

Mail to:  
Director of Finance  
P.O. Box 1270  
Madisonville KY 42431

**INFORMATIONAL DISBURSEMENT FORM  
FOR REPORTING 1099-MISCELLANEOUS INFORMATION  
CALENDAR YEAR \_\_\_\_\_**

**Senders Name and Address:**

- Check One**  
\_\_\_ Individual  
\_\_\_ Corporation  
\_\_\_ Partnership  
\_\_\_ Non-Profit

Name & Address	1099		FEIN/SSN	Amount Paid	Amount Earned Within City
	Box-1	Box-7			

(Signature)

(Typed or Printed Name)

(Title)

(Date)