

1099-MISC Correction Form

Agency Tax Year		
Check only one box (complete address information for duplicate 1099 requests)		
□ Add □ Change: ○ Name ○ Address ○ Amount ○ Other □ Delete □ Duplicate 1099 no	eeded, for Tax Year	
TIN (SSN or EIN) TIN Type Vendor Name		
Address City State	Zip Code	
Box# & Desc	ous Amount Difference	
1 Rents 2 Royalties		
3 Other Income 6 Medical & Health		
10 Paid to Attorney		
Reason for Correction		
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Reason for Correction		
Must be signed or submitted by an authorized signer on GAO-3DT Form		
Signature EIN	Date	
Name Title	Phone	
For GAO Use ONLY Entered by	Date	
1 Of OAO O36 ONL1 Lintered by	Date	

(GAO-94 9/22) Page 1 of 1