

Department of Administrative Services

Enterprise Goods & Services

155 Cottage Street NE

Salem, OR 97301-3969

PHONE: (503) 373-0714

FAX: (503) 378-8940

1099-MISC Change Request

To: Karlene Hancock, SFMS

Agency Number & Name: _____

Requested By: _____

Authorized Signature*: _____

Phone: _____ Fax: _____

Reason for Change:

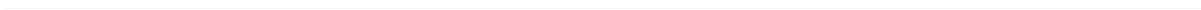
Vendor Name _____

Tax Year: _____ Vendor Number: _____ Alt ID: _____
(YYYY)

<u>Box Reported In</u>	<u>Change From</u> <i>Current Amount Reported On Agency DAFR7940</i>	<u>Change To</u> <i>Correct Amount to Report on 1099-MISC</i>
1 - Rents	_____	_____
3 - Other Income	_____	_____
4 - Backup Withholding	_____	_____
6 - Medical/Health Care	_____	_____
7 - Non Employee Compensation (Subject to Self Employment Tax)	_____	_____
14 - Gross Proceeds paid to an Attorney	_____	_____

(SFMS use only)
Reference Number _____

Processed Date _____



INSTRUCTIONS:

- ✓ Required Completion – Section 1:
 - Name & Agency Number
 - Employee Requesting Change
 - Authorized Signature: *Agency 1099 Contact on File with SFMS
 - Phone Number
 - Reason for Change – Brief description needed, can include a document to support the change (Updated W9 is sometimes received from Vendors)
- ✓ Vendor Name
- ✓ Vendor Number from RStars
- ✓ Alt ID – If used
- ✓ Tax Year – is the calendar (Jan-Dec) for the requested change.
- ✓ Spreadsheet may be allowed for multiple change requests (>10), please contact Karlene Hancock before submission.

The Agency is responsible to maintain all backup documentation for any requested changes to 1099-Misc.