

**STATE OF ARIZONA**  
**1099-MISC Correction Form**

Tax Year: \_\_\_\_\_

Department: \_\_\_\_\_

**Check only one box:**  **Add**  **Change:**  Name  Address  Amount  Other  **Delete**  **Duplicate** 1099 needed, for Tax Year:   
(complete address information for duplicate W-9)

TIN (SSN or EIN)		TIN TYPE		VENDOR NAME				
ADDRESS				CITY		STATE	ZIP CODE	
For GAO Use ONLY: Entered By: Date:	BOX# & DESC	CORRECT AMOUNT	PREVIOUS AMOUNT	DIFFERENCE	BOX# & DESC	CORRECT AMOUNT	PREVIOUS AMOUNT	DIFFERENCE
	1 RENTS				2 ROYALTIES			
	3 OTHER INCOME				6 MEDICAL & HLTH			
					10 PD TO ATTORNEY			
	REASON FOR CORRECTION:							

**Check only one box:**  **Add**  **Change:**  Name  Address  Amount  Other  **Delete**  **Duplicate** 1099 needed, for Tax Year:   
(complete address information for duplicate W-9)

TIN (SSN or EIN)		TIN TYPE		VENDOR NAME				
ADDRESS				CITY		STATE	ZIP CODE	
For GAO Use ONLY: Entered By: Date:	BOX# & DESC	CORRECT AMOUNT	PREVIOUS AMOUNT	DIFFERENCE	BOX# & DESC	CORRECT AMOUNT	PREVIOUS AMOUNT	DIFFERENCE
	1 RENTS				2 ROYALTIES			
	3 OTHER INCOME				6 MEDICAL & HLTH			
					10 PD TO ATTORNEY			
	REASON FOR CORRECTION:							

**Check only one box:**  **Add**  **Change:**  Name  Address  Amount  Other  **Delete**  **Duplicate** 1099 needed, for Tax Year:   
(complete address information for duplicate W-9)

TIN (SSN or EIN)		TIN TYPE		VENDOR NAME				
ADDRESS				CITY		STATE	ZIP CODE	
For GAO Use ONLY: Entered By: Date:	BOX# & DESC	CORRECT AMOUNT	PREVIOUS AMOUNT	DIFFERENCE	BOX# & DESC	CORRECT AMOUNT	PREVIOUS AMOUNT	DIFFERENCE
	1 RENTS				2 ROYALTIES			
	3 OTHER INCOME				6 MEDICAL & HLTH			
					10 PD TO ATTORNEY			
	REASON FOR CORRECTION:							

**Must be signed or submitted by an authorized signer on GAO-3DT Form** APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_