

DEPARTMENT OF ADMINISTRATION
 STATE ACCOUNTING BUREAU
 PO BOX 200102
 HELENA, MT 59620-0102

**222 - CORRECTION
 DUPLICATE
 1099-MISC**

Boxes 1-5 are required. The remaining fields should be used only to make the specific corrections needed. Incomplete or altered forms will not be accepted.

1) Business Unit	2) Agency Contact	3) Phone Number
4) Tax Year		5) Supplier Number

Duplicate/Copy

1) Vendor's Correct Mailing Address:

Correct Name

2) Vendor's New Name:

Change TIN/Supplier/Business Unit

3) Original Supplier ID (10 digits):	4) To Supplier ID Number (10 digits):
5) Original TIN (9 digits):	6) Adjusted TIN (9 digits):
7) Original Business Unit:	8) Adjusted Business Unit:

Adjust Amount/Box

9) Original Amount:	10) Adjusted Amount:		
11) Original Withholding Box:	12) Adjusted Withholding Box:		
13) Agency Authorization	Authorized Signature	Title:	Date:

To Be Completed by Department of Administration					
D of A Approval	Approved	Authorized Signature			Date:
	Not Approved				
	Updated in SABHRS:	Date:	Updated with IRS:	Date:	
	Comments:				