1099 SECURITY ACCESS FORM

Agency Number:	Agency Name:
Box 1 - 1099 ADMINI	STRATOR
	nated as 1099 Administrator for 'AFRS with TIN' Universe for agency 1099-NEC & 1099-MISC ed to approve 1099 User's access to the 'AFRS with TIN' Universe for this agency.
☐ Add ☐ Delete	
Name:	
Phone # w/area code:	
Email:	
Signature:	Date:
APPROVAL OF AGENCY	DIRECTOR OR DESIGNEE
Signature:	Date:
Printed Name:	Phone # w/area code:
Title:	Mail Stop:
Email: Please specify <u>all</u> the agency By signing this reques	Logon ID: / code(s) you need secure access (in the spaces below): st form, I am acknowledging that I have read SAAM 50.10.65 1099 Download and have signed the 1099 Download Non-disclosure Agreement.
Signaturo:	Date:
Signature: APPROVAL OF 1099 ADI	
By signing this request Agreement from the I	st form, I am acknowledging that I have received a signed 1099 Download Non-disclosure Requestor.
Signature:	Date:
Printed Name:	Phone # w/area code:
Title:	Mail Stop:
Send a copy of the electronica	ally signed form to: OFM Help Desk at <u>HeretoHelp@ofm.wa.gov</u>
Electronically signed can be	e: An electronic signature, or a typed name in the signature line.
OFM USE ONLY	
System security changes made	e by: Date:
- J 2222y onangoo maa	J Duto:

OFM financial systems do not collect personal information from system users. The systems' files/products may contain personal information about citizens. The safeguarding/disposition of AFRS files/products must comply with executive order 00-03, 4/15/00; RCW 42.17.310; and the federal privacy act of 1974.