

LCTCS Centralized Payroll

FORM 1099 REQUEST

TO: LCTCS Centralized Payroll
265 South Foster Drive
Baton Rouge, LA 70806

FROM: _____

(Agency Name)

DATE:

Please issue the following Form 1099 for **Tax Year** _____.

1099 –MISC []	or	1099-INT []
For wages paid on behalf of a deceased employee.		For interest paid pursuant to a back pay awarded under statute.

Payment information:

Payee _____ - _____ **or** _____ - _____
Social Security Number Taxpayer Identification Number of decedent's estate

Check Date: _____ **Gross Amount:** _____

Check Number: _____ **Net Amount:** _____

Interest Amount: _____

Approved by:
_____/_____
(Signature) (Printed Name)

(Title) (Date)

- Attachment(s): Proof of Payment (Copy of check)
 Form W-9 (Completed with payee information for deceased employee only)
 Affidavit (Deceased employee wages paid to surviving spouse or major child)
 Release (Deceased employee wages paid to surviving spouse or major child)