

1099 Vendor Request For Information Form

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|-----|------------------|-----------------|
| EIN | Company / Vendor | Date of Request |
|-----|------------------|-----------------|

Address

| | | |
|----------------|-------|----------|
| Address Line 1 | | |
| Address Line 2 | | |
| City | State | Zip Code |

Contact Information

| | | |
|---------------|-----|-----|
| Name | | |
| Email Address | | |
| Phone | Ext | FAX |

| | |
|-------------------------|-----------------|
| Amount Reported on 1099 | Disputed Amount |
|-------------------------|-----------------|

**Fax Form to (202)616-6263
Attn: 1099 Processing**

Disputed Reason

| |
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| |
|--|

DOJ Use

| | | |
|----------------|--------------|--------------|
| Completed Date | Completed By | Certified By |
|----------------|--------------|--------------|