Corrected 1099 Form Copy

Payer's Name:

Payer's TIN:

Payer's Address:

Recipient's Name:

Recipient's TIN:

Recipient's Address:

Original Form Type:

Tax Year:

☐ CORRECTED

Box	Description	Amount
1	Nonemployee Compensation	
2	Other Income	
4	Federal Income Tax Withheld	

Date Corrected:

Comments/Reason for Correction: