

Optional Form – 1099 Printing Authorization

District No. _____ District Name _____

District Address _____

District EIN # _____ Total Forms _____

Total Dollar Amount (all boxes) _____

Authorized Signer's Name _____

Authorized Signer's Title _____

Authorized Signer's Signature _____

Date _____

Return to TDSB via AccessPoint service request no later than 1/18