

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, 2003:

STREET: _____

CITY/STATE: _____

ZIPCODE: _____

• CHILD CARE PROVIDER'S PRIOR MAILING ADDRESS IF CHANGED WITHIN THE 2003 TAX YEAR:

STREET: _____

CITY/STATE: _____

ZIPCODE: _____

NECESSARY ACTION:

MAIL 1099 TO CURRENT ADDRESS DATE MAILED: _____

REFER TO PROGRAM SUPERVISOR DATE REFERRED: _____

COMMENTS:

