

1099-NEC Correction Form

Agency										Tax Y	'ear				
Check onl	Check only one box (complete address information for duplicate 1099 requests)														
☐ Add	□ CI	nange: O Name	O Address C	O Amount O Of		her	☐ Delete		Duplicate 109		1099	99 needed, for Tax Year			
TIN (SSN or EIN)				TIN Type			Vendor Name								
Address						City			State		te		Zip Code		
Box# & Desc		Correct Amount	Previous Amount	Differe	Oifference										
1 Non-Emp Comp															
Reason for	Reason for Correction														
Check onl	y one bo	x						((complete a	ddress info	ormation	n for duplica	te 1099 requ	ests)	
☐ Add	□ CI	nange: O Name	O Address C	O Amount O Oth			☐ Delete ☐ Duplicate			licate	1099 needed, for Tax Year			ear	
TIN (SSN o	or EIN)		TI	N Type			Vei	ndor Name							
Address						City				Sta	te		Zip Code		
Box# & Desc		Correct Amount	Previous Amount	Differe	nce										
1 Non-Emp Comp															
Reason for Correction															
Must be signed or submitted by an authorized signer on GAO-3DT Form															
Signature		-							EIN			Date)		
Name					-	Γitle						Pho	ne		
For GAO U	Jse ONL	f Entered by										Date			
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