



GHURA

Guam Housing and Urban Renewal Authority
Aturidat Ginima' Yan Rinueban Siudad Guahan
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1099-MISC Tax Request – Reprint Form

1. This form is to be used by Vendors, Landlords and/or their Power of Attorney (POA) only.
2. Current identification is required and must show proof of Power of Attorney (if applicable).
3. Fees for the 1099-MISC Tax Request form will be \$15 per requested year due to Change of Address, EIN/SSN/TIN change, or Replacement. Contact MIS department immediately should reported dollaramounts be incorrect.
4. Exact payment must be made in full, via cash, check, or money order at the time of request, in GHURA's Fiscal office.
5. Reprints will be made available within 1 working day of paid request.
6. Please **PRINT** clearly and accurately.

Date of Request: _____ 1099-MISC Tax Year Requested: _____

Select One ONLY: Landlord [] Vendor [] Power of Attorney []

Last Name: _____ First Name: _____

DBA: _____ EIN/TIN/SSN: _____

New/Change of Address:

Street Address: _____

City/State/ZIP: _____

Statement to be: **(Select One Only)**

1. **Fax** [] Fax # _____ 2. **Email** [] Address _____ 3. **Pickup** []

4. **Mail** [] Street: _____

City/State/Zip: _____

Signature: _____ Contact Number: _____

FISCAL/MIS DIVISIONS ONLY:

Date: _____ Receipt # _____

Amount Paid: _____ Cashier: _____

MIS Rcvd date: _____

MIS Comp date: _____