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| 1099 Reportable/Non-Reportable Payment 1099 Correction Request | | | | | | | | | | | | | | | |
| Part I: Requesting Agency Information  To be completed by the requesting agency | | | | | | | | | | | | | | | |
| OLO | | | Click here to enter text. | | | Agency Name | | | | | Click here to enter text. | | | | |
| Agency Contact Name | | | Click here to enter text. | | | Agency Contact Phone Number | | | | Click here to enter text. | | | | | |
| Agency Contact Title | | | Click here to enter text. | | | Agency Contact Email Address | | | | Click here to enter text. | | | | | |
| Part II: Original Transaction Information  To be completed by the requesting agency | | | | | | | | | | | | | | | |
| Vendor Information | | | | | | Transaction Information | | | | | | | | | |
| Taxpayer Identification Number  (Provide only the last 6 digits) | | | Click here to enter text. | | | Date of Original Transaction | | | | Click here to enter a date. | | | | | |
| Vendor Name | | | Click here to enter text. | | | Statewide Document Number | | | | Click here to enter text. | | | | | |
| Vendor Contact Name | | | Click here to enter text. | | | Agency Voucher Number | | | | Click here to enter text. | | | | | |
| Vendor Contact Phone Number | | | Click here to enter text. | | | Warrant Number | | | | Click here to enter text. | | | | | |
| Vendor Contact Email Address | | | Click here to enter text. | | | Tax Year | | | | Click here to enter text. | | | | | |
| Part III: Type of Form 1099 Correction Required  To be completed by the requesting agency. Check the type of correction requested and provide the appropriate related information. | | | | | | | | | | | | | | | |
| Is the amount on the Form 1099 incorrect?  Select a response. | | | | Is the Object Code on the Form 1099 incorrect?  Select a response. | | | | Is the Taxpayer Identification Number on the Form 1099 incorrect?  Select a response. | | | | | | | |
| Original Amount | Click here to enter text. | | | Original Object Code | Click here to enter text. | | | Correct TIN | | | | | Click here to enter text. | | |
| Correct Amount | Click here to enter text. | | | Correct Object Code | Click here to enter text. | | |  | | | | |  | | |
| Reason for the Correction Request | | | | Click here to enter text. | | | | | | | | | | | |
| Part IV: DFS Review Information  To be completed by DFS only | | | | | | | | | | | | | | | |
| DFS Reviewer Name | | Click here to enter text. | | | | | Date of Review | | | | | | | Click here to enter a date. | |
| Comments | | Click here to enter text. | | | | | Correction Reference Number | | | | | | | Click here to enter text. | |
| DFS Approver Name | | Click here to enter text. | | | | | Date of Approval | | | | | | | Click here to enter a date. | |
| Is vendor subject to Backup Withholding? | | | | | | | Yes | |  | | | No | | |  |
| Comments | | Click here to enter text. | | | | | | | | | | | | | |

Agencies use this form to request DFS to update an issued Form 1099.

Email the completed form to the Vendor Management Section at [FLW9@MyFLoridaCFO.com](mailto:FLW9@MyFLoridaCFO.com).

Part I: Requesting Agency Information

* OLO: Provide the six-digit agency OLO.
* Agency Name: Provide the name of the requesting a Form 1099 correction.
* Agency Contact Name: Provide the name of the individual requesting the Form 1099 correction. DFS will contact this person should DFS require additional information.
* Agency Contact Title: Provide the title of the agency contact
* Agency Contact Phone Number: Provide the telephone number of the agency contact.
* Agency Contact Email Address: Provide the email address of the agency contact.

Part II: Original Transaction Information

* Taxpayer Identification Number: Provide *the last six digits* of Taxpayer Identification Number (FEIN or SSN) that the original payment was issued under.
* Vendor Name: Provide the name of the vendor
* Vendor Contact Name: Provide the vendor’s contact name. DFS will contact this person should DFS require additional information.
* Vendor Contact Phone Number: Provide the vendor’s contact phone number.
* Vendor Contact Email Address: Provide the email address of the vendor contact.
* Date of the Original Transaction: Provide the date that the original transaction was processed.
* Statewide Document Number: Provide the Statewide Document Number of the original transaction
* Agency Voucher Number: Provide the voucher number of the original transaction
* Warrant Number: Provide the warrant number of the transaction.
* Tax Year: Provide the tax year of the original transaction.

Part III: Type of Form 1099 Correction Required

* Amount: Indicate if the amount reported on the Form 1099 requires updating.
  + Original Amount: Provide the original amount that was recorded as 1099 reportable.
  + Correct Amount: Provide the amount that should be recorded as 1099 reportable.
* Object Code: Indicate if the object code used on the original transaction requires updating.
  + Original Object Code: Provide the original object that was used to record the transaction as Form 1099 reportable.
  + Correct Object Code: Provide the correct object code.
* Taxpayer Identification Number: Indicate if the Taxpayer Identification Number reported on the Form 1099 requires updating.
  + Correct Taxpayer Identification Number: Provide the correct Taxpayer Identification Number
* Reason for the Correction Request: Provide a reason explaining why the Form 1099 Correction is required.