

CHILD CARE PROVIDER 1099 REPLACEMENT/INFORMATION

- CHILD CARE PROVIDER/BUSINESS NAME:

- NAME OF CALLER:

(IF DIFFERENT FROM BUSINESS NAME)

- TELEPHONE NUMBER OF CALLER: _____

- CHILD CARE PROVIDER DVN: _____
(NINE DIGITS BEGINNING WITH ZERO)

- SSN OR TAX ID: _____
(NINE DIGIT SOCIAL SECURITY NUMBER – SSN OR FEDERAL EMPLOYER IDENTIFICATION NUMBER - FEIN).

CHILD CARE PROVIDER'S MAILING ADDRESS AS OF DECEMBER 31, 2011 – NEW ADDRESS:

STREET: _____

CITY/STATE/ZIP: _____

- CHILD CARE PROVIDER'S PRIOR MAILING ADDRESS IF CHANGED WITHIN THE 2011 TAX YEAR – OLD ADDRESS:

STREET: _____

CITY/STATE/ZIP: _____

FORM COMPLETED BY: _____ DATE: _____

FORM EMAILED TO cd.askccpru@dss.mo.gov DATE: _____

FOR EARLY CHILDHOOD AND PREVENTION SERVICES SECTION USE ONLY:

REPLACEMENT 1099 MAILED TO: _____ DATE: _____

REFERRED TO PROGRAM SUPERVISOR ON: _____

COMMENTS:

