



1099 CORRECTION REQUEST FORM

SECTION 1	
DATE: <input type="text"/>	AGENCY: <input type="text"/>
AGENCY CONTACT: <input type="text"/>	
PHONE: <input type="text"/>	EMAIL: <input type="text"/>
SECTION 2	
OAKS ID: <input type="text"/>	1099 TYPE: <input type="text"/>
SUPPLIER NAME: <input type="text"/>	
SUPPLIER ADDRESS: <input type="text"/>	
SECTION 3	
TYPE OF ACTION: (PLEASE EXPLAIN BELOW)	
<input type="checkbox"/> ADJUSTMENT TO \$ AMOUNT <input type="checkbox"/> ADJUSTMENT TO BOX <input type="checkbox"/> ADJUSTMENT TO CODING <input type="checkbox"/> NEED \$0 AMOUNT 1099 <input type="checkbox"/> OTHER	
DETAILS: (IF AN ADJUSTMENT PLEASE PROVIDE CURRENT & CORRECTED INFORMATION WHICH INCLUDES VOUCHER, ACCOUNT, BOX, & DOLLAR AMOUNT)	
<input type="text"/>	

<p>TO SUBMIT FORMS OR ASK QUESTIONS:</p> <p>Mail: Ohio Shared Services PO Box 182880 Columbus, OH 43218-2880</p> <p>Email: obm.1099@obm.state.oh.us</p>	<p>Phone: 1 (877) OHIO - SS1 (1-877-644-6771) 1 (614) 338-4781</p>
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