

**FREDERICK COUNTY, VIRGINIA**

Commissioner of the Revenue
P.O. Box 552, Winchester VA 22604-0552

www.fcva.us/biztax

CONTACT: Gracey Snyder / gracey.snyder@fcva.us
Phone: 540-722-8332 Fax: 540-667-6487



INDICATE YEAR

LIST OF SUBCONTRACTORS WORKING IN FREDERICK COUNTY VA FOR

The Commissioner of the Revenue requests a detailed list of all contractors, subcontractors, and persons issued a Federal Form 1099 used by your company for work performed in Frederick County, VA, that is considered "contracting" by DPOR (plumbing, HVAC, painting, building, electrical, road constructions etc.) during the calendar year listed above (if applicable). This information is required each year with your business license renewal. Please complete, sign, date, and return this form to the Address, email or fax number above. Please do not report businesses that you are only purchasing supplies from.

YOUR BUSINESS INFORMATION			
Name:			Frederick County Business License Account No.:
Trading as (if applicable):			
Address:			
Email Address:			Telephone No.:

☐ NO, the above-referenced company did not contract nor subcontract any work to others nor did it issue any Federal Form 1099s for work performed in Frederick County in the prior calendar year.

-- or --

☐ YES, the above-referenced company contracted or subcontracted or issued Federal Form 1099s to others for work performed in Frederick County in the prior calendar year as follows:

SUBCONTRACTOR INFORMATION (use additional sheets if necessary or attach list/1099's with info below and job site and dates)							
Owner Name and/or Business Name:							
Address:							
Contact Email Address:						Contact Phone No.:	
Type of Work:		Business EIN/SS#:				VA DPOR License No.:	
F.C. Job Physical Address:		Date Job Began:		Date Job Ended:		Amt Paid to Contractor / Subcontractor / 1099 Employee:	\$
SUBCONTRACTOR INFORMATION (use additional sheets if necessary or attach list/1099's with info below and job site and dates)							
Owner Name and/or Business Name:							
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Contact Email Address:						Contact Phone No.:	
Type of Work:		Business EIN/SS#:				VA DPOR License No.:	
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CERTIFICATION							
<p>The owner must sign and date this form. If the business is an entity such as a trust, partnership, limited liability company, or corporation, it must be signed by a member, partner, executive officer, or other person specifically authorized in writing by the trust, partnership, limited liability company, or corporation to sign.</p> <p>I declare, under penalty of perjury, (1) that the foregoing information is complete, true, and correct to the best of my knowledge and belief, and (2) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.</p>							
Signature		Print Name		Title or Capacity for Signing		Date	

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