



County of Dinwiddie

Office of the Commissioner of the Revenue

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Lori K. Stevens

Commissioner of the Revenue

LIST OF SUBCONTRACTORS WORKING IN DINWIDDIE COUNTY VA

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 Dinwiddie 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 above address, email or fax to the number above.

Your Business Information			
Name:		Dinwiddie Co. Business License Account NO:	
Trading as:		(if applicable)	
Address:			
Email Address:		Telephone No.:	

- NO the above referenced company did not contract nor subcontract any work to others nor did it issue any Federal Form 1099s for work performed in Dinwiddie County in the prior calendar year.
- YES the above referenced company contracted or subcontracted or issued Federal Form 1099s to others for work performed in Dinwiddie County in the prior calendar year as follows:

SUBCONTRACTOR INFORMATION (use additional sheets if necessary or attach list/1099's with information below, job sites and dates)			
Owner Name and/or Business Name:		Telephone:	
Email Address:		Business EIN or Social Security:	
Address:		VA DPOR License No:	
Work Description:		Date Job Began:	
Job Physical Address:		Date Job Ended:	
Amount Paid to Contractor/Subcontractor/1099 Employee:		\$	

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Amount Paid to Contractor/Subcontractor/1099 Employee:		\$	

CERTIFICATION

The owner must sign and date this form. If the business is an entity such as a trust, partnership, limited liability company or corporation, it must be signed by a member, partner, executive officer or other person specifically authorized in writing by the trust, partnership, limited liability company or corporation to sign.

I declare, under penalty of perjury, (1) that the forgoing information is complete, true and correct to the best of my knowledge and belief and (2) that I am the owner or a member, partner, executive officer or other person specifically authorized in writing to sign.

Signature _____ Print Name _____ Title or Capacity for Signing _____ Date _____

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