

**DEFENSE FINANCE AND ACCOUNTING SERVICE  
1099 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** (*X one*)

AGENCY PROGRAM COORDINATOR (APC)     
  ALTERNATE APC     
  APPROVING OFFICIAL (AO)     
  ALTERNATE AO  
 CONVENIENCE CHECK ACCOUNT HOLDER

**2. LAST NAME**      **3. FIRST NAME**      **4. MIDDLE INITIAL**

**5. AGENCY NAME AND MAILING ADDRESS**      **6. CITY**      **7. STATE**      **8. ZIP CODE**

**9. TELEPHONE NUMBERS** (*Include area code*)      **10. FAX NUMBERS** (*Include area code*)

a. COMMERCIAL      b. DSN      a. COMMERCIAL      b. DSN

**11. E-MAIL ADDRESS** (*Print legibly*)

**12. IF YOU ARE REPLACING A CHECKWRITER, APC, OR AN AO, WHO ARE YOU REPLACING?**

**13. CHECKWRITERS - LIST YOUR CONVENIENCE CHECK ACCOUNT NUMBER. APCs AND AOs - LIST YOUR CHECKWRITERS AND THEIR CONVENIENCE CHECK ACCOUNT NUMBERS.** (*The check account number is found at the bottom of the convenience checks.*)

a. CHECKWRITER NAME      b. CHECKWRITER'S ACCOUNT NUMBER

a. CHECKWRITER NAME	b. CHECKWRITER'S ACCOUNT NUMBER

**SECTION II**

**14. NAME OF THE AGENCY'S APC** (*The APC oversees the agency's credit card program and the convenience check program. It is not necessarily the checkwriter's supervisor and is not the approving official.*)

**15. APC'S SIGNATURE**      **16. DATE SIGNED** (YYYYMMDD)

**17. APC'S TELEPHONE NUMBER**      **18. APC'S EMAIL ADDRESS**

**19. COMMENTS:**

**SECTION III - COMPLETED BY DFAS TAX OFFICE ONLY**

**20. USER ID ASSIGNED**

**21. DFAS TAX OFFICE APPROVING SIGNATURE**      **22. DATE SIGNED** (YYYYMMDD)

## INSTRUCTIONS

### SECTION I (To be completed by applicant).

**1. Position.** Enter the position the applicant holds, i.e., Agency Program Coordinator (APC), Approving Official (AO), or Convenience Checkwriter (Account Holder).

**2. Last Name.** Enter the last name of the applicant.

**3. First Name.** Enter the first name of the applicant.

**4. Middle Initial.** Enter the middle initial of the applicant.

**5. Agency Name and Mailing Address.** Enter the applicant's agency name and mailing address.

**6. City.** Enter the city where the applicant's office is located.

**7. State.** Enter the state where the applicant's office is located.

**8. ZIP Code.** Enter the ZIP code where the applicant's office is located.

**9. Telephone Numbers.**

a. Commercial. Enter the applicant's commercial office telephone number, including area code.

b. DSN. Enter the Defense Switched Network (DSN) telephone number of the applicant. If the DSN is unavailable, enter N/A.

**10. Fax Numbers.**

a. Commercial. Enter the applicant's commercial office fax number, including area code.

b. DSN. Enter the Defense Switched Network (DSN) fax number of the applicant. If the DSN is unavailable, enter N/A.

**11. Email Address.** Enter the applicant's official email address.

**12. Are you replacing a checkwriter, APC, or APO?** If Yes, the applicant needs to enter the name of the person they are replacing. If No, continue to Item 13.

**13. Checkwriters and Convenience Check Account Numbers.** Checkwriters: Enter your convenience check account number as it appears on the bottom of your government convenience check. APCs and AOs: Enter the names of the checkwriters for whom you are responsible and their corresponding checking account numbers. If additional room is needed, attach a separate sheet.

### SECTION II (To be completed by APC).

**14. Name of the Agency's APC.** The APC oversees the agency's credit card program and the convenience check program. APCs are not Approving Officials (AOs).

**15. APC's Signature.** The APC signs in this block. Checkwriters must have their APC sign the form.

**16. Date Signed.** APC enters the date they sign the form.

**17. APC's Telephone Number.** Enter the APC's telephone number.

**18. APC's Email Address.** Enter the APC's email address.

**19. Comments.** Enter any comments you may have.

### SECTION III (Completed by DFAS Tax Office only).

**20. User ID Assigned.** DFAS Tax Office annotates applicant's user identification.

**21. DFAS Tax Office Approving Signature.** DFAS Tax Office representative signs when applicant's access is approved.

**22. Date Signed.** DFAS Tax Office representative dates after signing the form.