Clear Form Print Form

County of Dinwiddie

Office of the Commissioner of the Revenue

P.O. Box 104 Dinwiddie, VA 23841
Phone: (804) 469-4500 Ext 4 • Fax: (804) 469-4548
Email: lstevens@dinwiddieva.us Web: www.dinwiddieva.us

Lori K. Stevens
Commissioner of the Revenue

SUBCONTRACTOR REQUEST FORM

The Office of the Commissioner of the Revenue requests a detailed list of all contractors, subcontractors, and persons issued a Federal Form 1099 used by your company for work performed in Dinwiddie County during the prior calendar year (if applicable). Please complete, sign, date, and return this form to Pamela Wilson (to the address or fax number above). Use additional sheets if necessary.

COMPANY INFORMATION			
Name:		Dinwiddie County Business License Account No.:	
Trading as (if applicable):			
Address:			
Email Address:		Telephone No.:	

☐ NO, the above-referenced company did not contract nor subcontract any work to others nor did it issue any Federal Form 1099s for work performed in Dinwiddie County in the prior calendar year.

-- or --

☐ YES, the above-referenced company contracted or subcontracted or issued Federal Form 1099s to others for work performed in Dinwiddie County in the prior calendar year as follows:

Name:					
Trading As Name (if applicable):					
Address:				Telephone No.:	
Type of Service:					
Job Location:		Year (enter last calendar year):		Amount Paid to Contractor / Subcontractor / 1099 Employee:	$
Name:					
Trading As Name (if applicable):					
Address:				Telephone No.:	
Type of Service:					
Job Location:		Year (enter last calendar year):		Amount Paid to Contractor / Subcontractor / 1099 Employee:	$
Name:					
Trading As Name (if applicable):					
Address:				Telephone No.:	
Type of Service:					
Job Location:		Year (enter last calendar year):		Amount Paid to Contractor / Subcontractor / 1099 Employee:	$

CERTIFICATION

DECLARATION: I declare, under penalty of perjury, that the foregoing information is complete, true, and correct to the best of my knowledge and belief.

_____	_____	_____
Signature	Title	Date