

Supplier/Vendor Set Up Request

Supplier/Vendor Contact Information

Business Purpose:	
○ Reimbursement ○ Service	
<u>Individual</u>	
Contact Name:	
Phone Number:	Email:
Business	
Company Name:	
Company Contacts Job Title:	
Contact First Name:	Contact Last Name:
Contact Phone:	Contact Email:
Department Only	
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○ 1099N - Class 01 Non-Employee Compensation payments. (Servi	ces)
○ 1099M - Class 01 Associated with Rent and Lease payments. Ex:	Building rent, Leasing of office equipment, Motel and conference rooms, Land rent.
○ 1099M - Class 02 Associated with Royalties. Minimum reporting i	s \$10.00. Ex. Literary rights, Copyrights, Publishing, Licensing fees, Custom software license.
○ 1099M - Class 03 Associated with Other Income. Ex: Awards, prize	es, Study Participants, Federal, state, or local taxable grants, Stipend
· · · · · · · · · · · · · · · · · · ·	MRIs, lab tests, physicals, Doctors, drug screenings, massage therapy, occupational/physical therapy, es, Payments for renting hospital equipment (hospital beds, shower chairs).
C 1099M - Class 14 Associated with Attorney payments.	

- If attorney/law firm performed services for someone else/third party, these are reportable payments in 1099M Class 14.
- If attorney/law firm performed services for your organization, these are reportable payments in 1099N Class 01.