State of Arizona

GAO 94 1099-MISC Correction Form

Tax YR _____ AGY _____ AGY Contact _____ Phone _____ Date: _____

Prepared by: Authorized by:

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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Reset