



# CITY OF ORLANDO

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## Request for a Duplicate IRS Form 1099-MISC Please Print

Please reissue a Miscellaneous Income (Form 1099-MISC) for the following payee for the tax year ending \_\_\_\_\_.

Payee Name: \_\_\_\_\_

Taxpayer Identification Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The Form 1099-MISC is requested for the following reason:

\_\_\_\_ Never Received

\_\_\_\_ Misplaced or Destroyed

\_\_\_\_ Taxpayer Identification Number or Name Incorrect

\_\_\_\_ Other (Explain) \_\_\_\_\_

\_\_\_\_\_  
Payee's Signature

Please sign as indicated above and return this request to:

By Mail: City of Orlando  
Accounts Payable Manager  
400 South Orange Ave, 4<sup>th</sup> Floor  
Orlando, Florida 32801

By Fax: 407-246-2707

By email: Carmen.otero@cityoforlando.net

### For Accounts Payable Use Only:

Date request received: \_\_\_\_\_

Date Duplicate 1099-MISC reissued: \_\_\_\_\_ by: \_\_\_\_\_