



1099-MISC/1099-INT Tax Request Form

(Applicable for UCLA, UCOP & UC Merced)

INDIVIDUALS:

Name: _____ Social Security#: _____

Signature: _____ Tax Year: _____

COMPANY VENDORS:

Company Name: _____ Federal ID#: _____

Contact Person: _____ Tax Year: _____

For All Requests Please Complete Below:

Phone # _____ Fax # _____

Email Address For Confirmation Only: _____

Mailing Address: _____

CHECK REQUESTED FORM(S):

- Duplicate copy of 1099-MISC/INT
- Correction to 1099-MISC/INT form (Corrections will generate a call back)

For **1099R (Retirement)**, call (800) 888-8267 ext 70651

For **Hope Scholarship (Students Only)**, call (877) 467-3821 or <http://tcrs.com/>

- Mail form(s) to address above
- Fax form(s)

NOTE: Mailing or faxing forms require a photo ID along with the request form.
Forms are mailed or faxed within 7 business days

FAX OR MAIL REQUEST TO:
UCLA ACCOUNTS PAYABLE OFFICE
ATTN: SHIRLEY SAMS
10920 Wilshire Blvd, 5th Floor
Los Angeles CA 90024-6502
Fax: (310) 794-8513