

Tax Advisory Group

OF JACKSONVILLE, INC.

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Independent Contractor Worksheet

Company Name _____
Contact Name _____ Phone _____

1. Contractor Name _____
Amount _____ SSN/EIN _____
Address _____

2. Contractor Name _____
Amount _____ SSN/EIN _____
Address _____

3. Contractor Name _____
Amount _____ SSN/EIN _____
Address _____

4. Contractor Name _____
Amount _____ SSN/EIN _____
Address _____

5. Contractor Name _____
Amount _____ SSN/EIN _____
Address _____

6. Contractor Name _____
Amount _____ SSN/EIN _____
Address _____

7. Contractor Name _____
Amount _____ SSN/EIN _____
Address _____

8. Contractor Name _____
Amount _____ SSN/EIN _____
Address _____

Handling Your Tax Needs from Start to Finish