

**DEFENSE FINANCE AND ACCOUNTING SERVICE
1099-MISC TAX REPORTING PROGRAM
SYSTEM ACCESS FORM**

FOR OFFICIAL USE ONLY.

A System Access Form is required from **each** checkwriter, and their Agency Program Coordinator, or access will not be granted. This document contains information exempt from mandatory disclosure under the Freedom of Information Act (FOIA). FOIA exemption 6 applies, and there is no discretion in the release of this information.

SECTION I

1. POSITION (<i>X one</i>)			
<input type="checkbox"/> AGENCY PROGRAM COORDINATOR (APC)	<input type="checkbox"/> ALTERNATE APC	<input type="checkbox"/> APPROVING OFFICIAL (AO)	<input type="checkbox"/> ALTERNATE AO
<input type="checkbox"/> CONVENIENCE CHECK ACCOUNT HOLDER			
2. LAST NAME		3. FIRST NAME	
		4. MIDDLE INITIAL	
5. OFFICE MAILING ADDRESS		6. CITY	7. STATE
		8. ZIP CODE	
9. TELEPHONE NUMBERS (<i>Include area code</i>)		10. FAX NUMBERS (<i>Include area code</i>)	
a. COMMERCIAL	b. DSN	a. COMMERCIAL	b. DSN
11. E-MAIL ADDRESS (<i>Print legibly</i>)			
12. NAME OF YOUR AGENCY (<i>Spell out. Example: Corps of Engineers, Defense Finance and Accounting Service</i>)			
13. MILITARY SERVICE SUPPORTED (<i>Example: Army, Navy, Air Force, Marine Corps, Coast Guard</i>)		14. LOCATION (<i>Example: Ft Knox, Offutt AFB, Huntington District Office, Columbus Center, etc.</i>)	
15. NAME OF YOUR APC (<i>Mandatory. This is the manager of the program at your location and who authorized you to write checks, not necessarily your supervisor and not your approving official.</i>)			

SECTION II - CONVENIENCE CHECK ACCOUNT HOLDER

Show the account number from the bottom of your check. **DO NOT** use the account number from your bank statement.

16. ACCOUNT NUMBER(S)	

SECTION III - APC/ALTERNATE APC/AO/ALTERNATE AO

Show the name of each convenience check account holder for whom you are responsible and their checking account number shown at the bottom of their check. **DO NOT SHOW YOUR BANK ACCOUNT NUMBER.** If you are also a checkwriter, show your information in Section II. Attach a separate sheet if more room is needed.

17. ACCOUNT NUMBER	18. CONVENIENCE CHECK ACCOUNT HOLDER NAME

SECTION IV - COMPLETED BY DFAS TAX OFFICE ONLY

19. USER ID ASSIGNED	
20. DFAS TAX OFFICE APPROVING SIGNATURE	21. DATE SIGNED