

Mt. Diablo Unified School District

Request for Corrected or Duplicate Form 1099

Send completed form to: Accounts Payable Department, 1936 Carlotta Drive, Concord, CA 94519

Date of Request

(Accounts Payable will respond within ten business days from the date the request is received)

- Please issue a **duplicate** Form 1099 for the year _____
- Please issue a **corrected** Form 1099 for the year _____

Vendor Information

Name: _____

DBA: _____

Address: _____

Phone #: _____

E-mail: _____

The duplicate or corrected Form 1099 is requested for the following reason(s):

- Never received
- TIN/SSN incorrect (please submit Form W-9)
- Misplaced or destroyed
- Name incorrect (please submit Form W-9)
- Other: _____
- _____
- _____
- _____

- Please send the duplicate or corrected Form 1099 to: _____
- I will pick up the duplicate or corrected Form 1099 at Accounts Payable Department. Accounts Payable Department can notify me by phone/e-mail at: _____ when the form is ready for me to pick up.

Vendor's Signature

For Accounts Payable Use Only

Request Received: _____ Hold for pick-up: _____

Form Reissued: _____ Picked up: _____

Form Mailed: _____

Processed by: _____