

ACCUPAY® A99

Accountant's
Name and Phone:

2017

X IF REPROCESS

1099 PAYER/FILER INFORMATION

Account # <input style="width:100%;" type="text"/>	Payer # <input style="width:100%;" type="text"/>	FORM TYPE CODE <input style="width:100%;" type="text"/>	I = INTEREST D = DIVIDENDS M = MISCELLANEOUS R = RETIREMENT DISTRIBUTION H = 1098 MORTGAGE INTEREST S = REAL ESTATE TRANSACTION	FEDERAL IDENTIFICATION NUMBER (DO NOT INCLUDE DASHES) <input style="width:100%;" type="text"/>	I.D. TYPE CODE <input style="width:100%;" type="text"/> 1 = EIN 2 = SSN	STATE CODE <input style="width:100%;" type="text"/> BLANK OR 01 = CALIFORNIA 98 = FOREIGN ENTITY 99 = OTHER STATES	CALIFORNIA ACCT. NUMBER FORM 1099R AND 1099 MISC <input style="width:100%;" type="text"/>
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PAYEE NAMES MUST BE REPORTED CONSISTENTLY <input style="width:100%;" type="checkbox"/> F = ALL First name first L = ALL Last name first	FINAL RETURN <input style="width:100%;" type="checkbox"/> X = FINAL	MAIL PAYEE COPIES <input style="width:100%;" type="checkbox"/> X = AccuPay to mail payee copies.	REPRO ONLY <input style="width:100%;" type="checkbox"/> S = Suppress print. Elec. file will be updated.	CONFIDENTIAL HANDLING <input style="width:100%;" type="checkbox"/> Confidential Options E = Confid E-File Rpts C = Confid Pkg & Rpts (No PrintBack)	RED 1099MISC <input style="width:100%;" type="checkbox"/> R = Print RED forms in lieu of electronic	PAYEE LABELS <input style="width:100%;" type="checkbox"/> X = Print sheet of labels	PRINT-BACK <input style="width:100%;" type="checkbox"/> S = Std	MASK SSN <input style="width:100%;" type="checkbox"/> M = Mask SSN	SHIP METHOD OVERRIDE (8 char.) <input style="width:100%;" type="text"/> Use this field only if this return is to be shipped via special method. See instructions	PAYER CONTACT INFORMATION Area Code and Phone number <input style="width:100%;" type="text"/> Extension <input style="width:100%;" type="text"/> Email <input style="width:100%;" type="text"/>
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2 PAYER NAME (28 CHARACTERS)

TRADE NAME (40 CHARACTERS)

3 ADDRESS

NUMBER & STREET (30 CHARACTERS) <input style="width:100%;" type="text"/>	CITY (20 CHARACTERS) <input style="width:100%;" type="text"/>	STATE <input style="width:100%;" type="text"/>	ZIP CODE <input style="width:100%;" type="text"/>	Ext. ZIP <input style="width:100%;" type="text"/>
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CALIFORNIA DE-542 CONTRACTOR REPORTING - 1099MISC ONLY

5 No. of BLANK forms wanted: Print DE542 for ALL payees with non-employee compensation (or SELECT individual contractors on Data Sheet M99, column 109). A = List All Print option: C = Continuous (up to 3 payees/form)

REPROCESSES ONLY - Selected Print Option

If you want 1099s printed only for selected payees, enter Payee Numbers of the applicable payees. Electronic file updated for ALL payees

14	18	22	26	30	34	38	42	46	50
54	58	62	66	70	74	78	82	86	90

Please complete the following if you FAX this return:

Contact: _____ Phone: _____ Number of pages in this return: _____

94	95	96	97
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APY USE