

Per Capita Verification/1099 Request Form

****PLEASE ALLOW 1 WEEK FOR PROCESSING****
Must present Tribal ID to receive

Name: _____ Date: _____

SRID#: _____

PICK UP **FAX** **MAIL OUT**

To be picked up by (other than self): _____

To be faxed to #: _____

Attn: _____

Mail To: _____

WHICH QTRLY PAYOUT? Please specify Month(s) & Year _____

*****INFORMATION PRIOR TO AUGUST 2006 IS NOT AVAILABLE *****

Please note: Only the gross amount will be provided unless specified otherwise.
Ex: If you need c/s information, taxes withheld, net pay, etc., please indicate below.

NEED 1099 COPY FOR TAX FILING? Please specify year(s) _____

Signature: _____

Contact #: _____