



## DISTRICT BUSINESS SERVICES New 1099/Corrections Request

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

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

VENDOR NUMBER: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**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 for each vendor:

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

The vendor was issued a 1099 in error

Other, please explain with details: \_\_\_\_\_

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