TO: Office of State Uniform Payroll

 1201 North Third Street, Suite 3-210

 Baton Rouge, LA 70802

FROM:

 Agency Name

 Personnel Area Number

DATE:

Please issue the following Form 1099 for **Tax Year** :

**1099-MISC [ ] or 1099-INT [ ]**

For wages paid on behalf of a deceased employee For interest paid pursuant to a back pay award.

 or attorney fees

Employee Information:

 \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_

 **Employee Name Social Security Number Personnel Number**

Payment Information:

**Payee** \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ OR \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Social Security Number Taxpayer Identification Number**

 **of decedent's estate**

**Check Date:**  **Gross Amt:**

**Check Number:**  **Net Amt/Check Amt:**

 **Interest Amt:**

 Approved by:

 /

 Signature Printed Name

 Title

 Date

Attachment(s): Proof of Payment, copy of check

 Form W-9, completed with payee information (Deceased employee only)

 Affidavit (Deceased employee wages paid to surviving spouse or major child only)

 Release Document (Deceased payments only)