Newburg and Company, LLP

				2008 Information					
	Company Name			**Returns**			Company EIN		
	Company Address								
	City						Company Phone		
	State & Zip								
	Email Address						# of Forms		
	PAYEE INFORMATION						Sub Contractor	Attorney	Specify
	Name	EIN / SSN	Address	City	State	ZIP	AMOUNT $$$	Amount $$	Other
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