1099 Processing Request Form

MAIL TO: State of Delaware
Division of Accounting
820 Silver Lake Blvd Ste 200
Dover, DE 19904
SLC – D570C

Date of Request: _____

If requesting duplicate 1099's for multiple tax years, please complete a separate form for each tax year. The duplicate 1099(s) will be mailed to the employee's mailing address listed below:

Please reissue a 1099 for tax year:

VENDOR INFORMATION		
VENDOR NAME:		
TAX IDENTIFICATION NUMBER:		
VENDOR CURRENT MAILING ADDRESS:		
Street Address:		
City:	State:	Zip Code:
Work Phone:	Home Phone:	

PAYOR INFORMATION		
Organization Name:		DeptID:
Building name:		
Street Address:		
City:	Zip Code:	SLC:
Organization Representative:		Phone:

The 1099 is requested for the following reason:

☐ Never Received ☐ Misplaced or Destroyed

Signature of Vendor:_____

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☐ Duplication ☐ Release of Original Date:

Comments: