



RAP 1099 REQUEST

DATE:

Name:	Enrollment No:
Address:	
City / State / Zip	
Telephone No:	Email

Year Requesting 1099

<input type="checkbox"/> 2009	<input type="checkbox"/> 2013	<input type="checkbox"/> 2017
<input type="checkbox"/> 2010	<input type="checkbox"/> 2014	<input type="checkbox"/> 2018
<input type="checkbox"/> 2011	<input type="checkbox"/> 2015	<input type="checkbox"/> 2019
<input type="checkbox"/> 2012	<input type="checkbox"/> 2016	<input type="checkbox"/> Other

Delivery Type

- Pick-up at YN Agency Mail-out to Address Email