

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'S DVN: \_\_\_\_\_  
(NINE DIGITS BEGINNING WITH ZERO)
- SSN OR TAX ID: \_\_\_\_\_  
(NINE DIGIT SOCIAL SECURITY NUMBER OR FEDERAL EMPLOYER IDENTIFICATION NUMBER-EIN).

CHILD CARE PROVIDER'S MAILING ADDRESS AS OF DECEMBER 1, 2004:

STREET: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

- CHILD CARE PROVIDER'S PRIOR MAILING ADDRESS IF CHANGED WITHIN THE 2004  
TAX YEAR:

STREET: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

**NECESSARY ACTION:**

**FOR EARLY CHILDHOOD AND PREVENTION SERVICES SECTION USE ONLY:**

- MAILED TO CCP OR FSD ON: \_\_\_\_\_
- REFERRED TO PROGRAM SUPERVISOR ON: \_\_\_\_\_

COMMENTS:

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\_\_\_\_\_  
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