OSUP/F20
11/12/15

OFFICE OF STATE UNIFORM PAYROLL
FORM 1099 REQUEST

Agency Name: _____

Agency Personnel Area: _____ Date of Request: _____

Please issue the following Form 1099 for **Tax Year** _____:

1099-MISC _____ Wages paid on behalf of a deceased employee

OR

1099-INT _____ Wages paid pursuant to a back pay award or attorney fees

Employee Information:

_____ _____ - _____ - _____ _____
Employee Name **Social Security Number** **Personnel Number**

Payment Information:

_____ _____-_____-_____
Payee **Social Security Number**

OR _____-_____
Taxpayer Identification Number of decedent's estate

Check Date: _____ **Gross Amt:** _____

Check Number: _____ **Net Amt/Check Amt:** _____

Interest Amt: _____

Approved by:

_____ / _____
Signature Printed Name

_____
Title

_____
Date

Attachment(s): Proof of Payment, copy of check
Form W-9, completed with payee information (Deceased employee only)
Affidavit (Deceased employee wages paid to surviving spouse or major child only)
Release Document (Deceased payments only)