



# GHURA

Guam Housing and Urban Renewal Authority  
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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 dollar amounts 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. **Mail**  Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

2. **Pickup**

Signature: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### **FISCAL/MIS DIVISIONS ONLY:**

Date: \_\_\_\_\_ Receipt # \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cashier: \_\_\_\_\_

MIS Rcvd date: \_\_\_\_\_

MIS Comp date: \_\_\_\_\_