

COMPLETE THIS FORM WITH THE CHILD CARE PROVIDER FOR A REPLACEMENT OF OR PROBLEM WITH THEIR FAMIS GENERATED IRS 1099 FORM

• TODAY'S DATE: \_\_\_\_\_

• PROVIDER/BUSINESS NAME:  
\_\_\_\_\_

• NAME OF CALLER:  
\_\_\_\_\_  
(IF DIFFERENT FROM BUSINESS NAME)

• TELEPHONE NUMBER OF CALLER: \_\_\_\_\_

• PROVIDER VENDOR NUMBER: \_\_\_\_\_  
(NINE DIGITS BEGINNING WITH ZERO)

• SSN OR TAX ID: \_\_\_\_\_  
(NINE DIGIT SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER. 12-XXXXX IS A STATE SALES TAX EXEMPTION NUMBER AND NOT USED FOR CHILD CARE)

• CHILD CARE PROVIDER'S MAILING ADDRESS AS OF DECEMBER 1, 2002:  
STREET: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_  
ZIPCODE: \_\_\_\_\_

• CHILD CARE PROVIDER'S PRIOR MAILING ADDRESS IF CHANGED WITHIN THE 2002 TAX YEAR:  
STREET: \_\_\_\_\_  
CITY/STATE: \_\_\_\_\_  
ZIPCODE: \_\_\_\_\_

NECESSARY ACTION:

MAIL 1099 TO CURRENT ADDRESS      DATE MAILED: \_\_\_\_\_

REFER TO PROGRAM SUPERVISOR      DATE REFERRED: \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_