

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, 2006:

STREET: _____

CITY/STATE/ZIP: _____

- CHILD CARE PROVIDER'S PRIOR MAILING ADDRESS IF CHANGED WITHIN THE 2006
TAX YEAR:

STREET: _____

CITY/STATE/ZIP: _____

NECESSARY ACTION:

FOR EARLY CHILDHOOD AND PREVENTION SERVICES SECTION USE ONLY:

- MAILED TO: _____
- REFERRED TO PROGRAM SUPERVISOR ON: _____

COMMENTS:

