



**GOVERNMENT OF THE VIRGIN ISLANDS  
DEPARTMENT OF FINANCE  
1099-MISC REQUEST FORM**

**Note:** This form should be used to request a copy of a 1099-MISC or for assistance with a problem related to a 1099-MISC form and must be hand delivered to the Department of Finance, Accounting Division, along with supporting documentation (e.g., attach incorrect 1099, if applicable).

The Department of Finance will provide a response via phone call or e-mail within ten (10) business days.

NAME \_\_\_\_\_

TAX ID # \_\_\_\_\_  
(SS# or EIN)

E-MAIL \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TAX YEAR \_\_\_\_\_ AGENCY/DEPT. \_\_\_\_\_ DATE \_\_\_\_\_

**REASON FOR CORRECTION:**

- \_\_\_\_\_ DID NOT RECEIVE 1099-MISC  
\_\_\_\_\_ LOST OR STOLEN 1099-MISC  
\_\_\_\_\_ NAME/ADDRESS CORRECTION NEEDED  
\_\_\_\_\_ RECEIVED 1099 BUT SHOULD NOT HAVE  
\_\_\_\_\_ DISCREPANCY IN AMOUNT  
\_\_\_\_\_ REPORTED AS WRONG TYPE OF INCOME  
\_\_\_\_\_ OTHER \_\_\_\_\_

**\*\*\*Please note: This form should be completed by the individual or entity requesting 1099-MISC tax form assistance.**

**FOR DEPARTMENT OF FINANCE USE ONLY**

ENTERED BY: \_\_\_\_\_

DATE \_\_\_\_\_

COMMENTS \_\_\_\_\_