

Name:

Trading as (if applicable):

## FREDERICK COUNTY, VIRGINIA

Commissioner of the Revenue
P.O. Box 552, Winchester VA 22604-0552
www.fcva.us/biztax

CONTACT: Amber Lucht / amber.lucht@fcva.us Phone: 540-722-8328 Fax: 540-667-6487



## LIST OF SUBCONTRACTORS WORKING IN FREDERICK COUNTY VA FOR

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 Frederick County, VA, that is considered "contracting" by DPOR (plumbing, HVAC, painting, building, electrical, road constructions etc.) during the calendar year listed above (if applicable). This information is required each year with your business license renewal. Please complete, sign, date, and return this form to the Address, email or fax number above. Please do not report businesses that you are only purchasing supplies from.

YOUR BUSINESS INFORMATION

**Frederick County Business** 

**License Account No.:** 

| Ac                               | ddress:                                  |  |                                  |   |                               |  |   |                  |  |  |  |  |
|----------------------------------|--|--|----------------------------------|---|-------------------------------|--|---|------------------|--|--|--|--|
| Email Ad                         | ddress:                                  |  |                                  |   |                               |  | Telephone No.:  |                  |  |  |  |  |
|                                  | any I<br><u>ES</u> , the a               | Federal Form 1<br>or<br>bove-reference                         | 099s<br>ed co                    | for work perform mpany contracted               | ed in Fred<br>or subcon       | erick County in the tracted or issued            | ork to others nor did i<br>he prior calendar year<br>Federal Form 1099s<br>lar year as follows:               |                  |  |  |  |  |
|                                  |  | FORMATION (use   | addit                            | ional sheets if neces                           | sary or attac                 | ch list/1099's with in                           | fo below and job site and   | d dates)         |  |  |  |  |
| Owner Name                       |  |  |                                  |   |                               |  |   |                  |  |  |  |  |
| Business Name: Address:          |  |  |                                  |   |                               |  |   |                  |  |  |  |  |
| Contact Ema                      | il Address                               | <b>3:</b>  |                                  |   |                               |  | Contact Phone No.:  |                  |  |  |  |  |
| Type of Wor                      | k:                                       |  |                                  | Business EIN/SS#                                | :                             |  | VA DPOR License No.:  |                  |  |  |  |  |
| F.C. Job<br>Physical<br>Address: |  |  |                                  | e Job<br>egan:                                  | Date Job<br>Ended:            | A  | Amt Paid to Contractor /<br>Subcontractor / 1099<br>Employee:   | \$               |  |  |  |  |
| SUBCONTRA                        | ACTOR INI                                | FORMATION (use   | addit                            | ional sheets if neces                           | sary or attac                 | ch list/1099's with in                           | fo below and job site and   | d dates)         |  |  |  |  |
| Owner Name<br>Business           | e and/or                                 | ,  |                                  |   | •                             |  | ,   | ,                |  |  |  |  |
| А                                | ddress:                                  |  |                                  |   |                               |  |   |                  |  |  |  |  |
| Contact Ema                      | ail Address                              | »:   |                                  |   |                               |  |   |                  |  |  |  |  |
| Type of Wor                      | k:                                       |  |                                  | Business EIN/SS#                                | :                             |  | VA DPOR License No.:  |                  |  |  |  |  |
| F.C. Job<br>Physical<br>Address: |  |  |                                  | e Job<br>egan:                                  | Date Job<br>Ended:            | A  | Amt Paid to Contractor /<br>Subcontractor / 1099<br>Employee:   | \$               |  |  |  |  |
|                                  |  |  |                                  | CEI   | RTIFICATION                   | ON .   |   |                  |  |  |  |  |
| must be signed liability comp    | ed by a me<br>pany, or co<br>clare, unde | ember, partner, e<br>rporation to sign<br>r penalty of perjury | <b>xecuti</b><br>i.<br>y, (1) tł | ve officer, or other ponat the foregoing inform | erson specification is con    | ically authorized in<br>applete, true, and corre | imited liability company, writing by the trust, partiect to the best of my knowled orized in writing to sign. | nership, limited |  |  |  |  |
| S                                |  | Print Name   |                                  |   | Title or Capacity for Signing |  | Date  |                  |  |  |  |  |

| SUBCONTRACTOR INFORMATION (us  | e addit             | ional sheets if neces  | ssary or attach list/10  | 99's with info below and job site and  | d dates)  |  |  |  |  |  |  |  |
|--|---------------------|--|--|--|-----------|--|--|--|--|--|--|--|
| Owner Name and/or<br>Business Name:  |                     |  |  |  |           |  |  |  |  |  |  |  |
| Address:   |                     |  |  |  |           |  |  |  |  |  |  |  |
| Contact Email Address:   |                     |  |  | Contact Phone No.:   |           |  |  |  |  |  |  |  |
| Type of Work:  |                     | Business EIN/SS#   | <b>#</b> :   | VA DPOR License No.:   |           |  |  |  |  |  |  |  |
| F.C. Job<br>Physical<br>Address:   |                     | e Job<br>egan:   | Date Job<br>Ended:   | Amt Paid to Contractor /<br>Subcontractor / 1099<br>Employee:  | \$        |  |  |  |  |  |  |  |
|  | <u> </u>            |  |  |  |           |  |  |  |  |  |  |  |
| SUBCONTRACTOR INFORMATION (use additional sheets if necessary or attach list/1099's with info below and job site and dates)  Owner Name and/or   |                     |  |  |  |           |  |  |  |  |  |  |  |
| Business Name:   |                     |  |  |  |           |  |  |  |  |  |  |  |
| Address:   |                     |  |  |  |           |  |  |  |  |  |  |  |
| Contact Email Address:   |                     |  |  | Contact Phone No.:   |           |  |  |  |  |  |  |  |
| Type of Work:  |                     | Business EIN/SS#   | <b>#</b> :   | VA DPOR License No.:   |           |  |  |  |  |  |  |  |
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| Business Name:   |                     |  |  |  |           |  |  |  |  |  |  |  |
| Address:   |                     |  |  |  | Τ         |  |  |  |  |  |  |  |
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