



UC IRVINE

**1099-MISC/1099-INT
Tax Request Form**

INDIVIDUALS:

Name: _____ Social Security #: _____

Signature: _____ Tax Year: _____

COMPANY VENDORS:

Company Name: _____ Federal Tax I.D. #: _____

Contact Person: _____ Tax Year: _____

For All Request Please Complete Below:

Phone #: _____ Fax #: _____

Email Address For Confirmation Only: _____

Mailing Address: _____

REQUESTED FORM(S):

Duplicate copy of 1099-MISC/INT

Correction to 1099-MISC/INT form

FAX, MAIL OR EMAIL TO:
UC IRVINE - ACCOUNTS PAYABLE
ATTENTION: TANYA HARRIS
BIOLOGICAL SCIENCE 3, SUITE 1400
IRVINE, CA 92697-1050
FAX: (949) 824-2098
THARRIS@UCI.EDU