



Commissioner of the Revenue CITY OF NEWPORT NEWS

SUBCONTRACTOR REQUEST FORM

BUSINESS NAME: _____ **ACCOUNT NUMBER:** _____

As provided by the Code of the City of Newport News §23-22, the Office of the Commissioner of the Revenue requires a detailed listing of all subcontractors and persons issued Federal Form 1099 used by your company for jobs performed in the City of Newport News during the **previous calendar year**. Complete the information requested below and return this form, as well as any necessary attachments, along with your Application for Business License renewal.

_____ **NO**, I did not subcontract work to others and did not issue any Federal Form 1099 for work done in **Newport News** in the **previous calendar year**. If you have already indicated this on the center of the current year's Application for Business License, you will not be required to return this form.

_____ **YES**, I did subcontract **Newport News** work to others and / or did issue the Federal Form 1099 to the following in the **previous calendar year**:

List Newport News Contracts Only

NAME _____ Trading As _____

Federal Identification or Social Security Number _____

Address _____

Telephone (_____) _____ Type of Contractor _____

Newport News Job Location(s) _____

Amount paid to the subcontractor in (Enter last calendar year) Year: _____ Amount Paid \$ _____

NAME _____ Trading As _____

Federal Identification or Social Security Number _____

Address _____

Telephone (_____) _____ Type of Contractor _____

Newport News Job Location(s) _____

Amount paid to the subcontractor in (Enter last calendar year) Year: _____ Amount Paid \$ _____

NAME _____ Trading As _____

Federal Identification or Social Security Number _____

Address _____

Telephone (_____) _____ Type of Contractor _____

Newport News Job Location(s) _____

Amount paid to the subcontractor in (Enter last calendar year) Year: _____ Amount Paid \$ _____

PLEASE MAKE ADDITIONAL COPIES AS NEEDED

Company documents submitted in lieu of this form **must** contain the information requested on this form.