

For GAO use ONLY:
Entered By:
Date:

Add
 Change-
 Name
 Address
 Amount
 Other
 Delete
 Duplicate 1099 Needed, Tax YR _____
 (verify address, make any necessary changes below)

TIN (SS# or EIN) _____ SEQ# _____

NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

1099-MISC FORM:							
BOX# & DESCRIPTION	CORRECT AMOUNT	PREVIOUS AMOUNT	DIFF.	BOX# & DESCRIPTION	CORRECT AMOUNT	PREVIOUS AMOUNT	DIFF.
1 RENTS				7 NONEMP COMP			
2 ROYALTIES				8 DIVIDENDS OR INT.			
3 OTHER INCOME				14 PD TO ATTORNEY			
6 MEDICAL AND HEALTH							

REASON FOR CORRECTION: _____

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