee complete a Form W-9 which can be found at [www.egausa.org](http://www.egausa.org) under forms/guides/manuals and mail directly to EGA headquarters.

NAME OF INDIVIDUAL PAID \_\_\_\_\_ PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

P.O. BOX \_\_\_\_\_

CITY, STATE, & ZIP CODE \_\_\_\_\_

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AMOUNTS PAID: \_\_\_\_\_ EVENT/CLASS DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CONTRACT FEE \_\_\_\_\_ LODGING \_\_\_\_\_

KIT/TEXT FEE \_\_\_\_\_ PER DIEM \_\_\_\_\_

TRAVEL \_\_\_\_\_ MEALS \_\_\_\_\_

MISCELLANEOUS \_\_\_\_\_

PAID BY CHECK NO. \_\_\_\_\_ DATE PAID \_\_\_\_/\_\_\_\_/\_\_\_\_ AMOUNT \$ \_\_\_\_\_

PAID BY CHARGE CARD \_\_\_\_\_ DATE CHARGED \_\_\_\_/\_\_\_\_/\_\_\_\_ AMOUNT \$ \_\_\_\_\_

TOTAL AMOUNT PAID ON BEHALF OF ABOVE-NAMED INDIVIDUAL: \$ \_\_\_\_\_

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SUBMITTED BY \_\_\_\_\_

CHAPTER, REGION, SEMINAR, EXHIBIT

TREASURER'S NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE, & ZIP CODE \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

PHONE \_\_\_\_\_ DATE MAILED TO NATIONAL \_\_\_\_/\_\_\_\_/\_\_\_\_