



1099-MISC Change Request

To: Karlene Hancock

Agency Name: _____

Agency Number: _____

Requested By: _____

Date: _____

Authorized Signature: _____

Phone Number: _____

Email: _____

Vendor Name: _____

Tax Year: 20
(YYYY)

Vendor Number: _____

Alt ID: _____

Reason for Change:

<u>Box Reported In</u>	<u>Change From</u> Current Amount Reported on DAFR7940	<u>Change To</u> Correct Amount to Report on 1099-MISC
1 – Rents	_____	_____
3 – Other Income	_____	_____
4 – Backup Withholding	_____	_____
6 – Medical/Health Care	_____	_____
10 – Gross Proceeds Paid to an Attorney	_____	_____

SFMS Use Only

SFMS Reference Number: _____

SFMS Processed Date: _____

INSTRUCTIONS

Required Fields:

- ✓ Agency Name
- ✓ Agency Number
- ✓ Requested By (employee requesting the change)
- ✓ Authorized Signature (agency's 1099 Contact on file with SFMS)
- ✓ Phone Number
- ✓ Email
- ✓ Vendor Name
- ✓ Tax Year – This is the calendar year (Jan-Dec) that should reflect the requested change
- ✓ Vendor Number (RStars)
- ✓ Alt ID – If applicable
- ✓ Reason for Change – Please provide a brief description of the reason for the change. The description can include a document that supports the change (i.e. an updated W9)

- ✓ Change information

Please email the completed form to Karlene.Hancock@das.oregon.gov.

Note: A spreadsheet may be provided in lieu of individual forms for more than 10 change requests. Please email Karlene for approval.

Agencies are responsible for maintaining all backup documentation regarding changes to form 1099-MISC.