



## DISTRICT BUSINESS SERVICES New 1099/Corrections Request

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DISTRICT NAME: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

AUTHORIZATION: \_\_\_\_\_

**IMPORTANT - PLEASE INCLUDE A COPY OF THE 1099 FINALIZED REPORT FOR EACH VENDOR**

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Mark below the type of correction/addition you are requesting:

Issue NEW 1099 (Vendor has never received 1099 for this year)

Corrections to 1099 (Please check all that apply):

Change in Vendor Name

Change In Vendor Address

Change TIN (Tax ID Number)

Incorrect dollar amount

Amount in the wrong box in 1099

1099 issued in error

Other, please provide details: \_\_\_\_\_

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COMPLETE THIS FORM AND EMAIL IT TO US AT [dbs-ft@cccocoe.k12.ca.us](mailto:dbs-ft@cccocoe.k12.ca.us)