



WARREN COUNTY, VIRGINIA

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INDICATE YEAR

LIST OF SUBCONTRACTORS WORKING IN WARREN COUNTY, VA FOR

INDICATE YEAR

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 Warren 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.

Section A: Business Information

Warren County Business License Account Number _____	FED/SS# _____
Name _____	Business/Trade Name _____
Mailing Address (street, city, state, zip) _____	
Phone # () _____ - _____	Email _____ @ _____

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

Section B: Subcontractor Information (use additional sheets if necessary or attach list with same information below, job site, and dates)

Owner Name and/or Business _____		
Type of Work _____	FED#/SS# _____	Amount Paid to Contractor/1099 Employee \$ _____
Mailing Address (street, city, state, zip) _____		
Job Site Address (street, city, state, zip) _____		
Contact Phone # () _____ - _____	Contact Email _____	@ _____
Is Contractor an Out-Of-Jurisdiction Contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Print name contractor license is under if not same as above _____		
DPOR/VA State Contractor # A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	Expiration Date ____/____/____	
Job Began ____/____/____	Job Ended ____/____/____	Is Contractor an Out-Of-Jurisdiction Contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION C: Certification

Note: 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. It is a misdemeanor for any person to willfully subscribe a return which is not believed to be true and correct as to every material matter.(Code VA Sec. 58.1-11)

I, the undersigned, do swear or affirm under penalty of perjury (1) that the figures and statements herein are true, complete, and correct to the best of my knowledge and belief, (2) that I understand the limits of this Business License, and (3) that I am the owner or a member, partner, executive officer, or other person specifically authorized in writing to sign.

Printed Name

Signature

Title (Owner, President, etc.)

Date

ADDITIONAL SHEET FOR SUBCONTRACTOR/1099 EMPLOYEE INFORMATION

Owner Name and/or Business _____

Type of Work _____ FED#/SS# _____ Amount Paid to Contractor/1099 Employee \$ _____.

Mailing Address (street, city, state, zip) _____

Job Site Address (street, city, state, zip) _____

Contact Phone # () _____ - _____ Contact Email _____@_____

Is Contractor an Out-Of-Jurisdiction Contractor? Yes No

Print name contractor license is under if not same as above _____

DPOR/VA State Contractor # A B C _____ Expiration Date ____/____/____

Job Began ____/____/____ Job Ended ____/____/____ Is Contractor an Out-Of-Jurisdiction Contractor? Yes No

Owner Name and/or Business _____

Type of Work _____ FED#/SS# _____ Amount Paid to Contractor/1099 Employee \$ _____.

Mailing Address (street, city, state, zip) _____

Job Site Address (street, city, state, zip) _____

Contact Phone # () _____ - _____ Contact Email _____@_____

Is Contractor an Out-Of-Jurisdiction Contractor? Yes No

Print name contractor license is under if not same as above _____

DPOR/VA State Contractor # A B C _____ Expiration Date ____/____/____

Job Began ____/____/____ Job Ended ____/____/____ Is Contractor an Out-Of-Jurisdiction Contractor? Yes No

Owner Name and/or Business _____

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Mailing Address (street, city, state, zip) _____

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Contact Phone # () _____ - _____ Contact Email _____@_____

Is Contractor an Out-Of-Jurisdiction Contractor? Yes No

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