



FAX NUMBER: (310) 794-8513

UCLA Accounts Payable Office,
Attn: Shirley Sams
10920 Wilshire Blvd., 5th Floor
Los Angeles, CA 90024

DUPLICATE 1099MISC - UCLA Tax Request Form

Name: _____ Social Security# _____

Signature: _____

COMPANY VENDORS ONLY:

Company Name: _____ Federal ID# _____

Contact Person: _____

For All Requests please fill in:

Phone # _____ Fax # _____

Email Address For Confirmation Only: _____

Mailing Address: _____

PLEASE SEND THE FORM(S) TO:

- Mail form(s) to address above
- Fax form(s) to fax# above

Instructions:

1. Complete Form.
2. Mail form to above address or FAX to number above to the attention of Shirley Sams.
3. Include a copy of your photo ID with the request form.

*****Forms Requested will be mailed or faxed within 7 business days*****