



# 1099 Correction Request Form

## Section 1 - Agency Name and Contact

Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Contact Name: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Section 2 - Supplier Name and Address

OAKS ID: \_\_\_\_\_ 1099 Type: \_\_\_\_\_

Supplier Name: \_\_\_\_\_

Supplier Address: \_\_\_\_\_

## Section 3 - Agency Contact Numbers and E-mail

### Type of Action: (Please Explain Below)

- Adjustment To \$ Amount       Adjustment To Box       Other
- Adjustment To Coding       Need \$0 Amount 1099

**DETAILS:** (If an adjustment, please provide the current and corrected information which includes Voucher, Account, Box and Dollar Amount)

### Submit Form and Attachments To:

**E-mail:**      **Supplier@Ohio.Gov**  
**Mail:**      **Ohio Shared Services**  
                 **Attn: Supplier Operations**  
                 **PO Box 182880**  
                 **Columbus, OH 43218-2880**

### Questions? Please Contact Us:

**Phone :**      **1-877-OHIO-SS1 (1-877-644-6771)**  
                 **1-614-338-4781**  
**Fax:**      **1-614-485-1052**  
**Website:**      **Ohiosharedservices.ohio.gov**