

ACCUPAY® A99

Accountant's
Name and Phone:

2011

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

PAYEE NAMES MUST BE REPORTED CONSISTENTLY <input style="width:100%;" type="text"/> F = ALL First name first L = ALL Last name first	FINAL RETURN <input style="width:100%;" type="text"/> X = FINAL	REPROCESSES ONLY Use this field to suppress print of ALL 1099 forms - OR - see Selected Print Option below. <input style="width:100%;" type="text"/> S = Suppress print. Electronic file will be updated.	CONFIDENTIAL HANDLING <input style="width:100%;" type="text"/> Confidential Options E = Confid E-File Rpts C = Confid Pkg & Rpts (No PrintBack)	RED 1099MISC <input style="width:100%;" type="text"/> R = Print RED forms in lieu of electronic	PAYEE LABELS <input style="width:100%;" type="text"/> X = Print sheet of labels	PRINT-BACK <input style="width:100%;" type="text"/> S = Std	APAY USE <input style="width:100%;" type="text"/>	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 PHONE NUMBER Area Code and Phone number Extension () - <input style="width:100%;" type="text"/>
									APY USE 94 <input style="width:100%;" type="text"/> 95 <input style="width:100%;" type="text"/> 96 <input style="width:100%;" type="text"/> 97 <input style="width:100%;" type="text"/>

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

CALIFORNIA DE-542 CONTRACTOR REPORTING - 1099MISC ONLY

5	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"/>
----------	---	---	---	---

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

4	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: _____