

# 1099 Processing Request Form

MAIL TO: State of Delaware  
 Division of Accounting  
 820 Silver Lake Blvd Ste 200  
 Dover, DE 19904  
 SLC – D570C

Date of Request: \_\_\_\_\_

If requesting duplicate 1099's for multiple tax years, please complete a separate form for each tax year. There will be a \$5.00 administrative fee for each tax year requested. You may combine the fees and submit a single check for the total amount due. Checks should be made payable to the **State of Delaware**. The duplicate 1099(s) will be mailed to the employee's mailing address listed below:

Please reissue a 1099 for tax year:

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VENDOR INFORMATION		
VENDOR NAME:		
TAX IDENTIFICATION NUMBER:		
VENDOR CURRENT MAILING ADDRESS:		
Street Address:		
City:	State:	Zip Code:
Work Phone:	Home Phone:	

PAYOR INFORMATION		
Organization Name:	DeptID:	
Building name:		
Street Address:		
City:	Zip Code:	SLC:
Organization Representative:		Phone:

The 1099 is requested for the following reason:

Never Received

Misplaced or Destroyed

Signature of Vendor: \_\_\_\_\_

**PAYMENT:**     CHECK         MONEY ORDER         CASH

----- FOR DIVISION OF ACCOUNTING USE ONLY -----

Duplication     Release of Original        Date: \_\_\_\_\_

Comments: