

# 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"/>	STATE CODE <input style="width:100%;" type="text"/>	CALIFORNIA ACCT. NUMBER FORM 1099R AND 1099 MISC <input style="width:100%;" type="text"/>
		APY USE <input style="width:100%;" type="text"/>		1 = EIN 2 = SSN	BLANK OR	01 = CALIFORNIA 98 = FOREIGN ENTITY 99 = OTHER STATES	

PAYEE NAMES MUST BE REPORTED CONSISTENTLY <input style="width:100%;" type="text"/>	FINAL RETURN <input style="width:100%;" type="text"/>	MAIL PAYEE COPIES <input style="width:100%;" type="text"/>	REPRO ONLY <input style="width:100%;" type="text"/>	CONFIDENTIAL HANDLING <input style="width:100%;" type="text"/>	RED 1099MISC <input style="width:100%;" type="text"/>	PAYEE LABELS <input style="width:100%;" type="text"/>	PRINT-BACK <input style="width:100%;" type="text"/>	MASK SSN <input style="width:100%;" type="text"/>	SHIP METHOD OVERRIDE (8 char.) <input style="width:100%;" type="text"/>	PAYER CONTACT INFORMATION Area Code and Phone number <input style="width:100%;" type="text"/>		Extension <input style="width:100%;" type="text"/>
F = ALL First name first L = ALL Last name first	X = FINAL	X = AccuPay to mail payee copies.	S = Suppress print. Elec. file will be updated.	Confidential Options E = Confid E-File Rpts C = Confid Pkg & Rpts (No PrintBack)	R = Print RED forms in lieu of electronic	X = Print sheet of labels	S = Std	M = Mask SSN	Use this field only if this return is to be shipped via special method. See instructions	Email <input style="width:100%;" type="text"/>		

<b>2</b>	PAYER NAME (28 CHARACTERS)	<input style="width:100%;" type="text"/>									
	TRADE NAME (40 CHARACTERS)	<input style="width:100%;" type="text"/>									
<b>3</b>	ADDRESS	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
		NUMBER & STREET (30 CHARACTERS)	CITY (20 CHARACTERS)	STATE	ZIP CODE	Ext. ZIP					

**CALIFORNIA DE-542 CONTRACTOR REPORTING - 1099MISC ONLY**

<b>5</b>	No. of BLANK forms wanted: <input style="width:100%;" type="text"/>	Print DE542 for ALL payees with non-employee compensation (or SELECT individual contractors on Data Sheet M99, column 109).	A = List All <input style="width:100%;" type="text"/>	Print option: C = Continuous (up to 3 payees/form) <input style="width:100%;" type="text"/>
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**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**

<b>4</b>	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: _____	APY USE	94	95	96	97
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Payer Name \_\_\_\_\_

**2017 1099-MISC  
PAYEE INFORMATION M99**

"F" = Foreign Address

Payee No.	14 #	Taxpayer Identification No.	Payee Name (35 chars.)	Number and Street (30 characters)	City (20 characters)	St	Zip	Ext Zip	▼
A									
B									
C									
D									
E									
F									
G									
H									

ENTER THE PAYEE NUMBER IN BOTH THE TOP AND BOTTOM SECTIONS.

# Col 14 (above) - enter code: 1=Employer ID No. 2=Soc. Sec. No.

Col 105 (below) - Enter 'X' if \$5000 or more direct sales. See Manual

Calif. Rtn: 'X' = Do NOT report payee to California Non-Calif. Rtn: 'C' = Report payee to California  
 Col. 108: "N" rec'd 2nd TIN notice  
 Col. 109: "L" = list on DE542  
 Col. 110: "X" = FATCA filing req.

Payee No.	Nonemployee Compensation	Rents	Med. & Health Care Payments	Royalties	Other Amount #1	Amount #1 Code	Other Amount #2	Amount #2 Code	105	107	108	109	110
A													
B													
C													
D													
E													
F													
G													
H													

Codes for Other Amount 1 and Other Amount 2

- 1= Other income
- 2= Backup Federal Income tax withholding
- 3= Substitute payments in lieu of dividends or interest.
- 4= Crop insurance proceeds.
- 5= Fishing boat proceeds.
- 6= Excess golden parachute payments
- 7= Gross proceeds paid to attorney for legal services
- 8= CA PIT w/h. Enter state I.D. on D/S A99
- 9= Sec 409A deferrals
- 10= Sec 409A income

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Payer Name \_\_\_\_\_

**2017 1099-DIV PAYEE INFORMATION D99**

"F" = Foreign Address

	Payee No.	<sup>14</sup> #	Taxpayer Identification No.	Payee Name (35 chars.)	Number and Street (30 characters)	City (20 characters)	St	Zip	Ext Zip	▼
A										
B										
C										
D										
E										
F										
G										
H										

ENTER THE PAYEE NUMBER IN BOTH THE TOP AND BOTTOM SECTIONS.

# Col. 14 (above) enter code: 1=Employer ID No. 2=Social Security No.

Col 104 (below) - If foreign taxes paid, enter foreign country code. See Manual

Calif. Rtn: "X" = Do NOT report payee to California Non-Calif. Rtn: "C" = Report payee to California

Col. 108: "N" = rec'd 2nd TIN notice Col. 109: "X" = FATCA filing requirement

	Payee No.	Total Ordinary Dividends	Qualified Div. Portion	Total Capital Gains	Nondividend Distributions	Other Amount #1	Amt Cd #1	Other Amount #2	Amt Cd #2	104	107	108	109
A													
B													
C													
D													
E													
F													
G													
H													

Codes for Other Amount 1 and Other Amount 2

- 1= Federal backup withholding.
- 2= Collectibles (28%) gain included in TOTAL CAPITAL GAINS
- 3= Section 1202 gains included in TOTAL CAPITAL GAINS
- 4= Unrecaptured Section 1250 gains included in TOTAL CAPITAL GAINS
- 5= Investment expenses included TOTAL ORDINARY DIVIDENDS
- 6= Liquidation distributions - CASH.
- 7= Liquidation distributions - NON-CASH.
- 8= Foreign Tax paid. Enter country code in column 104.

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Payer Name \_\_\_\_\_

**2017 1099-INT  
PAYEE INFORMATION 199**

"F" = Foreign Address

	Payee No.	14 #	Taxpayer Identification No	Payee Name (35 chars.)	Number and Street (30 characters)	City (20 characters)	St	Zip	Ext Zip	▼
A										
B										
C										
D										
E										
F										
G										
H										

▲ **ENTER THE PAYEE NUMBER IN BOTH THE TOP AND BOTTOM SECTIONS.** # Col 14 (above)-enter code 1=Employer ID No. 2=Soc. Sec. No.
 
 Calif. Rtn: "X" = Do NOT report payee to California Non-Calif. Rtn: "O" = Report payee to California "N" rec'd 2nd TIN notice

	Payee No.	Interest Income	U.S. Savings Bonds	Federal Withholding	Early Withdrawal	Investment Expenses *	Tax-exempt Interest **	Private Activity Bond Interest #	Foreign Taxes Amount Paid	Code	Market Discount	Bond Premium	▼	▼
A													107	108
B														
C														
D														
E														
F														
G														
H														

\* Do not reduce Interest Income by Investment Expenses  
 \*\* Do not include in Interest Income  
 # Priv. Act. Bond interest included in Tax-exempt Interest

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Payer Name \_\_\_\_\_

2017 1098  
BORROWER INFO 1098

"F" = Foreign Address

	Payee No.	<sup>14</sup> #	Taxpayer Identification No.	Borrower Name (35 chars.)	Number and Street (30 characters)	City (20 characters)	St	Zip	Ext Zip	▼
A										
B										
C										
D										
E										
F										
G										
H										

▲ ENTER THE PAYEE NUMBER IN BOTH THE TOP AND BOTTOM SECTIONS.

# Col. 14 (above) - enter code: 1=Employer ID Number  
2=Social Security Number

Is property address the same as BORROWER address above? "X" = Yes

	Payee No.	Interest Received	Outstanding Principal @ 1/1/17	Origination Date: Format YYYYMMDD	Overpaid Interest Refunded	Mtg. Insurance Premiums	Principal Residence Points	No. of Mtg. Properties	7	If Box #7 is "No", list Address or Legal Description	107
A											
B											
C											
D											
E											
F											
G											
H											

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Payer Name \_\_\_\_\_

**2017 1099-R PAYEE INFORMATION R99**

"F" = Foreign Address

Payee No.	13 #	Taxpayer Identification No.	Payee Name (35 chars.)	Number and Street (30 characters)	City (20 characters)	St	Zip	Ext Zip	F
A									
B									
C									
D									
E									

ENTER THE PAYEE NUMBER IN BOTH THE TOP AND BOTTOM SECTIONS. # Col 13 (above)-enter code: 1=Employer ID Number 2=Social Security Number

If a total distribution made to more than one person, enter this payee's percentage rounded to two places (66.7% = 67, 33.3% = 33)

Calif. Rtn: "X" = Do NOT report payee to California Non-Calif. Rtn: "C" = Report payee to California

Payee No.	See Instructions Below					Gross Distribution	Taxable Amount	Federal Withholding	State Withholding	Other Amount #1	Code #1		Other Amount #2		Code #2		98	99	100
	14	15	16	17	18														
A																			
B																			
C																			
D																			
E																			

- Column codes for Other Amounts 1 and 2 See 1099R instructions
- 1= 1099R box 3- Cap Gain portion of taxable amount
  - 2= 1099R box 9b- Employee's total investment in life annuity.
  - 3= 1099R box 6- Net unrealized appreciation in employer securities.
  - 4= 1099R box 5- Employee contributions/ designated Roth contributions or insurance premiums
  - 5= 1099R box 8- Current actuarial value.
  - 7= 1099R box 11- 1st year of designated Roth contribution. Enter as yyyy.
  - 8= 1099R box 10- Amt allocable to IRR within 5 years.

Column 14: REQUIRED ENTRY. For your convenience, the codes listed BELOW correspond to the same codes listed in the IRS Instructions for Form 1099R. See IRS 1099R instructions for more details on the correct code.

Column 15: Enter "T" if this is a TOTAL distribution.

Column 16: Enter "X" if the taxable amount is NOT known. Taxable amount column must be left blank.

Column 17: Enter "X" for traditional IRA/SEP/SIMPLE distribution or "R" for ROTH CONVERSION.

Column 18: Column 18 should be completed only if more than one distribution code is required. See IRS 1099 R Instructions for valid code combinations.

Column 14 and 18 Codes

- |  |   |  |
|--|---|--|
| 1 Early (premature) distribution, no known exceptions                  | A May be eligible for 10 yr tax option  | L Loans treated as distribution                                |
| 2 Early distribution, exception other than death or disability applies | B Designated Roth account distribution  | N 2017 IRA contribution recharacterized in 2017                |
| 3 Disability   | D Annuity pmts from nonqual. annuities that may be subject to tax (sec. 1411)     | P Excess contributions plus earnings/deferrals taxable in 2016 |
| 4 Death (includes payments to beneficiary)                             | E Distribution under EPCRS.   | Q Roth IRA qualified distribution                              |
| 5 Prohibited transaction   | F Charitable gift annuity   | R 2016 IRA contribution recharacterized in 2017                |
| 6 Section 1035 exchange  | G Direct rollover (other than a Roth) to a qualified plan, 403(b), 457(b), or IRA | S Early distribution from SIMPLE IRA, no known exception       |
| 7 NORMAL DISTRIBUTION  | H Direct rollover of a designated Roth account to a Roth IRA                      | T Roth IRA distribution, exception applies                     |
| 8 Excess contri. + earnings/excess deferrals taxable in 2017           | J Early Roth IRA distribution, no known exception                                 | U Dividend distribution from ESOP under sec. 404(k)            |
| 9 Cost of current life insurance protection                            | K Distribution of IRA assets not having a readily available FMV                   | W Purchase L-T Care ins. contract                              |

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Payer Name \_\_\_\_\_

**2017 1099-S  
TRANSFEROR INFO**

**S99**

"F" = Foreign Address

	Payee No.	14 #	Taxpayer Identification No.	Transferor Name (35 chars.)	Number and Street (30 characters)	City (20 characters)	St	Zip	Ext Zip	F
A										
B										
C										
D										
E										
F										
G										
H										

▲ ENTER THE PAYEE NUMBER IN BOTH THE TOP AND BOTTOM SECTIONS.

# Col. 14 (above) enter code: 1 = Employer ID Number  
2 = Social Security Number

Calif. Rtn: "X" = Do NOT report payee to California  
Non-Calif. Rtn: "C" = Report payee to California

"X" if property or service received

	Payee No.	Closing Date MM DD YY	Gross Proceeds (Cash and notes)	Buyer's Portion Real Estate Tax	Address or Legal Description of Property Transferred		105	107
					Line 1 (19 characters)	Line 2 (19 characters)		
A								
B								
C								
D								
E								
F								
G								
H								