

1099 PAYER/FILER INFORMATION

Accountant's Name and Phone:

ACCUPLY® A99

Account #

Payer #

FORM TYPE CODE

APY USE

I = INTEREST
 D = DIVIDENDS
 M = MISCELLANEOUS
 R = RETIREMENT DISTRIBUTION
 H = 1098 MORTGAGE INTEREST
 S = REAL ESTATE TRANSACTION

FEDERAL IDENTIFICATION NUMBER (DO NOT INCLUDE DASHES)

I.D. TYPE CODE

STATE CODE

BLANK OR 01 = CALIFORNIA
 98 = FOREIGN ENTITY
 99 = OTHER STATES

CALIFORNIA ACCT. NUMBER FORM 1099R AND 1099 MISC

PAYEE NAMES MUST BE REPORTED CONSISTENTLY

F = ALL First name first
 L = ALL Last name first

FINAL RETURN X = FINAL

MAIL PAYEE COPIES X = AccuPay to mail payee copies.

REPRO ONLY S = Suppress print. Elec. file will be updated.

CONFIDENTIAL HANDLING Confidential Options
 E = Confid E-File Rpts
 C = Confid Pkg & Rpts (No PrintBack)

RED 1099MISC R = Print RED forms in lieu of electronic

PAYEE LABELS X = Print sheet of labels

PRINT-BACK S = Std

MASK SSN M = Mask SSN

SHIP METHOD OVERRIDE (8 char.)

Use this field only if this return is to be shipped via special method. See instructions

Area Code and Phone number

Extension

Area Code and Phone number

Email

2 PAYER NAME (28 CHARACTERS)

3 TRADE NAME (40 CHARACTERS)

ADDRESS

NUMBER & STREET (30 CHARACTERS)

CITY (20 CHARACTERS)

STATE

ZIP CODE

Ext. ZIP

4 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

C = Continuous (up to 3 payees/form)

Print option:

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

Contact:

Phone:

Number of pages in this return:

APY USE

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							

Payee No.	Nonemployee Compensation	Rents	Med. & Health Care Payments	Royalties	Col 105 (below) - Enter 'X' if \$5000 or more direct sales. See Manual		Code	105	107	108	109	110
					Amount #1	Amount #2						
A												
B												
C												
D												
E												
F												
G												
H												

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.

Col 105 (below) - Enter 'X' if \$5000 or more direct sales. See Manual
 # Col 14 (above) - enter code: 1=Employer ID No. 2=Soc. Sec. No.

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

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"F" = Foreign Address

2019 1099-INT PAYEE INFORMATION I99

Payee No.	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							

Col 14 (above)-enter code 1=Employer ID No. 2=Soc. Sec. No.
 "N" rec'd 2nd TIN notice

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

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											
B											
C											
D											
E											
F											
G											
H											

* Do not reduce interest income by investment expenses
 ** Do not include interest income included in tax-exempt interest
 # Priv. Act. Bond interest included in Tax-exempt interest

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Payer Name

**2019 1099-DIV
PAYEE INFORMATION**

D99

"F" = Foreign Address

Payee No.	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							

Payee No.	Total Ordinary Dividends	Qualified Div. Portion	Total Capital Gains	# Col. 14 (above) enter code:		Nondividend Distributions	Other Amount #1	Amt Cd #1	Other Amount #2	Amt Cd #2	Other Amount #2	104	107	108	109
				1=Employer ID No.	2=Social Security No.										
A															
B															
C															
D															
E															
F															
G															
H															

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

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

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

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

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 in TOTAL ORDINARY DIVIDENDS
- 6= Liquidation distributions - CASH.
- 7= Liquidation distributions - NON-CASH.
- 8= Foreign Tax paid. Enter country code in column 104.
- 9= Section 199A dividends

2019 1099-R PAYEE INFORMATION R99

Payer Name

Payee Name (35 chars.)

Number and Street (30 characters)

City (20 characters)

St

Zip

Ext Zip

"F" = Foreign Address

Payee No.	Taxpayer Identification No.	Number and Street (30 characters)	City (20 characters)	St	Zip	Ext Zip
A						
B						
C						
D						
E						

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)

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

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 14 and 18 Codes

- 1 Early (premature) distribution, no known exceptions
- 2 Early distribution, exception other than death or disability applies
- 3 Disability (includes payments to beneficiary)
- 4 Death (includes transactions)
- 5 Prohibited transaction
- 6 Section 1035 exchange
- 7 NORMAL DISTRIBUTION
- 8 Excess contri. + earnings/excess deferrals taxable in 2018
- 9 Cost of current life insurance protection
- A May be eligible for 10 yr tax option
- B Designated Roth account distribution
- C Reportable death benefits under Section 6050Y(c)
- D Annuity pmts from nonqual. annuities that may be subject to tax (sec. 1411)
- E Distribution under EPCRS.
- F Charitable gift annuity
- G Direct rollover (other than a Roth) to a qualified plan, 403(b), 457(b), or IRA
- H Direct rollover of a designated Roth account to a Roth IRA
- J Early Roth IRA distribution, no known exception
- K Distribution of IRA assets not having a readily available FMV
- L Loans treated as distribution
- M Qualified plan loan offsets
- N 2018 IRA contribution recharacterized in 2018
- P Excess contributions plus earnings/deferrals taxable in 2017
- Q Roth IRA qualified distribution
- R 2017 IRA contribution recharacterized in 2018
- S Early distribution from SIMPLE IRA, no known exception
- T Roth IRA distribution, exception applies
- U Dividend distribution from ESOP under sec. 404(k)
- W Purchase L-T Care ins. contract

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

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

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

Payer Name

Foreign Address

Foreign Address

Foreign Address

Payee No.	14 # Taxpayer Identification No.	Transferor 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.

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	Line 2 (19 characters)
A					105 1107
B					
C					
D					
E					
F					
G					
H					

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