Publication 1220

Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically or Magnetically with IBM 3480, 3490, 3590, AS400 compatible tape cartridges.



Rev. Proc. 2007-51

Reprinted from IR Bulletin - dated July 23, 2007 (and containing copies of Forms 4419, 4804, 8508, 8809, Notice 210, and instructions for Forms 1099, 1098, 5498, and W-2G for taxpayers' use)

FIRST TIME FILERS QUICK REFERENCE GUIDE

- 1) <u>FORM 4419</u> Submit Form 4419, Application For Filing Information Returns Electronically (see the forms section in the back of Publication 1220), to IRS/ECC no later than thirty days before the due date of your information returns. IRS/ECC will issue a Transmitter Control Code (TCC). The TCC is required on all files, transmittals and correspondence.
- 2) <u>FILING METHOD</u> File information returns (Forms 1098 Series, 1099 Series, 5498 Series and W-2G) electronically via the Internet (see Part B) or by mailing an acceptable type of tape cartridge (see Part C).
- 3) <u>FILE FORMAT</u> The format must conform to the specifications in Publication 1220, Part D. Filers may contact an outside vendor to purchase software or transmit files.
- 4) <u>TEST FILES</u> IRS/ECC encourages first-time electronic filers to submit a test file (see Part B, Sec.4). A test file is **only** required when applying to participate in the Combined Federal/State Filing Program (see Part A, Sec. 12).
- 5) <u>COMMON PROBLEMS</u> Review Part A, Sec.15 to avoid common processing and/or format errors before submitting your file.
- 6) <u>SUBMIT FILE</u> Before sending a magnetic media file, review the "Before You Mail Check List" located with the Forms in the back of the Publication 1220.

FOR ASISTANCE

Contact the IRS/ECC Information
Reporting Program Customer Service Section (IRP/CSS)

Toll-free 1-866-455-7438

Monday through Friday from 8:30 am to 4:30 pm EST or email at mccirp@irs.gov

NOTE:

Following is a list of related instructions and forms for filing Information Returns Electronically/Magnetically:

- General Instructions for Forms 1099, 1098, 5498, and W-2G
- Specific Instructions for Individual Information Returns
- Form 4419 Application for Filing Information Returns Electronically
- Form 4804 Transmittal of Information Returns Reported Magnetically
- Form 8508 Request for Waiver From Filing Information Returns Electronically/Magnetically
- Form 8809 Application for Extension of Time to File Information Returns
- Notice 210 Preparation Instructions for Media Labels

The Internal Revenue Service, Enterprise Computing Center - Martinsburg (IRS/ECC-MTB) encourages filers to make copies of the blank forms for future use. These forms can be obtained by calling 1-800-829-3676 or on the IRS website at www.irs.gov.

Rev. Proc. 2007-51

Use this Revenue Procedure to prepare Tax Year 2007 and prior year information returns for submission to Internal Revenue Service (IRS) using any of the following:

- Electronic Filing
- Tape Cartridge

Caution to filers:

Please read this publication carefully. Persons or businesses required to file information returns electronically or magnetically may be subject to penalties for failure to file or include correct information if they do not follow the instructions in this Revenue Procedure.

IMPORTANT NOTES:

IRS/ECC-MTB now offers an Internet connection at http://fire.irs.gov for electronic filing. The Filing Information Returns Electronically (FIRE) System will be down from 2 p.m. E.S.T. Dec. 20, 2007, through Jan. 2, 2008 for upgrading. It is not operational during this time for submissions. The FIRE System does not provide fill-in forms for information returns.

IRS/ECC-MTB no longer accepts 3½-inch diskettes for filing information returns.

Tax year 2007 is the last year IRS/ECC-MTB will accept tape cartridges for the filing of information returns. Tape cartridges must be received by DECEMBER 1, 2008 in order to be processed for the current year. After December 1, 2008, electronic filing will be the ONLY acceptable method to file information returns at ECC-MTB.

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Part A. General

Revenue Procedures are generally revised annually to reflect legislative and form changes. Comments concerning this Revenue Procedure, or suggestions for making it more helpful, can be addressed to:

Internal Revenue Service
Enterprise Computing Center - Martinsburg
Attn: Information Reporting Program
230 Murall Drive
Kearneysville, WV 25430

Sec. 1. Purpose

.01 The purpose of this Revenue Procedure is to provide the specifications for filing Forms 1098, 1099, 5498, and W-2G with IRS electronically through the IRS FIRE System or magnetically, using IBM 3480, 3490, 3490E, 3590, or 3590E tape cartridges. This Revenue Procedure must be used for the preparation of Tax Year 2007 information returns and information returns for tax years prior to 2007 filed beginning January 1, 2008. Tape cartridge files must be received by December 1, 2008 in order to be processed. After December 1, 2008 only electronic files are acceptable. Specifications for filing the following forms are contained in this Revenue Procedure.

- (a) Form 1098, Mortgage Interest Statement
- (b) Form 1098-C, Contributions of Motor Vehicles, Boats, and Airplanes
- (c) Form 1098-E, Student Loan Interest Statement
- (d) Form 1098-T, Tuition Statement
- (e) Form 1099-A, Acquisition or Abandonment of Secured Property
- (f) Form 1099-B, Proceeds From Broker and Barter Exchange Transactions
- (g) Form 1099-C, Cancellation of Debt
- (h) Form 1099-CAP, Changes in Corporate Control and Capital Structure
- (i) Form 1099-DIV, Dividends and Distributions
- (j) Form 1099-G, Certain Government Payments
- (k) Form 1099-H, Health Coverage Tax Credit (HCTC) Advance Payments
- (I) Form 1099-INT, Interest Income
- (m) Form 1099-LTC, Long-Term Care and Accelerated Death Benefits
- (n) Form 1099-MISC, Miscellaneous Income
- (o) Form 1099-OID, Original Issue Discount
- (p) Form 1099-PATR, Taxable Distributions Received From Cooperatives
- (q) Form 1099-Q, Payments From Qualified Education Programs (Under Sections 529 and 530)
- (r) Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
- (s) Form 1099-S, Proceeds From Real Estate Transactions
- (t) Form 1099-SA, Distributions From an HSA, Archer MSA, or Medicare Advantage MSA
- (u) Form 5498, IRA Contribution Information
- (v) Form 5498-ESA, Coverdell ESA Contribution Information
- (w) Form 5498-SA, HSA, Archer MSA, or Medicare Advantage MSA Information
- (x) Form W-2G, Certain Gambling Winnings
- **.02** All data received at IRS/ECC-MTB for processing will be given the same protection as individual income tax returns (Form 1040). IRS/ECC-MTB will process the data and determine if the records are formatted and coded according to this Revenue Procedure.

- .03 Specifications for filing Forms W-2, Wage and Tax Statement, electronically are **only** available from the Social Security Administration (SSA). Filers can call 1-800-SSA-6270 to obtain the telephone number of the SSA Employer Service Liaison Officer for their area.
- **.04** IRS/ECC-MTB does **not** process Forms W-2. Paper **and/or** electronic filing of Forms W-2 must be sent to SSA. IRS/ECC-MTB does, however, process waiver requests (Form 8508) and extension of time to file requests (Form 8809) for Forms W-2 as well as requests for an extension of time to provide the employee copies of Forms W-2.
- **.05** Generally, the box numbers on the paper forms correspond with the amount codes used to file electronically/magnetically; however, if discrepancies occur, the instructions in this Revenue Procedure must be followed.
- **.06** This Revenue Procedure also provides the requirements and specifications for electronic or tape cartridge filing under the Combined Federal/State Filing Program.
- **.07** The following Revenue Procedures and publications provide more detailed filing procedures for certain information returns:
 - (a) 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G and individual form instructions.
 - (b) Publication 1179, General Rules and Specifications for Substitute Forms 1096, 1098, 1099, 5498, W-2G, and 1042-S.
 - (c) Publication 1239, Specifications for Filing Form 8027, Employer's Annual Information Return of Tip Income and Allocated Tips, Electronically or Magnetically
 - (d) Publication 1187, Specifications for Filing Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, Electronically or Magnetically
- **.08** This Revenue Procedure supersedes Rev. Proc. 2006-33 published as Publication 1220 (Rev. 10-2006), Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically or Magnetically.

Sec. 2. Nature of Changes-Current Year (Tax Year 2007)

.01 In this publication, all pertinent changes for Tax Year 2007 are emphasized by the use of *italics*. Portions of text that require special attention are in boldface text. Filers are always encouraged to read the publication in its entirety.

a. General

- (1) ECC-MTB no longer accepts 3½-inch diskettes for the filing of information returns.
- (2) Tax Year 2007 will be the last year ECC-MTB accepts tape cartridges. Due to processing deadlines, tape cartridges must be received by December 1, 2008 in order to be processed for the current year. After December 1, 2008 the only acceptable method of filing information returns with ECC-MTB will be electronically through the FIRE System.
- (3) Test procedures have been eliminated from Part A since tape cartridges will not be acceptable after December 1, 2008. Electronic filing specifications, Part B, Sec. 4 details testing procedures for electronic files.
- (4) Form 8809, Application for an Extension of Time to File Information Returns, is available as a fill-in form on the FIRE System and is highly encouraged in lieu of the paper Form 8809. (See Part E, Sec. 1.)

.02 Programming Changes

a. Programming Changes - Transmitter "T" Record

(1) For all Forms, Payment Year, Field Positions 2-5, must be incremented to update the four-digit reporting year (2006 to 2007), unless reporting prior year data.

b. Programming Changes - Payer "A" Record

- (1) For all Forms, Payment Year, Field Positions 2-5, must be incremented to update the four-digit reporting year (2006 to 2007), unless reporting prior year data.
- (2) For Form 1098, Amount Code 4 was changed to Mortgage Insurance Premiums. Amount Code 5 was added for Filer's Use.
- (3) Three fields were deleted from the Payer 'A' Record and are no longer required. The deleted fields are Original File Indicator, position 48, Replacement File Indicator, position 49, and Correction File Indicator, position 50. Positions 48-50 are now blank.

c. Programming Changes - Payee "B" Record

- (1) For all Forms, Payment Year, Field Positions 2 5, must be incremented to update the four-digit reporting year (2006 to 2007), unless reporting prior year data.
- (2) Form 1098-T, Method of Reporting Indicator, position 550, was simplified. A single indicator of '1' is used to indicate if the method of reporting changed from the previous year. A blank indicates no change occurred.
- (3) Form 1099-R, Date of Designated Roth Contribution, position 552-559, changed to First Year of Designated Roth Contribution, positions 552-555. Only the year of the first Roth contribution is required not the complete date.
- (4) For Form 1099-R, Distribution Code 'B' may now be used with codes 'P' and '4'.
- (5) The state of Utah, state code 49, was added to the Combined Federal/State Filing Program. See Part A, Sec. 12 for the Participating States and Their Codes table.

Sec. 3. Where To File and How to Contact the IRS, Enterprise Computing Center - Martinsburg

.01 All information returns filed electronically or magnetically are processed at IRS/ECC-MTB. Files containing information returns and requests for IRS electronic and tape cartridge filing information should be sent to the following address:

IRS-Enterprise Computing Center - Martinsburg Information Reporting Program 230 Murall Drive Kearneysville, WV 25430

.02 All requests for an extension of time to file information returns with IRS/ECC-MTB filed on Form 8809 or request for an extension to provide recipient copies, and requests for undue hardship waivers filed on Form 8508 should be sent to the following address:

IRS-Enterprise Computing Center - Martinsburg Information Reporting Program

Attn: Extension of Time Coordinator

240 Murall Drive

Kearneysville, WV 25430

.03 The telephone numbers for tape cartridge inquiries or electronic submissions are:

Information Reporting Program Customer Service Section

TOLL-FREE 1-866-455-7438 or outside the U.S. 1-304-263-8700 email at mccirp@irs.gov

304-267-3367 - TDD (Telecommunication Device for the Deaf)

304-264-5602 - Fax Machine

Electronic Filing – FIRE System http://fire.irs.gov

TO OBTAIN FORMS: 1-800-TAX-FORM (1-800-829-3676)

www.irs.gov - IRS website access to forms (See Note.)

Note: Because paper forms are scanned during processing, you cannot use forms printed from the IRS website to file Form 1096, and Copy A of Forms 1098, 1099, or 5498 with the IRS.

- .04 The 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G are included in the Publication 1220 for your convenience. Form 1096 is used only to transmit Copy A of **paper** Forms 1099, 1098, 5498, and W-2G. If filing paper returns, follow the mailing instructions on Form 1096 and submit the paper returns to the appropriate IRS Service Center.
- .05 Make requests for paper Forms 1096, 1098, 1099, 5498, and W-2G, and publications related to electronic/magnetic filing by calling the IRS toll-free number 1-800-TAX-FORM (1-800-829-3676) or ordering online from the IRS website at www.irs.gov.
- **.06** Questions pertaining to magnetic media or internet filing of Forms W-2 **must** be directed to the Social Security Administration (SSA). Filers can call 1-800-772-6270 to obtain the phone number of the SSA Employer Service Liaison Officer for their area.
- .07 Payers **should not** contact IRS/ECC-MTB if they have received a penalty notice and need additional information or are requesting an abatement of the penalty. A penalty notice contains an IRS representative's name and/or telephone number for contact purposes; or the payer may be instructed to respond in writing to the address provided. IRS/ECC-MTB does **not** issue penalty notices and does **not** have the authority to abate penalties. For penalty information, refer to the Penalties section of the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.
- .08 A taxpayer or authorized representative may request a copy of a tax return, including Form W-2 filed with a return, by submitting Form 4506, Request for Copy of Tax Return, to IRS. This form may be obtained by calling 1-800-TAX-FORM (1-800-829-3676) or by downloading from the IRS website at www.irs.gov. For any questions regarding this form, call 1-800-829-1040.
- .09 The Information Reporting Program Customer Service Section (IRP/CSS), located at IRS/ECC-MTB, answers electronic/tape cartridge, paper filing, and tax law questions from the payer community relating to the correct preparation and filing of business information returns (Forms 1096, 1098, 1099, 5498, 8027, and W-2G). IRP/CSS also answers questions relating to the electronic/tape cartridge filing of Forms 1042-S and the tax law criteria and paper filing instructions for Forms W-2 and W-3. Inquiries dealing with backup withholding and reasonable cause requirements due to missing and incorrect taxpayer identification numbers are also addressed by IRP/CSS. Assistance is available year-round to payers, transmitters, and employers nationwide, Monday through Friday, 8:30 a.m. to 4:30 p.m. Eastern Time, by calling toll-free 1-866-455-7438 or via email at mccirp@irs.gov. Do not include SSNs or EINs in emails or in attachments since this is not a secure line. The Telecommunications Device for the Deaf (TDD) toll number is 304-267-3367. Call as soon as questions arise to avoid the busy filing seasons at the end of January and February. Recipients of information returns (payees) should continue to contact 1-800-829-1040 with any questions on how to report the information returns data on their tax returns.

- .10 IRP/CSS cannot advise filers where to send state copies of paper forms. Filers must contact the Tax Department in the state where the recipient resides to obtain the correct address and filing requirements.
- .11 Form 4419, Application for Filing Information Returns Electronically, Form 8809, Application for Extension of Time to File Information Returns, and Form 8508, Request for Waiver From Filing Information Returns Electronically/Magnetically, may be faxed to IRS/ECC-MTB at 304-264-5602. Form 4804, Transmittal of Information Returns Reported Magnetically, **must** always be included with media shipments.

Sec. 4. Filing Requirements

.01 The regulations under section 6011(e)(2)(A) of the Internal Revenue Code provide that any person, including a corporation, partnership, individual, estate, and trust, who is required to file 250 or more information returns must file such returns electronically/magnetically. The 250* or more requirement applies separately for each type of return and separately to each type of corrected return.

*Even though filers may submit up to 249 information returns on paper, IRS encourages filers to transmit those information returns electronically or magnetically.

- .02 All filing requirements that follow apply individually to each reporting entity as defined by its separate Taxpayer Identification Number (TIN), which may be either a Social Security Number (SSN), Employer Identification Number (EIN), or Individual Taxpayer Identification Number (ITIN). For example, if a corporation with several branches or locations uses the same EIN, the corporation must aggregate the total volume of returns to be filed for that EIN and apply the filing requirements to each type of return accordingly.
- .03 Payers who are required to submit their information returns on magnetic media may choose to submit their documents by electronic filing. Payers, who submit their information returns electronically by March 31, 2008, are considered to have satisfied the magnetic media filing requirements.
 - .04 IRS/ECC-MTB has one method for filing information returns electronically; see Part B.
- **.05** The following requirements apply separately to both originals and corrections filed electronically/magnetically:

| 1098 | |
|-----------------|---|
| 1098-C | 250 or more of any of these forms require electronic or magnetic media filing with IRS. |
| 1098-E | These are stand-alone documents and may not be aggregated for purposes of determining |
| 1098-T | the 250 threshold. For example, if you must file 100 Forms 1099-B and 300 Forms |
| 1099-A | 1099-INT, Forms 1099-B need not be filed electronically or magnetically since |
| 1099-B | they do not meet the threshold of 250. However, Forms 1099-INT must be filed |
| 1099-C | electronically or magnetically since they meet the threshold of 250. |
| 1099-CAP | |
| 1099-DIV | |
| 1099 - G | |
| 1099-H | |
| 1099-INT | |
| 1099-LTC | |
| 1099-MISC | |
| 1099-OID | |
| 1099-PATR | |
| 1099 - Q | |
| 1099-R | |
| 1099-S | |
| | |

1099-SA 5498 5498-ESA 5498-SA W-2G

.06 The above requirements do not apply if the payer establishes undue hardship (See Part E, Sec. 5).

Sec. 5. Vendor List

- .01 IRS/ECC-MTB prepares a list of vendors who support electronic or tape cartridge filing. The Vendor List (Pub. 1582) contains the names of service bureaus that will produce or submit files for electronic filing or on tape cartridges. It also contains the names of vendors who provide software packages for payers who wish to produce electronic files or tape cartridges on their own computer systems. This list is compiled as a courtesy and in no way implies IRS/ECC-MTB approval or endorsement.
- .02 If filers engage a service bureau to prepare files on their behalf, the filers must not report duplicate data, which may cause penalty notices to be generated.
- .03 The Vendor List, Publication 1582, is updated periodically. The most recent revision is available on the IRS website at www.irs.gov. For an additional list of software providers, log on to www.irs.gov and go to the Approved IRS e-file for Business Providers link.
- **.04** A vendor, who offers a software package, or has the capability to electronically file information returns, or has the ability to produce tape cartridges for customers, and who would like to be included in Publication 1582 must submit a letter or email to IRS/ECC-MTB. The request should include:
 - (a) Company name
 - **(b)** Address (include city, state, and ZIP code)
 - (c) Telephone and FAX number (include area code)
 - (d) Email address
 - (e) Contact person
 - **(f)** Type(s) of service provided (e.g., service bureau and/or software)
 - (g) Type(s) of media offered (e.g., tape cartridge, or electronic filing)
 - **(h)** Type(s) of return(s)

Sec. 6. Form 4419, Application for Filing Information Returns Electronically

.01 Transmitters are required to submit Form 4419, Application for Filing Information Returns Electronically, to request authorization to file information returns with IRS/ECC-MTB. A single Form 4419 should be filed no matter how many types of returns the transmitter will be submitting electronically. For example, if a transmitter plans to file Forms 1099-INT, one Form 4419 should be submitted. If, at a later date, another type of form (Forms 1098, 1099, 5498 and W-2G) will be filed, the transmitter should not submit a new Form 4419.

Note: EXCEPTIONS – An additional Form 4419 is required for filing each of the following types of returns: Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding and Form 8027, Employer's Annual Information Return of Tip Income and Allocated Tips. See the back of Form 4419 for detailed instructions.

.02 Tape cartridge and electronically filed returns may not be submitted to IRS/ECC-MTB until the application has been approved. Please read the instructions on the back of Form 4419 carefully. Form 4419 is included in the Publication 1220 for the filer's use. This form may be photocopied. Additional

forms may be obtained by calling **1-800-TAX-FORM** (**1-800-829-3676**). The form is also available on the IRS website at **www.irs.gov**.

- .03 Upon approval, a five-character alpha/numeric Transmitter Control Code (TCC) will be assigned and included in an approval letter. The TCC must be coded in the Transmitter "T" Record. IRS/ECC-MTB uses the TCC to identify payer/transmitters and to track their files through the processing system. The same TCC can be used regardless of the method of filing. For example, a payer may send their production data on a tape cartridge and then later file a correction file electronically. The same TCC can be used for each filing.
- **.04** IRS/ECC-MTB encourages transmitters who file for multiple payers to submit one application and to use the assigned TCC for all payers. While not encouraged, multiple TCCs can be issued to payers with multiple TINs. Transmitters cannot use more than one TCC in a file. Each TCC must be reported in separate transmissions if filing electronically or on separate media if filing magnetically.
- .05 If a payer's files are prepared by a service bureau, the payer may not need to submit an application to obtain a TCC. Some service bureaus will produce files, code their own TCC in the file, and send it to IRS/ECC-MTB for the payer. Other service bureaus will prepare the file and return the file to the payer for submission to IRS/ECC-MTB. These service bureaus may require the payer to obtain a TCC, which is coded in the Transmitter "T" Record. Payers should contact their service bureaus for further information.
- .06 Form 4419 may be submitted anytime during the year; however, it **must** be submitted to IRS/ECC-MTB at least 30 days before the due date of the return(s) for current year processing. This allows IRS/ECC-MTB the time necessary to process and respond to applications. Form 4419 may be faxed to IRS/ECC-MTB at 304-264-5602. In the event that computer equipment or software is not compatible with IRS/ECC-MTB, a waiver may be requested to file returns on paper documents (See Part E, Sec. 5).
- **.07** Once a transmitter is approved to file electronically/magnetically, it is not necessary to reapply **unless**:
 - (a) The payer has discontinued filing electronically or magnetically for two consecutive years. The payer's TCC may have been reassigned by IRS/ECC-MTB. Payers who know that the assigned TCC will no longer be used, are requested to notify IRS/ECC-MTB so these numbers may be reassigned.
 - **(b)** The payer's files were transmitted in the past by a service bureau using the service bureau's TCC, but now the payer has computer equipment compatible with that of IRS/ECC-MTB and wishes to prepare his or her own files. The payer must request a TCC by filing Form 4419.
- .08 In accordance with Regulations section 1.6041-7(b), payments by separate departments of a health care carrier to providers of medical and health care services may be reported on separate returns filed electronically or magnetically. In this case, the headquarters will be considered the transmitter, and the individual departments of the company filing reports will be considered payers. A single Form 4419 covering all departments filing electronically should be submitted. One TCC may be used for all departments.
- **.09** Copies of Publication 1220 can be obtained by downloading from the IRS website at **www.irs.gov**.
- .10 If any of the information (name, TIN or address) on Form 4419 changes, please notify IRS/ECC-MTB in writing so the IRS/ECC-MTB database can be updated. The email address, mccirp@irs.gov, may be used for basic name and address changes. A change in the method by which information returns are submitted is not information that needs to be updated (e.g., cartridge to electronic). The transmitter should include the TCC in all correspondence.
- .11 Approval to file does not imply endorsement by IRS/ECC-MTB of any computer software or of the quality of tax preparation services provided by a service bureau or software vendor.

Sec. 7. Filing of Information Returns Magnetically and Retention Requirements

- **.01** Form 4804, Transmittal of Information Returns Reported Magnetically, or a computer-generated substitute, must accompany **all** tape cartridge shipments except for replacements, when Form 4804 is not always required (See Part A, Sec. 10).
- **.02** IRS/ECC-MTB allows for the use of computer-generated substitutes for Form 4804. The substitutes must contain all information requested on the original forms including the affidavit and signature line. Photocopies are acceptable, however, an original signature is required. When using computer-generated forms, be sure to clearly mark the tax year being reported. This will eliminate a telephone communication from IRS/ECC-MTB to verify the tax year.
- .03 Form 4804 may be signed by the payer or the transmitter, service bureau, paying agent, or disbursing agent (all hereafter referred to as agent) on behalf of the payer. Failure to sign the affidavit on Form 4804 may delay processing or could result in the files not being processed. An agent may sign Form 4804 if the agent has the authority to sign the affidavit under an agency agreement (either oral, written, or implied) that is valid under state law and adds the caption "FOR: (name of payer)."
- **.04** Although an authorized agent may sign the affidavit, the payer is responsible for the accuracy of Form 4804 and the returns filed. The payer will be liable for penalties for failure to comply with filing requirements.
- .05 Current and prior year data may be submitted in the same shipment; however, each tax year must be on separate media, and a separate Form 4804 must be prepared to clearly indicate each tax year.
- .06 Filers who have prepared their information returns in advance of the due date are encouraged to submit this information to IRS/ECC-MTB no earlier than January 1 of the year the returns are due. Filers may submit multiple original files by the due date as long as duplicate information is not reported.
- .07 Do not report duplicate information. If a filer submits returns electronically or magnetically, identical paper documents must not be filed. This may result in erroneous penalty notices being sent to the recipients.
- **.08** A self-adhesive external media label, created by the filer, must be affixed to each tape cartridge. For instructions on how to prepare an external media label, refer to Notice 210 in the forms section of this publication.
 - .09 When submitting files on tape cartridges include the following:
 - (a) A signed Form 4804
 - **(b)** External media label (created by filer) affixed to the tape cartridge
 - (c) IRB Box of labeled on outside of each package
- .10 IRS/ECC-MTB will not return media after processing. Therefore, if the transmitter wants proof that IRS/ECC-MTB received a shipment, the transmitter should select a service with tracking capabilities or one that will provide proof of delivery. Shipping containers will not be returned to the filer.
- .11 IRS/ECC-MTB will not pay for or accept "Cash-on-Delivery" or "Charge to IRS" shipments of tax information that an individual or organization is legally required to submit.
- .12 Payers should retain a copy of the information returns filed with IRS or have the ability to reconstruct the data for at least 3 years from the reporting due date, except:
 - (a) Retain for 4 years all information returns when backup withholding is imposed.
 - (b) A financial entity must retain a copy of Form 1099-C, Cancellation of Debt, or have the ability to reconstruct the data required to be included on the return, for at least 4 years from the date such return is required to be filed.

Sec. 8. Due Dates

.01 The due dates for filing paper returns with IRS also apply to tape cartridges. Filing of information returns is on a calendar year basis, except for Forms 5498, 5498-ESA and 5498-SA, which are used to report amounts contributed during or after the calendar year (but not later than April 15). The following due dates will apply to Tax Year 2007:

Due Dates

Electronic Filing

Forms 1098, 1099, and W-2G Recipient Copy – January 31, 2008 IRS Copy – March 31, 2008

Tape Cartridge Filing (See Note.) Forms 1098, 1099, and W-2G

Recipient Copy – January 31, 2008 IRS Copy – February 28, 2008

Electronic/Tape Cartridge Filing

Forms 5498*, 5498-SA and 5498-ESA IRS Copy – June 2, 2008 Forms 5498 and 5498-SA Participant Copy – June 2, 2008 Form 5498-ESA Participant Copy – April 30, 2008 * Participants' copies of Forms 5498 to furnish fair market value information - January 31, 2008

- **.02** If any due date falls on a Saturday, Sunday, or legal holiday, the return or statement is considered timely if filed or furnished on the next day that is not a Saturday, Sunday, or legal holiday.
- .03 Tape cartridges postmarked by the United States Postal Service (USPS) on or before February 28, 2008, and delivered by United States mail to the IRS/ECC-MTB after the due date, are treated as timely under the "timely mailing as timely filing" rule. Refer to the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G, When to File, located in the back of this publication for more detailed information. Notice 97-26, 1997-1 C.B. 413, provides rules for determining the date that is treated as the postmark date. For items delivered by a non-designated Private Delivery Service (PDS), the actual date of receipt by IRS/ECC-MTB will be used as the filing date. For items delivered by a designated PDS, but through a type of service not designated in Notice 2004-83, 2004-2 C.B. 1030, the actual date of receipt by IRS/ECC-MTB will be used as the filing date. The timely mailing rule also applies to furnishing statements to recipients and participants.

Note: Due to security regulations at ECC-MTB, the Internal Revenue police officers will only accept media from PDSs or couriers from 8:00 a.m. to 3:00 p.m., Monday through Friday.

.04 Tape Cartridges must be received by December 1, 2008 in order to be processed for the current year. After December 1, 2008 the only acceptable method of filing information returns with ECC-MTB will be electronically through the FIRE System. See Part B for electronic reporting.

Sec. 9. Replacement Tape Cartridges

Note: Replacement Electronic files are detailed in Part B, Sec. 5.

.01 A replacement is an information return file sent by the filer at the request of IRS/ECC-MTB because of errors encountered while processing the filer's original file or correction file. After the necessary changes have been made, the entire file must be returned for processing along with the Media Tracking Slip (Form 9267) which was included in the correspondence from IRS/ECC-MTB. (See Note.)

Note: Filers should never send anything to IRS/ECC-MTB marked "Replacement" unless IRS/ECC-MTB has requested a replacement file in writing or via the FIRE System.

- .02 Tape cartridge filers will receive a Media Tracking Slip (Form 9267), listing, and letter detailing the reason(s) their media could not be processed. It is imperative that filers maintain backup copies and/or recreate capabilities for their information return files. Open all correspondence from IRS/ECC-MTB immediately.
- .03 When possible, sample records identifying errors encountered will be provided with the returned information. It is the responsibility of the transmitter to check the entire file for similar errors.
 - **.04** Before sending replacement media make certain the following items are addressed:
 - (a) Make the required changes noted in the enclosed correspondence and check entire file for other errors.
 - **(b)** Enclose Form 9267, Media Tracking Slip, with your replacement media.
 - (c) Label your media "Replacement Data" and indicate the appropriate Tax Year.
 - (d) Complete a new Form 4804 if any of your information has changed.
- .05 Replacement files must be corrected and returned to IRS/ECC-MTB within 45 days from the date of the letter. (See Note.) Refer to Part B, Sec. 5, for procedures for files submitted electronically. A penalty for failure to return a replacement file will be assessed if the files are not corrected and returned within the 45 days or if filers are notified by IRS/ECC-MTB of the need for a replacement file more than two times. A penalty for intentional disregard of filing requirements will be assessed if a replacement file is not received. (For penalty information, refer to the Penalty section of the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.)

Note: Tape Cartridges must be received at IRS/ECC-MTB by December 1, 2008. After December 1, 2008 only electronic files will be accepted.

Sec. 10. Corrected Returns

- A correction is an information return submitted by the transmitter to correct an information return
 that was previously submitted to and successfully processed by IRS/ECC-MTB, but contained
 erroneous information.
- While we encourage you to file your corrections electronically/magnetically, you may file up to 249 paper corrections even though your originals were filed electronically or magnetically.
- **DO NOT SEND YOUR ENTIRE FILE AGAIN**. Only correct the information returns which were erroneous.
- Information returns omitted from the original file **must not** be coded as corrections. Submit these returns under a separate Payer "A" Record as original returns.
- Be sure to use the same payee account number that was used on the original submission. The account number is used to match a correction record to the original information return.
- Before creating your correction file, review the correction guidelines chart carefully.
- **.01** The magnetic media filing requirement of information returns of 250 or more applies separately to both original and corrected returns.

- If a payer has 100 Forms 1099-A to be corrected, they can be
- E filed on paper because they fall under the 250 threshold. However,
- X if the payer has 300 Forms 1099-B to be corrected, they must be
- A filed electronically or magnetically because they meet the 250 threshold.
- M If for some reason a payer cannot file the 300 corrections electronically or
- P magnetically, to avoid penalties, a request for a waiver must be submitted before
- L filing on paper. If a waiver is approved for original documents, any corrections
- E for the same type of return will be covered under this waiver.
- .02 Corrections should be filed as soon as possible. Corrections filed after August 1 may be subject to the maximum penalty of \$50 per return. Corrections filed by August 1 may be subject to a lesser penalty. (For information on penalties, refer to the Penalties section of the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.) However, if payers discover errors after August 1, they should file corrections, as prompt correction is a factor considered in determining whether the intentional disregard penalty should be assessed or whether a waiver of the penalty for reasonable cause may be granted. All fields must be completed with the correct information, not just the data fields needing correction. Submit corrections only for the returns filed in error, not the entire file. Furnish corrected statements to recipients as soon as possible.

Note: Do NOT resubmit your entire file as corrections. This will result in duplicate filing and erroneous notices may be sent to payees. Submit only those returns which require correction.

- .03 There are numerous types of errors, and in some cases, more than one transaction may be required to correct the initial error. If the original return was filed as an aggregate, the filers must consider this in filing corrected returns.
- .04 The payee's account number should be included on all correction records. This is especially important when more than one information return of the same type is reported for a payee. The account number is used to determine which information return is being corrected. It is vital that each information return reported for a payee have a unique account number. See Part D, Sec. 6, Payer's Account Number For Payee.
- .05 Corrected returns may be included on the same media as original returns; however, separate "A" Records are required. Corrected returns must be identified on Form 4804 and the external media label by indicating "Correction." If filers discover that certain information returns were omitted on their original file, they must not code these documents as corrections. The file must be coded and submitted as originals.
- .06 If a payer realizes duplicate reporting has occurred, IRS/ECC-MTB should be contacted **immediately** for instructions on how to avoid notices. The standard correction process will not resolve duplicate reporting.
- .07 If a payer discovers errors that affect a large number of payees, in addition to sending IRS the corrected returns and notifying the payees, IRS/ECC-MTB underreporter section should be contacted toll-free 1-866-455-7438 for additional requirements. Corrections must be submitted on actual information return documents or filed electronically/magnetically. Form 4804 must be submitted with corrected files submitted magnetically. If filing magnetically, provide the correct tax year in Block 2 of Form 4804 and on the external media label. A separate Form 4804 must be submitted for each tax year reported magnetically. Form 4804 is not required for electronic filing.
- .08 Prior year data, original and corrected, **must** be filed according to the requirements of this Revenue Procedure. When submitting prior year data, use the record format for the current year. Each tax year must be submitted on separate media. However, use the actual year designation of the data in Field Positions 2-5 of the "T", "A", and "B" Records. Field position 6, Prior Year Data Indicator, in the

Transmitter 'T' Record must contain a 'P'. If filing electronically, a separate transmission must be made for each tax year.

- .09 In general, filers should submit corrections for returns filed within the last 3 calendar years (4 years if the payment is a reportable payment subject to backup withholding under section 3406 of the Code and also for Form 1099-C, Cancellation of Debt).
- .10 All paper returns, whether original or corrected, must be filed with the appropriate service center. IRS/ECC-MTB does not process paper returns.
- .11 If a payer discovers an error(s) in reporting the **payer** name and/or TIN, write a letter to IRS/ECC-MTB (See Part A, Sec. 3) containing the following information:
 - (a) Name and address of payer
 - **(b)** Type of error (please include the incorrect payer name/TIN that was reported)
 - (c) Tax year
 - (d) Payer TIN
 - (e) TCC
 - **(f)** Type of return
 - (g) Number of payees
 - **(h)** Filing method, paper, electronic, or tape cartridge
- .12 The "B" Record provides a 20-position field for a unique Payer's Account Number for Payee. If a payee has more than one reporting of the same document type, it is vital that each reporting is assigned a unique account number. This number will help identify the appropriate incorrect return if more than one return is filed for a particular payee. **Do not enter a TIN in this field.** A payer's account number for the payee may be a checking account number, savings account number, serial number, or any other number assigned to the payee by the payer that will distinguish the specific account. This number should appear on the initial return and on the corrected return in order to identify and process the correction properly.
 - .13 The record sequence for filing corrections is the same as for original returns.
- .14 Review the chart that follows. Errors normally fall under one of the two categories listed. Next to each type of error is a list of instructions on how to file the corrected return.

Guidelines for Filing Corrected Returns Electronically/Magnetically

Note: References to Form 4804 apply to magnetically filed returns only. Form 4804 is not required for files submitted electronically through the FIRE System.

One transaction is required to make the following corrections properly. (See Note 3.)

Error Made on the Original Return

How To File the Corrected Return

ERROR TYPE 1

1. Original return was filed with one or more of the following errors:

- (a) Incorrect payment amount codes in the Payer "A" Record
- (b) Incorrect payment amounts in the Payee "B" Record
- (c) Incorrect code in the distribution code field in Payee "B" Record
- (d) Incorrect payee address (See Note 3.)
- (e) Incorrect payee indicator (See Note 1.)
- (f) Incorrect payee name (See Note 2 & 3.)

Note 1: Payee indicators are non-money amount indicator fields located in the specific form record layouts of the Payee "B" Record between field positions 544-748.

Note 2: For information on errors to the payer's name and TIN (See Part A, Sec. 10, .11).

Note 3: To correct a TIN and/or payee name and address follow the instructions under Error Type 2.

CORRECTION

- **A.** Prepare a new Form 4804 that includes information relating to this new file.
- **B.** Mark "Correction" in Block 1 of Form 4804.
- **C.** Prepare a new file. The first record on the file will be the Transmitter "T" Record.
- **D.** Make a separate "A" Record for each type of return and each payer being reported. Payer information in the "A" Record must be the same as it was in the original submission.
- E. The Payee "B" Records must show the correct record information as well as a Corrected Return Indicator Code of "G" in Field Position 6
- F. Corrected returns using "G" coded "B"
 Records may be on the same file as those returns submitted without the "G" coded "B"
 Records; however, separate "A" Records are required.
- **G.** Prepare a separate "C" Record for each type of return and each payer being reported.
- **H.** The last record on the file will be the End of Transmission "F" Record.
- I. Indicate "Correction" on the external media label.

File layout **one** step corrections

| Transmitter | Payer | "G" | "G" | End of Payer | End of |
|-------------|--------|-----------|-----------|--------------|--------------|
| "T" | "A" | coded | coded | "C" | Transmission |
| Record | Record | Payee "B" | Payee "B" | Record | "F" Record |
| | | Record | Record | | |
| | | | | | |

Guidelines for Filing Corrected Returns Electronically/Magnetically (Continued)

Two (2) separate transactions are required to make the following corrections properly. Follow the directions for both Transactions 1 and 2. (See Note 5.) DO NOT use the two step correction process to correct money amounts.

Error Made on the Original Return

How To File the Corrected Return

ERROR TYPE 2

- 1. Original return was filed with one or more of the following errors:
 - (a) No payee TIN (SSN, EIN, ITIN, QI-EIN)
 - **(b)** Incorrect payee TIN
 - (c) Incorrect payee name and address
 - (d) Wrong type of return indicator

Note 4: The Record Sequence Number will be different since this is a counter number and is unique to each file. For 1099-R corrections, if the corrected amounts are zeros, certain indicators will not be used.

CORRECTION

Transaction 1: Identify incorrect returns.

- **A.** Prepare a new Form 4804 that includes information related to this new file.
- **B.** Mark "Correction" in Block 1 of Form 4804.
- **C.** Prepare a new file. The first record on the file will be the Transmitter "T" Record.
- **D.** Make a separate "A" Record for each type of return and each payer being reported. The information in the "A" Record will be **exactly** the same as it was in the original submission. (See Note 4.)
- E. The Payee "B" Records must contain exactly the same information as submitted previously, except, insert a Corrected Return Indicator Code of "G" in Field Position 6 of the "B" Records, and enter "0" (zeros) in all payment amounts. (See Note 4.)
- F. Corrected returns using "G" coded "B" Records may be on the same file as those returns submitted with a "C" code; however, separate "A" Records are required.
- **G.** Prepare a separate "C" Record for each type of return and each payer being reported.
- **H.** Continue with Transaction 2 to complete the correction.

Guidelines for Filing Corrected Returns Electronically/Magnetically (Continued)

Two (2) separate transactions are required to make the following corrections properly. Follow the directions for both Transactions 1 and 2. (See Note 5.) DO NOT use the two step correction process to correct money amounts.

Error Made on the Original Return

How To File the Corrected Return

ERROR TYPE 2

CORRECTION

Transaction 2: Report the correct information.

- **A.** Make a separate "A" Record for each type of return and each payer being reported.
- **B.** The Payee "B" Records must show the correct information as well as a Corrected Return Indicator Code of "C" in Field Position 6.
- C. Corrected returns submitted to IRS/ECC-MTB using "C" coded "B" Records may be on the same file as those returns submitted with "G" codes; however, separate "A" Records are required.
- **D.** Prepare a separate "C" Record for each type of return and each payer being reported.
- **E.** The last record on the file will be the End of Transmission "F" Record.
- **F.** Indicate "Correction" on the external media label.

Note 5: See the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G for additional information on regulations affecting corrections and related penalties.

File layout two step corrections

| Transmitter | Payer | "G" | "G" | End of Payer | Payer |
|-------------|--------|-----------|-----------|--------------|--------|
| "T" | "A" | coded | coded | "C" | "A" |
| Record | Record | Payee "B" | Payee "B" | Record | Record |
| | | Record | Record | | |

| "C" | "C" | End of Payer | End of |
|--------------------|--------------------|--------------|-------------------------|
| coded Payee "B" | coded Payee "B" | Record | Transmission "F" Record |
| Record | Record | | |

Note 6: If a filer is reporting "G" coded, "C" coded, and/or "Non-coded" (original) returns on the same file, each category must be reported under separate "A" Records.

Sec. 11. Effect on Paper Returns and Statements to Recipients

- .01 Electronic/Magnetic reporting of information returns eliminates the need to submit paper documents to the IRS. CAUTION: Do not send Copy A of the paper forms to IRS/ECC-MTB for any forms filed electronically or magnetically. This will result in duplicate filing; therefore, erroneous notices could be generated.
- **.02** Payers are responsible for providing statements to the payees as outlined in the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G. Refer to those instructions for filing information returns on paper with the IRS and furnishing statements to recipients.
- .03 Statements to recipients should be clear and legible. If the official IRS form is not used, the filer must adhere to the specifications and guidelines in Publication 1179, General Rules and Specifications for Substitute Forms 1096, 1098, 1099, 5498, W-2G and 1042-S.

Sec. 12. Combined Federal/State Filing Program

- Through the Combined Federal/State Filing (CF/SF) Program, IRS/ECC-MTB will forward original and corrected information returns filed electronically or magnetically to participating states for approved filers.
- For approval, the filer must submit a test file coded for this program. See Part B, Sec. 4, Test Files.
- For tape cartridge test files, attach a letter to Form 4804 requesting approval to participate in the CF/SF Program. Form 4804 or letter is not required for tests sent electronically.
- Approved filers are sent Form 6847, Consent for Internal Revenue Service to Release Tax Information, which must be completed and returned to IRS/ECC-MTB. A separate form is required for each payer.
- .01 The Combined Federal/State Filing (CF/SF) Program was established to simplify information returns filing for the taxpayer. IRS/ECC-MTB will forward this information to participating states free of charge for approved filers. Separate reporting to those states is not required. The following information returns may be filed under the Combined Federal/State Filing Program:

| Form 1099-DIV | Dividends and Distributions |
|----------------|---|
| Form 1099-G | Certain Government Payments |
| Form 1099-INT | Interest Income |
| Form 1099-MISC | Miscellaneous Income |
| Form 1099-OID | Original Issue Discount |
| Form 1099-PATR | Taxable Distributions Received From Cooperatives |
| Form 1099-R | Distributions From Pensions, Annuities, Retirement or |
| | Profit-Sharing Plans, IRAs, Insurance Contracts, etc. |
| Form 5498 | IRA Contribution Information |

- .02 To request approval to participate, a tape cartridge test file coded for this program **must** be submitted to IRS/ECC-MTB between *November 1, 2007, and December 15, 2007. Media must be postmarked no later than December 1, 2007 in order to be received at ECC-MTB by December 15 for processing.* Electronic test files coded for this program must be submitted between *November 1, 2007,* and *February 15, 2008.*
- .03 Attach a letter to Form 4804 submitted with the test file to indicate the filer is requesting approval to participate in the Combined Federal/State Filing Program. Test files sent electronically do not

require Form 4804 or letter. If the test file is coded for the Combined Federal/State Filing Program and is acceptable, an approval letter and Form 6847, Consent For Internal Revenue Service to Release Tax Information, will be sent to the filer.

- **.04** Form 6847, Consent for Internal Revenue Service to Release Tax Information, **must** be completed and signed by the payer, and returned to IRS/ECC-MTB before any tax information can be released to the state. Filers must write their TCC on Form 6847.
- .05 While a test file is only required for the first year when a filer applies to participate in the Program, it is highly recommended that a test be sent every year you participate in the Combined Federal/State Filing program. Each record, both in the test and the actual data file, must conform to the current Revenue Procedure.
- **.06** If the test file is not acceptable, IRS/ECC-MTB will send tape cartridge filers information indicating the problems. Electronic filers must log on to the FIRE System within two business days to check the acceptability of their test file. The new test file must be postmarked no later than December 1, 2007 for tape cartridges, or transmitted by February 15, 2008 for an electronically filed test.
- .07 A separate Form 6847 is **required** for each payer. A transmitter may not combine payers on one Form 6847 even if acting as Attorney-in-Fact for several payers. Form 6847 may be computergenerated as long as it includes all information on the original form, or it may be photocopied. If Form 6847 is signed by an Attorney-in-Fact, the written consent from the payer must clearly indicate that the Attorney-in-Fact is empowered to authorize release of the information.
- **.08** Only code the records for participating states and for those payers who have submitted Form 6847.
- .09 If a payee has a reporting requirement for more than one state, separate "B" records must be created for each state. Payers must pro-rate the amounts to determine what should be reported to each state. Do **not** report the total amount to each state. This will cause duplicate reporting.
- .10 Some participating states require separate notification that the payer is filing in this manner. Since IRS/ECC-MTB acts as a forwarding agent only, it is the payer's responsibility to contact the appropriate states for further information.
- .11 All corrections properly coded for the Combined Federal/State Filing Program will be forwarded to the participating states. Only send corrections which affect the Federal reporting. Errors which apply only to the state filing requirement should be sent directly to the state.
- .12 Participating states and corresponding valid state codes are listed in **Table 1** of this section. The appropriate state code **must** be entered for those documents that meet the state filing requirements; **do not use state abbreviations.**
- .13 Each state's filing requirements are subject to change by the state. It is the payer's responsibility to contact the participating states to verify their criteria.
 - .14 Upon submission of the actual files, the transmitter **must** be sure of the following:
 - (a) All records are coded exactly as required by this Revenue Procedure.
 - (b) A State Total "K" Record(s) for each state(s) being reported follows the "C" Record.
 - (c) Payment amount totals and the valid participating state code are included in the State Totals "K" Record(s).
 - (d) The last "K" Record is followed by an "A" Record or an End of Transmission "F" Record (if this is the last record of the entire file).

| Table 1. Participating States and Their Codes * | | | | | | |
|---|------|---------------|------|----------------|------|--|
| State | Code | State | Code | State | Code | |
| Alabama | 01 | Indiana | 18 | Nebraska | 31 | |
| Arizona | 04 | Iowa | 19 | New Jersey | 34 | |
| Arkansas | 05 | Kansas | 20 | New Mexico | 35 | |
| California | 06 | Louisiana | 22 | North Carolina | 37 | |
| Colorado | 07 | Maine | 23 | North Dakota | 38 | |
| Connecticut | 08 | Maryland | 24 | Ohio | 39 | |
| Delaware | 10 | Massachusetts | 25 | South Carolina | 45 | |
| District of Columbia | 11 | Minnesota | 27 | Utah | 49 | |
| Georgia | 13 | Mississippi | 28 | Virginia | 51 | |
| Hawaii | 15 | Missouri | 29 | Wisconsin | 55 | |
| Idaho | 16 | Montana | 30 | | | |

^{*} The codes listed above are correct for the IRS Combined Federal/State Filing Program and may not correspond to the state codes of other agencies or programs.

Sample File Layout for Combined Federal/State Filer

| Transmitter | Payer "A" | Payee "B" | Payee "B" | Payee "B" | End of Payer |
|-------------|--------------|---------------|---------------|------------|--------------|
| "T" | Record coded | Record with | Record with | Record, no | "C" Record |
| Record | with 1 in | state code 15 | state code 06 | state code | |
| | position 26 | in position | in position | | |
| | _ | 747-748 | 747-748 | | |

| State Total "K" Record | State Total "K" Record | End of Transmission "F" |
|----------------------------------|----------------------------------|-------------------------|
| for "B" records coded 15. | for "B" records coded 06. | Record |
| "K" record coded 15 in positions | "K" record coded 06 in positions | |
| 747-748. | 747-748. | |

Sec. 13. Penalties Associated With Information Returns

- .01 The following penalties generally apply to the person required to file information returns. The penalties apply to electronic/magnetic media filers as well as to paper filers.
- .02 Failure To File Correct Information Returns by the Due Date (Section 6721). If you fail to file a correct information return by the due date and you cannot show reasonable cause, you may be subject to a penalty. The penalty applies if you fail to file timely, you fail to include all information required to be shown on a return, or you include incorrect information on a return. The penalty also applies if you file on paper when you were required to file either electronically or magnetically, you report an incorrect TIN or fail to report a TIN, or you fail to file paper forms that are machine readable.

The amount of the penalty is based on when you file the correct information return. The penalty is:

- \$15 per information return if you correctly file within 30 days of the due date of the return (See Part A, Sec. 8, .01); maximum penalty \$75,000 per year (\$25,000 for small businesses).
- \$30 per information return if you correctly file more than 30 days after the due date but by August 1; maximum penalty \$150,000 per year (\$50,000 for small businesses).

- \$50 per information return if you file after August 1 or you do not file required information returns; maximum penalty \$250,000 per year (\$100,000 for small businesses).
- .03 A late filing penalty may be assessed for a replacement file which is not returned by the required date. Depending on your method of reporting, replacement files may be subject to penalty. See Part A, Sec. 9, or Part B, Sec. 5, .06 for more information on replacement files.
- **.04** Intentional disregard of filing requirements. If failure to file a correct information return is due to intentional disregard of the filing or correct information requirements, the penalty is at least \$100 per information return with no maximum penalty.
- .05 Failure To Furnish Correct Payee Statements (Section 6722). For information regarding penalties which may apply to failure to furnish correct payee statements, see 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.

Sec. 14. State Abbreviations

.01 The following state and U.S. territory abbreviations are to be used when developing the state code portion of address fields. This table provides state and territory abbreviations only, and does not represent those states participating in the Combined Federal/State Filing Program.

| State | Code | State | Code | State | Code |
|----------------------|------|------------------|------|-----------------------|------|
| Alabama | AL | Kentucky | KY | No. Mariana Islands | MP |
| Alaska | AK | Louisiana | LA | Ohio | ОН |
| American Samoa | AS | Maine | ME | Oklahoma | OK |
| Arizona | AZ | Marshall Islands | MH | Oregon | OR |
| Arkansas | AR | Maryland | MD | Pennsylvania | PA |
| California | CA | Massachusetts | MA | Puerto Rico | PR |
| Colorado | CO | Michigan | MI | Rhode Island | RI |
| Connecticut | CT | Minnesota | MN | South Carolina | SC |
| Delaware | DE | Mississippi | MS | South Dakota | SD |
| District of Columbia | DC | Missouri | MO | Tennessee | TN |
| Federated States of | FM | Montana | MT | Texas | TX |
| Micronesia | | | | | |
| Florida | FL | Nebraska | NE | Utah | UT |
| Georgia | GA | Nevada | NV | Vermont | VT |
| Guam | GU | New Hampshire | NH | Virginia | VA |
| Hawaii | HI | New Jersey | NJ | (U.S.) Virgin Islands | VI |
| Idaho | ID | New Mexico | NM | Washington | WA |
| Illinois | IL | New York | NY | West Virginia | WV |
| Indiana | IN | North Carolina | NC | Wisconsin | WI |
| Iowa | IA | North Dakota | ND | Wyoming | WY |
| Kansas | KS | | | | |

- .02 Filers must adhere to the city, state, and ZIP Code format for U.S. addresses in the "B" Record. This also includes American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Puerto Rico, and the U. S. Virgin Islands.
- .03 For foreign country addresses, filers may use a 51 position free format which should include city, province or state, postal code, and name of country in this order. This is allowable only if a "1" (one) appears in the Foreign Country Indicator, Field Position 247, of the "B" Record.
 - **.04** When reporting APO/FPO addresses, use the following format: **EXAMPLE**:

Payee Name PVT Willard J. Doe

Mailing Address Company F, PSC Box 100

167 Infantry REGT

Payee City APO (or FPO)
Payee State AE, AA, or AP*
Payee ZIP Code 098010100

Sec. 15. Major Problems Encountered

IRS/ECC-MTB encourages filers to verify the format and content of each type of record to ensure the accuracy of the data. This may eliminate the need for IRS/ECC-MTB to request replacement files. This may be important for those payers who have either had their files prepared by a service bureau or who have purchased software packages.

Filers who engage a service bureau to prepare media on their behalf should be careful not to report duplicate data, which may generate penalty notices.

The Major Problems Encountered lists some of the problems most frequently encountered with electronic/magnetic files submitted to IRS/ECC-MTB. These problems may result in IRS/ECC-MTB requesting replacement files.

1. Unable to read tape cartridge.

Please review all tape cartridge specifications carefully (See Part C, Sections 1 and 2.)

2. No Form 4804, Transmittal of Information Returns Reported Magnetically

Each shipment of media sent to IRS/ECC-MTB must include a signed Form 4804.

3. Discrepancy Between IRS/ECC-MTB Totals and Totals in Payer "C" Records

The "C" Record is a summary record for a type of return for a given payer. IRS compares the total number of payees and payment amounts in the "B" records with totals in the "C" Records. The two totals **must** agree. Do **NOT** enter negative amounts except when reporting Forms 1099-B or 1099-Q. Money amounts must be all numeric, right-justified and zero (0) fill unused positions. **Do Not Use Blanks.**

4. The Payment Amount Fields in the "B" Record Do Not Correspond to the Amount Codes in the "A" Record.

The Amount Codes used in the "A" record <u>MUST</u> correspond with the payment amount fields used in the "B" records. The amount codes must be left-justified, in ascending order with the unused positions blank. For Example: If the "B" records show payment amounts in payment amount fields 2, 4, and 7, then the "A" record must correspond with 2, 4, and 7 in the amount codes field.

5. Incorrect TIN in Payer "A" Record.

^{*}AE is the designation for ZIPs beginning with 090-098, AA for ZIP 340, and AP for ZIPs 962-966.

The Payer's TIN reported in positions 12-20 of the "A" record must be nine numeric characters only. **(Do Not Enter Hyphen.)** The TIN and the First Payer Name Line provided in the "A" record must correspond.

6. Incorrect Tax Year in the Transmitter "T" Record, Payer "A" Record and the Payee "B" Records.

The tax year in the transmitter, payer and payee records should reflect the tax year of the information return being reported. For prior tax year data, there must be a "P" in position 6 of the Transmitter "T" record. Media postmarked December 2, 2007 or later **must** have the Prior Year Data Indicator coded with a "P" in position 6 of the Transmitter "T" Record. This position must be blank for current tax year data.

7. Incorrect use of Test Indicator.

When sending a test file, position 28 of the Transmitter "T" record must contain a "T", otherwise blank fill.

8. Incorrect Format for TINs in the Payee "B" Record.

TINs entered in position 12-20 of the Payee "B" record must consist of nine numerics only. **(Do Not Enter Hyphens.)** Incorrect formatting of TINs may result in a penalty.

9. Distribution Codes for Form 1099-R Reported Incorrectly.

For Forms 1099-R, there must be valid Distribution Code(s) in position 545-546 of the Payee "B" record. For valid codes (and combinations), see Guide to Distribution Codes in Part D. If only one distribution code is required, it must be entered in position 545 and position 546 must be blank. A blank in position 545 is not acceptable.

10. Incorrect Record Totals Listed on Form 4804.

The Combined Total Payee Records listed on Form 4804 (Block 6) are used in the verification process of information returns. The figure in this block **must** be the total number of payee "B" records contained on each individual piece of media submitted. A separate Form 4804 should be sent for each piece of media that contains a file.

11. Missing Correction Indicator in Payee "B" Record.

When a file is submitted as a correction file, there must be a correction indicator, "G" or "C" in position 6 of the Payee "B" record. See Part A, Sec. 10.

Part B. Electronic Filing Specifications

Note: The FIRE System DOES NOT provide fill-in forms, except for Form 8809, Application for Extension of Time to File Information Returns. Filers must program files according to the Record Layout Specifications contained in this publication. For a list of software providers, log on to www.irs.gov and go to the Approved IRS e-file for Business Providers link.

Sec. 1. General

- **.01** Electronic filing of Forms 1098, 1099, 5498, and W-2G information returns, originals, corrections, and replacements is offered as an alternative to tape cartridges or paper filing. Filing electronically will fulfill the magnetic media requirements for those payers who are required to file magnetically. Payers who are under the filing threshold requirement, are encouraged to file electronically. If the original file was sent magnetically, but IRS/ECC-MTB has requested a replacement file, the replacement may be transmitted electronically. Also, if the original file was submitted via tape cartridge, any corrections may be transmitted electronically.
- **.02** All electronic filing of information returns are received at IRS/ECC-MTB via the FIRE (Filing Information Returns Electronically) System. To connect to the FIRE System, point your browser to http://fire.irs.gov. The system is designed to support the electronic filing of information returns only.
- .03 The electronic filing of information returns is not affiliated with any other IRS electronic filing programs. Filers must obtain separate approval to participate in each program. Only inquiries concerning electronic filing of information returns should be directed to IRS/ECC-MTB.
- **.04** Files submitted to IRS/ECC-MTB electronically must be in standard ASCII code. Do not send tape cartridges or paper forms with the same information as electronically submitted files. This would create duplicate reporting resulting in penalty notices.
- **.05** The record formats of the "T", "A", "B", "C", "K", and "F" records are the same for both electronically or magnetically filed records. See Part D, Record Format Specifications and Record Layouts.

Sec. 2. Advantages of Filing Electronically

Some of the advantages of filing electronically are:

- (1) Paperless, no Form 4804 requirements.
- (2) Security Secure Socket Layer (SSL) 128-bit encryption.
- (3) The File Status results will be emailed to you in 1-2 business days if the correct email address is provided. It is the filer's responsibility to log into the system and check results if the file is bad or you disagree with the count of payees.
- (4) Later due date than tape cartridge or paper for electronically filed Forms 1098, 1099, and W-2G (refer to Part A, Sec. 8, .01).
- (5) Allows more attempts than a tape cartridge filing to replace bad files within a specific time frame before imposing penalties (refer to Part B, Sec. 5, .06).
- (6) Better customer service due to on-line availability of transmitter's files for research purposes.
- (7) Extended period to test electronic files: November 1, 2007 to February 15, 2008.

Sec. 3. Electronic Filing Approval Procedure

- .01 Filers must obtain a Transmitter Control Code (TCC) prior to submitting files electronically. Filers who currently have a TCC for magnetic media filing may use their assigned TCC for electronic filing. Refer to Part A, Sec. 6, for information on how to obtain a TCC.
- **.02** Once a TCC is obtained, electronic filers assign their own user ID, password and PIN (Personal Identification Number) and do not need prior or special approval. See Part B, Sec. 6, for more information on the PIN.
- .03 If a filer is submitting files for more than one TCC, it is not necessary to create a separate logon and password for each TCC.
- .04 For all passwords, it is the user's responsibility to remember the password and not allow the password to be compromised. Passwords are user assigned at first logon and must be 8 alpha/numerics containing at least 1 uppercase, 1 lowercase, and 1 numeric. However, filers who forget their password or PIN, can call toll-free 1—

866-455-7438 extension 3 for assistance. The FIRE System may require users to change their passwords on a yearly basis.

Sec. 4. Test Files

- .01 Filers are not required to submit a test file; however, the submission of a test file is encouraged for all new electronic filers to test hardware and software. If filers wish to submit an electronic test file for Tax Year 2007 (returns to be filed in 2008), it **must** be submitted to IRS/ECC-MTB **no earlier than** November 1, 2007, and **no later than** February 15, 2008.
- .02 Filers who encounter problems while transmitting the electronic test file can contact IRS/ECC-MTB toll-free 1-866-455-7438 extension 3 for assistance.
- .03 Within 1-2 days after your file has been sent, you will be notified via email as to the acceptability of your file if you provide a valid email address on the 'Verify Your Filing Information' screen. If the file is bad, the filer must return to http://fire.irs.gov to determine what the errors are in the file by clicking on CHECK FILE STATUS. If your results indicate:
 - (a) "Good, Federal Reporting" Your test file is good for federal reporting only. Click on the filename for additional details.
 - **(b)** "Good, Federal/State Reporting" Your file is good for the Combined Federal and State Filing Program (see Part A, Section 12 for further details). Click on the filename for additional details.
 - (c) "Bad" This means that your test file contained errors. Click on the filename for a list of the errors. If you want to send another test file, send it as another test (not a replacement, original or correction).
 - (d) "Not Yet Processed" The file has been received, but we do not have results available yet. Please allow another day for results.
 - .04 Form 4804 is not required for test files submitted electronically. See Part B, Sec.4.
- .05 A test file is required from filers who want approval for the Combined Federal/State Filing Program. See Part A, Sec. 12, for further details.

Sec. 5. Electronic Submissions

- .01 Electronically filed information may be submitted to IRS/ECC-MTB 24 hours a day, 7 days a week. Technical assistance is available Monday through Friday between 8:30 a.m. and 4:30 p.m. Eastern time by calling toll-free 1-866-455-7438 extension 3.
- .02 The FIRE System will be down from 2 p.m. EST December 20, 2007, through January 2, 2008. This allows IRS/ECC-MTB to update its system to reflect current year changes.
- .03 If you are sending files larger than 10,000 records electronically, data compression is encouraged. When transmitting files larger than 5 million records, please contact IRS/ECC-MTB for additional information. WinZip and PKZIP are the only acceptable compression packages. IRS/ECC-MTB cannot accept self-extracting zip files or compressed files containing multiple files. The time required to transmit information returns electronically will vary depending upon the type of connection to the internet and if data compression is used. The time required to transmit a file can be reduced up to 95 percent by using compression.
- **.04** The FIRE System can accept multiple files for the same type of return providing duplicate data is not transmitted. For example, if your company has several branches issuing 1099-INT forms; it is not necessary to consolidate all the forms into one transmission. Each file may be sent separately, **providing duplicate data is not transmitted.**
- .05 Transmitters may create files using self assigned file name(s). Files submitted electronically will be assigned a new unique file name by the FIRE System. The filename assigned by the FIRE System will consist of submission type (TEST, ORIG [original], CORR [correction], and REPL [replacement]), the filer's TCC and a four-digit number sequence. The sequence number will be incremented for every file sent. For example, if it is

your first original file for the calendar year and your TCC is 44444, the IRS assigned filename would be ORIG.44444.0001. **Record the filename.** This information will be needed by ECC-MTB to identify the file, if assistance is required.

- .06 If a file was submitted timely and is bad, the filer will have up to 60 days from the day the file was transmitted to transmit an acceptable file. If an acceptable file is not received within 60 days, the payer could be subject to late filing penalties. This only applies to files originally submitted electronically.
- **.07** The following definitions have been provided to help distinguish between a correction and a replacement:
 - A **correction** is an information return submitted by the transmitter to correct an information return that was previously submitted to and processed by IRS/ECC-MTB, but contained erroneous information. (See Note.)

Note: Corrections should only be made to records that have been submitted incorrectly, not the entire file.

• A **replacement** is an information return file sent by the filer because the CHECK FILE STATUS option on the FIRE System indicated the original/correction file was bad. After the necessary changes have been made, the file must be transmitted through the FIRE System. (See Note.)

Note: Filers should never transmit anything to IRS/ECC-MTB as a "Replacement" file unless the CHECK FILE STATUS option on the FIRE System indicates the file is bad.

.08 The TCC in the Transmitter "T" Record must be the TCC used to transmit the file; otherwise, the file will be considered an error.

Sec. 6. PIN Requirements

- **.01** Form 4804 is not required for electronic files. Instead, the user will be prompted to create a PIN consisting of 10 numerics when establishing their initial logon name and password.
- .02 The PIN is required each time an ORIGINAL, CORRECTION, or REPLACEMENT file is sent electronically and is permission to release the file. It is not needed for a TEST file. An authorized agent may enter their PIN, however, the payer is responsible for the accuracy of the returns. The payer will be liable for penalties for failure to comply with filing requirements. If you forget your PIN, please call toll-free 1-866-455-7438 extension 3 for assistance.
- .03 If the file is good, it is released for mainline processing after 10 calendar days from receipt. Contact us **toll-free 1-866-455-7438 extension 3** within this 10-day period if there is a reason the file should not be released for further processing. If the file is bad, follow normal replacement procedures.

Sec. 7. Electronic Filing Specifications

- **.01** The FIRE System is designed exclusively for the filing of Forms 1042-S, 1098, 1099, 5498, 8027, and W-2G.
- **.02** A transmitter must have a TCC (see Part A, Sec. 6) before a file can be transmitted. A TCC assigned for magnetic media filing should also be used for electronic filing.
- .03 After 1-2 business days, the results of the electronic transmission will be emailed to you providing you provide an accurate email address on the 'Verify Your Filing Information' screen. If you are using email filtering software, configure your software to accept emails from fire@irs.gov. If after receiving the email it indicates that your file is bad, you must log into the FIRE System and go to the CHECK FILE STATUS area of the FIRE System

to determine what the errors are in your file. Forms 1042-S and 8027 require a longer processing time and emails are not sent for these forms.

Sec. 8. Connecting to the FIRE System

- .01 Point your browser to http://fire.irs.gov to connect to the FIRE System.
- .02 Filers should turn off their pop-up blocking software before transmitting their files.
- .03 Before connecting, have your TCC and EIN available.
- **.04** Your browser must support SSL 128-bit encryption.
- .05 Your browser must be set to receive "cookies". Cookies are used to preserve your User ID status.

First time connection to The FIRE System (If you have logged on previously, skip to Subsequent Connections to the FIRE System.)

Click "Create New Account".

Fill out the registration form and click "Submit".

Enter your *User ID* (most users logon with their first and last name).

Enter and verify your *password* (the password is user assigned and must be 8 alpha/numerics, containing at least 1 uppercase, 1 lowercase and 1 numeric). FIRE may require you to change the password once a year.

Click "Create".

If you receive the message "Account Created", click "OK".

Enter and verify your 10 digit self-assigned PIN (Personal Identification Number).

Click "Submit".

If you receive the message "Your PIN has been successfully created!", click "OK". Read the bulletin(s) and/or "Click here to continue".

Subsequent connections to The FIRE System

Click "Log On".

Enter your *User ID* (most users logon with their first and last name).

Enter your *password* (the password is user assigned and is case sensitive).

Read the bulletin(s) and/or "Click here to continue".

Uploading your file to the FIRE System

At Menu Options:

Click "Send Information Returns"

Enter your *TCC*:

Enter your *EIN*:

Click "Submit".

The system will then display the company name, address, city, state, ZIP Code, phone number, contact and email address. This information will be used to email the transmitter regarding their transmission. Update as appropriate and/or Click "Accept".

Note: Please ensure that the email is accurate so that the correct person receives the email and it does not return to us undeliverable. If you are using SPAM filtering software, please configure it to allow an email from fire@irs.gov.

Click one of the following:

Original File

Correction File

Test File (This option will only be available from 11/1/2007 - 02/15/2008.)

Replacement File (if you select this option, select one of the following):

Electronic Replacement (file was originally transmitted on this system) Click on the file to be replaced.

Magnetic Media Replacement

Enter the alpha character from Form 9267, Media Tracking Slip, that was sent with the request for replacement file. Click "Submit".

Enter your 10-digit PIN (not prompted for this if a test is being sent).

Click "Submit".

Click "Browse" to locate the file and open it.

Click "Upload".

When the upload is complete, the screen will display the total bytes received and tell you the name of the file you just uploaded.

If you have more files to upload for that TCC:

Click "File Another?"; otherwise,

Click "Main Menu".

It is your responsibility to check the acceptability of your file; therefore, be sure to check back into the system in 1-2 business days using the CHECK FILE STATUS option.

Checking your FILE STATUS

If the correct email address was provided on the "Verify Your Filing Information" screen when the file was sent, an email will be sent regarding your FILE STATUS. If the results in the email indicate "Good, not Released" and you agree with the "Count of Payees", then you are finished with this file. If you have any other results, please follow the instructions below.

At the Main Menu:

Click "Check File Status".

Enter your *TCC*:

Enter your *EIN*:

Click "Search".

If "Results" indicate:

"Good, Not Released" and you agree with the "Count of Payees", you are finished with this file. The file will automatically be released after 10 calendar days unless you contact us within this timeframe.

"Good, Released" - File has been released to our mainline processing.

"Bad" - Correct the errors and timely resubmit the file as a "replacement".

"Not yet processed" - File has been received, but we do not have results available yet. Please check back in a few days.

Click on the desired file for a detailed report of your transmission.

When you are finished, click on Main Menu.

Click "Log Out".

Close your Web Browser.

Sec. 9. Common Problems and Questions Associated with Electronic Filing

- .01 Refer to Part A, Sec. 15, for common format errors associated with electronic/magnetic files.
 - .02 The following are the major errors associated with electronic filing:

NON-FORMAT ERRORS

1. Transmitter does not check the FIRE System to determine why the file is bad.

The results of your file transfer are posted to the FIRE System within two business days. If the correct email address was provided on the "Verify Your Filing Information" screen when the file was sent, an email will be sent regarding your FILE STATUS. If the results in the email indicate "Good, not Released" and you agree with the "Count of Payees", then you are finished with this file. If you have any other results, please follow the instructions in the Check File Status option. If the file contains errors, you can get an online listing of the errors. Date received and number of payee records are also displayed. If the file is good, but you do not want the file processed, you must contact IRS/ECC-MTB within 10 calendar days from the transmission of your file.

2. Incorrect file is not replaced timely.

If your file is bad, correct the file and timely resubmit as a replacement.

3. Transmitter compresses several files into one.

Only compress one file at a time. For example, if you have 10 uncompressed files to send, compress each file separately and send 10 separate compressed files.

4. Transmitter sends a file and CHECK FILE STATUS indicates that the file is good, but the transmitter wants to send a replacement or correction file to replace the original/correction/replacement file.

Once a file has been transmitted, you cannot send a replacement file unless CHECK FILE STATUS indicates the file is bad (1-2 business days after file was transmitted). If you do not want us to process the file, you must first contact us **toll-free 1-866-455-7438 extension 3** to see if this is a possibility.

5. Transmitter sends an original file that is good, and then sends a correction file for the entire file even though there are only a few changes.

The correction file, containing the proper coding, should only contain the records needing correction, not the entire file.

6. File is formatted as EBCDIC.

All files submitted electronically must be in standard ASCII code.

7. Transmitter has one TCC number, but is filing for multiple companies, which EIN should be used when logging into the system to send the file?

When sending the file electronically, you will need to enter the EIN of the company assigned to the TCC. When you upload the file, it will contain the EIN's of the other companies for which you are filing. This is the information that will be passed forward.

8. Transmitter sent the wrong file, what should be done?

Call us as soon as possible toll-free at 1-866-455-7438 extension 3. We may be able to stop the file before it has been processed. Please do not send a replacement for a file that is marked as a good file.

Part C. Tape Cartridge Specifications

- .01 Transmitters should be consistent in the use of recording codes and density on files. If the tape cartridge does not meet these specifications, IRS/ECC-MTB will request a replacement file. Filers are encouraged to submit a test prior to submitting the actual file. Contact IRS/ECC-MTB toll-free 1-866-455-7438 extension 5 for further information. Transmitters should also check media for viruses before submitting to IRS/ECC-MTB.
- **.02** In most instances, IRS/ECC-MTB can process tape cartridges that meet the following specifications:
 - (a) Must be IBM 3480, 3490, 3490E, 3590, or 3590E.
 - **(b)** Must meet American National Standard Institute (ANSI) standards, and have the following characteristics:
 - (1) Tape cartridges must be ½-inch tape contained in plastic cartridges that are approximately 4-inches by 5-inches by 1-inch in dimension.
 - (2) Magnetic tape must be chromium dioxide particle based ½-inch tape.
 - (3) Cartridges must be 18-track, 36-track, 128-track or 256-track parallel (See Note.)
 - (4) Cartridges will contain 37,871 CPI, 75,742 CPI, or 3590 CPI (characters per inch).
 - (5) Mode will be full function.
 - (6) The data may be compressed using EDRC (Memorex) or IDRC (IBM) compression.
 - (7) Either EBCDIC (Extended Binary Coded Decimal Interchange Code) or ASCII (American Standard Coded Information Interchange) may be used.

- .03 The tape cartridge records defined in this Revenue Procedure may be blocked subject to the following:
 - (a) A block must not exceed 32,250 tape positions.
 - **(b)** If the use of blocked records would result in a short block, all remaining positions of the block must be filled with 9s; however, the last block of the file may be filled with 9s or truncated. **Do not pad a block with blanks**.
 - (c) All records, except the header and trailer labels, may be blocked or unblocked. A record may not contain any control fields or block descriptor fields, which describe the length of the block or the logical records within the block. The number of logical records within a block (the blocking factor) must be constant in every block with the exception of the last block, which may be shorter (see item (b) above). The block length must be evenly divisible by 750.
 - (d) Records may not span blocks.
 - .04 Tape cartridges may be labeled or unlabeled.
 - **.05** Do **not** send encrypted data.
 - **.06** For the purposes of this Revenue Procedure, the following must be used: Tape Mark:
 - (a) Signifies the physical end of the recording on tape.
 - **(b)** For even parity, use BCD configuration 001111 (8421).
 - (c) May follow the header label and precede and/or follow the trailer label.

Note: Filers should indicate on the external media label whether the cartridge is 18-track, 36-track, 128-track or 256-track.

Part D. Record Format Specifications and Record Layouts

Sec. 1. General

- **.01** The specifications contained in this part of the Revenue Procedure define the required formation and contents of the records to be included in the electronic or tape cartridge files.
- **.02** A provision is made in the "B" Records for entries which are optional. If the field is not used, enter blanks to maintain a fixed record length of 750 positions. Each field description explains the intended use of specific field positions.

Sec. 2. Transmitter "T" Record - General Field Descriptions

- **.01** The Transmitter "T" Record identifies the entity transmitting the electronic/tape cartridge file and contains information which is critical if it is necessary for IRS/ECC-MTB to contact the filer.
- .02 The Transmitter "T" Record is the first record on each file and is followed by a Payer "A" Record. A file format diagram is located at the end of Part D. A replacement file will be requested by IRS/ECC-MTB if the "T" Record is not present.
- .03 For all fields marked "Required", the transmitter must provide the information described under Description and Remarks. For those fields not marked "Required", a transmitter must allow for the field but may be instructed to enter blanks or zeros in the indicated field positions and for the indicated length.
 - .04 All records must be a fixed length of 750 positions.
- .05 All alpha characters entered in the "T" Record must be upper-case, except email addresses which may be case sensitive. **Do not** use punctuation in the name and address fields.

| | Record Name: Transmitter "T" Record | | | | | |
|-------------------|-------------------------------------|--------|--|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | |
| 1 | Record Type | 1 | Required. Enter "T." | | | |
| 2-5 | Payment Year | 4 | Required. Enter "2007". If reporting prior year data, report the year which applies (2005, 2006, etc.) and set the Prior Year Data Indicator in field position 6. | | | |
| 6 | Prior Year Data Indicator | 1 | Required. Enter "P" only if reporting prior year data; otherwise, enter blank. Do not enter a "P" if tax year is 2007. (See Note.) | | | |

Note: Current year data MAILED December 2 or later or electronic files SENT December 21 or later must be coded with a "P". Current year processing ends in December and programs are converted for the next processing year.

| 7-15 | Transmitter's TIN | 9 | Required . Enter the transmitter's nine-digit Taxpayer Identification Number (TIN). May be an EIN or SSN. |
|---------|---------------------------------|----|--|
| 16-20 | Transmitter Control Code | 5 | Required. Enter the five-character alpha/numeric Transmitter Control Code (TCC) assigned by IRS/ECC-MTB. A TCC must be obtained to file data with this program. |
| 21-27 | Blank | 7 | Enter blanks. |
| 28 | Test File Indicator | 1 | Required for test files only. Enter a "T" if this is a test file; otherwise, enter a blank. |
| 29 | Foreign Entity Indicator | 1 | Enter a "1" (one) if the transmitter is a foreign entity. If the transmitter is not a foreign entity, enter a blank. |
| 30-69 | Transmitter Name | 40 | Required. Enter the name of the transmitter in the manner in which it is used in normal business. Left-justify and fill unused positions with blanks. |
| 70-109 | Transmitter Name (Continuation) | 40 | Required. Enter any additional information that may be part of the name. Left-justify information and fill unused positions with blanks. |
| 110-149 | Company Name | 40 | Required. Enter the name of the company to be associated with the address where correspondence should be sent. |
| 150-189 | Company Name (Continuation) | 40 | Enter any additional information that may be part of the name of the company where correspondence should be sent. |

| Record Name: Transmitter "T" Record (Continued) | | | | | |
|---|----------------------------|-------------------------|---|--|--|
| Field Position | Field Title | Description and Remarks | | | |
| 190-229 | Company Mailing Address | 40 | Required. Enter the mailing address where correspondence should be sent. | | |

Note: Any correspondence relating to problem media or electronic files will be sent to this address. This should be the same address as in box 5 of Form 4804.

For U.S. addresses, the payer city, state, and ZIP Code must be reported as a 40, 2, and 9-position field, respectively. Filers must adhere to the correct format for the payer city, state, and ZIP Code.

For foreign addresses, filers may use the payer city, state, and ZIP Code as a continuous 51-position field. Enter information in the following order: city, province or state, postal code, and the name of the country. When reporting a foreign address, the Foreign Entity Indicator in position 29 must contain a "1" (one).

| 230-269 | Company City | 40 | Required. Enter the city, town, or post office where correspondence should be sent. |
|---------|--|----|---|
| 270-271 | Company State | 2 | Required. Enter the valid U.S. Postal Service state abbreviation. Refer to the chart for valid state codes in Part A, Sec. 14. |
| 272-280 | Company ZIP Code | 9 | Required . Enter the valid nine-digit ZIP assigned by the U.S. Postal Service. If only the first five-digits are known, left-justify information and fill unused positions with blanks. |
| 281-295 | Blank | 15 | Enter blanks. |
| 296-303 | Total Number of Payees | 8 | Enter the total number of Payee "B" Records reported in the file. Right-justify information and fill unused positions with zeros. |
| 304-343 | Contact Name | 40 | Required. Enter the name of the person to be contacted if IRS/ECC-MTB encounters problems with the file or transmission. |
| 344-358 | Contact Phone Number & Extension | 15 | Required. Enter the telephone number of the person to contact regarding electronic or magnetic files. Omit hyphens. If no extension is available, left-justify information and fill unused positions with blanks. For example, the IRS/ECC-MTB Customer Service Section phone number of 866-455-7438 with an extension of 52345 would be 866455743852345. |
| 359-408 | Contact Email Address | 50 | Required if available. Enter the email address of the person to contact regarding electronic or magnetic files. Left-justify information. If no email address is available, enter blanks. |

| T | | | itter "T" Record (Continued) | | | |
|-------------------|----------------------------------|--------|--|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | |
| 409-410 | Cartridge Tape File Indicator | 2 | Required for tape cartridge filers only. Enter the letters "LS" (in uppercase only). Use of this field by filers using other types of media will be acceptable but is not required. | | | |
| 411-416 | Transmitter's Media Number | 6 | For tape cartridge filers only. If your organization uses an in-house numbering system to identify tap cartridges, enter that number; otherwise, enter blanks. | | | |
| 417-499 | Blank | 83 | Enter blanks. | | | |
| 500-507 | Record Sequence Number | 8 | Required. Enter the number of the record as it appears within your file. The record sequence number for the "T" record will always be "1" (one), since it is the first record on your file and you can have only one "T" record in a file. Each record, thereafter, must be incremented by one in ascending numerical sequence, i.e., 2, 3, 4, etc. Right-justify numbers with leading zeros in the field. For example, the "T" record sequence number would appear as "00000001" in the field, the first "A" record would be "00000002", the first "B" record, "00000003", the second "B" record, "000000004" and so on until you reach the final record of the file, the "F" record. | | | |
| 508-517 | Blank | 10 | Enter blanks. | | | |
| 518 | Vendor Indicator | 1 | Required . Enter the appropriate code from the table below to indicate if your software was provided by a vendor or produced in-house. | | | |
| | | | Vour software was purchased from a vendor or other source. | | | |
| | | | I Your software was produced by in-house programmers. | | | |

Note: In-house programmer is defined as an employee or a hired contract programmer. If your software is produced in-house, the following Vendor information fields are not required.

| SULLWALE | s produced m-nouse, i | me ionowing | venuor information neius are not requireu. |
|----------|---------------------------|-------------|--|
| 519-558 | Vendor Name | 40 | Required . Enter the name of the company from |
| | | | whom you purchased your software. |
| 559-598 | Vendor Mailing Address | 40 | Required. Enter the mailing address. |

For U.S. addresses, the vendor city, state, and ZIP Code must be reported as a 40, 2, and 9-position field, respectively. **Filers must adhere to the correct format for the payer city, state, and ZIP Code.**

| Record Name: Transmitter "T" Record (Continued) | | | | | | | | |
|---|---|----|---|--|--|--|--|--|
| Field Position | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | | , state, and ZIP Code as a continuous 51-position field. nce or state, postal code, and the name of the country. | | | | | |
| 599-638 | Vendor City | 40 | Required. Enter the city, town, or post office. | | | | | |
| 639-640 | Vendor State | 2 | Required. Enter the valid U.S. Postal Service state abbreviation. Refer to the chart of valid state codes in Part A, Sec. 14. | | | | | |
| 641-649 | Vendor ZIP Code | 9 | Required. Enter the valid nine-digit ZIP Code assigned by the U.S. Postal Service. If only the first five-digits are known, left-justify information and fill unused positions with blanks. | | | | | |
| 650-689 | Vendor Contact Name | 40 | Required. Enter the name of the person who can be contacted concerning any software questions. | | | | | |
| 690-704 | Vendor Contact Phone Number & Extension | 15 | Required. Enter the telephone number of the person to contact concerning software questions. Omit hyphens. If no extension is available, left-justify information and fill unused positions with blanks. | | | | | |
| 705-739 | Blank | 35 | Enter Blanks. | | | | | |
| 740 | Vendor Foreign Entity Indicator | 1 | Enter a "1" (one) if the vendor is a foreign entity. Otherwise, enter a blank. | | | | | |
| 741-748 | Blank | 8 | Enter blanks. | | | | | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed characters (CR/LF). | | | | | |

Sec. 3. Transmitter "T" Record - Record Layout

| Record Type | Payment Year | Prior Year Data Indicator | Transmitter's TIN | Transmitter Control Code | Blank |
|------------------------|---------------------|---------------------------------|----------------------|--------------------------------|------------------------|
| 1 | 2-5 | 6 | 7-15 | 16-20 | 21-27 |
| | Foreign | T | Transmitter | G | Company |
| Test File Indicator | Entity Indicator | Transmitter Name | Name (Continuation) | Company Name | Name (Continuation) |
| 28 | 29 | 30-69 | 70-109 | 110-149 | 150-189 |

| , | | | | | | | | | | |
|-------------------------------|--------------------|----|-----------------|------|------------------------|---------------|-----------|----------------------|-----|-----------------|
| Company Mailing Address | Company City | | ompany State | Z | npany XIP ode | Bla | nk | Tot Num of Pay | ber | Contact Name |
| 190-229 | 230-269 | 27 | 0-271 | 272 | 2-280 | 281- | 295 | 296-3 | 303 | 304-343 |
| | | | | | | | | | | |
| Contact Phone | e Contact | | Cartri | dge | Trong | smitter's | | | | Record |
| Number & | Email | | Tape | | | i Numbei | r | Blank | | Sequence |
| Extension | Address | } | Indica | ator | | | | | | Number |
| 344-358 | 359-408 | | 409-4 | 10 | 411- | 416 | 4 | 17-499 | ı | 500-507 |
| Blank | Vendor Indicato | | Vendo Name | | Vend Maili Addro | ng | Ven Ci | | | Vendor State |
| 508-517 | 518 | | 519-5 | 558 | 559-59 | 98 | 599 | -638 | | 639-640 |
| , | | | | | | | | | T | |
| Vendor ZIP | Vendor Contact | | endor ontact | | | Vend Forei | | | | |
| Code | Name | _ | Phone | Bla | ank | Enti | _ | Blan | k | Blank or |
| | | | mber & tension | | | Indica | ator | | | CR/LF |
| 641-649 | 650-689 | 69 | 0-704 | 70: | 5-739 | 74 | 0 | 741-74 | 8 | 749-750 |

Sec. 4. Payer "A" Record - General Field Descriptions

- .01 The Payer "A" Record identifies the person making payments, a recipient of mortgage or student loan interest payments, an educational institution, a broker, a person reporting a real estate transaction, a barter exchange, a creditor, a trustee or issuer of any IRA or MSA plan, and a lender who acquires an interest in secured property or who has a reason to know that the property has been abandoned. The payer will be held responsible for the completeness, accuracy, and timely submission of electronic/magnetic files.
- .02 The second record on the file must be an "A" Record. A transmitter may include Payee "B" records for more than one payer in a file. However, **each group** of "B" records must be preceded by an "A" Record and followed by an End of Payer "C" Record. A single file may contain different types of returns but the types of returns **must not** be intermingled. A separate "A" Record is required for each payer and each type of return being reported.
- .03 The number of "A" Records depends on the number of payers and the different types of returns being reported. Do not submit separate "A" Records for each payment amount being reported. For example, if a payer is filing Form 1099-DIV to report Amount Codes 1, 2, and 3, all three amount codes should be reported under one "A" Record, not three separate "A" Records.
 - .04 The maximum number of "A" Records allowed on a file is 90,000.
 - .05 All records must be a fixed length of 750 positions.

.06 All alpha characters entered in the "A" Record must be upper case.

.07 For all fields marked "Required", the transmitter must provide the information described under Description and Remarks. For those fields not marked "Required", a transmitter must allow for the field, but may be instructed to enter blanks or zeros in the indicated media position(s) and for the indicated length.

| | Record Name: Payer "A" Record | | | | | |
|----------|--|--------|--|--|--|--|
| Field | Field Title | Length | Description and Remarks | | | |
| Position | | | | | | |
| 1 | Record Type | 1 | Required. Enter an "A". | | | |
| 2-5 | Payment Year | 4 | Required . Enter "2007". If reporting prior year data, report the year which applies (2005, 2006, etc.). | | | |
| 6-11 | Blank | 6 | Enter blanks. | | | |
| 12-20 | Payer's Taxpayer Identification Number (TIN) | 9 | Required. Must be the valid nine-digit Taxpayer Identification Number assigned to the payer. Do not enter blanks, hyphens, or alpha characters. All zeros, ones, twos, etc., will have the effect of an incorrect TIN. | | | |

Note: For foreign entities that are not required to have a TIN, this field must be blank. However, the Foreign Entity Indicator, position 52 of the "A" Record, must be set to "1"(one).

| 21-24 | Payer Name Control | 4 | The Payer Name Control can be obtained only from the mail label on the Package 1099 that is mailed to most payers each December. Package 1099 contains Form 7018-C, Order Blank for Forms, and the mail label on the package contains a four (4) character name control. If a Package 1099 has not been received, you can determine your name control using the following simple rules or you can leave the field blank. For a business, use the first four significant characters of the business name. Disregard the word "the" when it is the first word of the name, unless there are only two words in the name. A dash (-) and an ampersand (&) are the only acceptable special characters. Names of less than four (4) characters should be leftjustified, filling the unused positions with blanks. |
|-------|---------------------------------|---|---|
| 25 | Last Filing Indicator | 1 | Enter a "1" (one) if this is the last year this payer name and TIN will file information returns electronically, magnetically or on paper; otherwise, enter a blank. |
| 26 | Combined Federal/State Filer | 1 | Required for the Combined Federal/State Filing Program. Enter "1" (one) if approved or submitting a test to participate in the Combined Federal/State Filing Program; otherwise, enter a blank. |

Note: If the Payer "A" Record is coded for combined Federal/State filing there must be coding in the Payee "B" Records and the State Totals "K" Records.

| | Re | ecord Name: Pay | er "A" Record (Continu | led) | | |
|--|---------------------------|----------------------|--|--|--|--|
| Field Position | Field Title | Length | Description and Rema | arks | | |
| | ou entered "1" (one) in t | this field position, | be sure to code the Paye | ee "B" Records with the | | |
| appropriate state code. Refer to Part A, Sec. 12, for further information. | | | | | | |
| 27 | Type of Return | 1 | Required . Enter the appropriate code from the table l | | | |
| | | | Type of Return | Code | | |
| | | | 1098 | 3 | | |
| | | | 1098-C | X | | |
| | | | 1098-E | 2 | | |
| | | | 1098-T | 8 | | |
| | | | 1099-A | 4 | | |
| | | | 1099-B | В | | |
| | | | 1099-C | 5 | | |
| | | | 1099-CAP | P | | |
| | | | 1099-DIV | 1 | | |
| | | | 1099-G | \mathbf{F} | | |
| | | | 1099-H | J | | |
| | | | 1099-INT | 6 | | |
| | | | 1099-LTC | T | | |
| | | | 1099-MISC | A | | |
| | | | 1099-OID | D | | |
| | | | 1099-PATR | 7 | | |
| | | | 1099-Q | Q | | |
| | | | 1099-R | 9 | | |
| | | | 1099-S | S | | |
| | | | 1099-SA | M | | |
| | | | 5498 | L | | |
| | | | 5498-ESA | V | | |
| | | | 5498-SA | K | | |
| | | | W-2G | W | | |
| | | | | | | |
| 28-41 | Amount Codes (See | Note.) 14 | Required. Enter the a | ppropriate amount codes for the | | |
| | | | numbers on paper informamount codes used to formamount codes and to formamount codes are supported to formamount codes and to formamount codes are supported to formamount codes are supported to formamount codes are supported to formamount codes used to formamount codes u | corted. In most cases, the box rmation returns correspond with the file electronically or magnetically. Sies occur, this Revenue Procedure ronically/magnetically. Enter the | | |
| | | | | ding sequence; numeric characters | | |

Note: A type of return and an amount code must be present in every Payer "A" Record even if no money amounts are being reported. For a detailed explanation of the information to be reported in each amount code, refer to the appropriate paper instructions for each form.

with blanks.

followed by alphas. Left-justify, and fill unused positions

| | Rec | ord Name: Pay | er "A" Re | cord (Continued) | | |
|-------------------------|--|-----------------|--|---|--|--|
| Field Position | Field Title | Length | Descrip | tion and Remarks | | |
| Amount Co- Statement | des Form 1098 - Mortgag | e Interest | For Reporting Mortgage Interest Received From Payers/Borrowers (Payer of Record) on Form 1098: | | | |
| | des Form 1098-C – Contr cles, Boats, and Airplanes | | Amount Code 1 2 3 4 5 For Report Amount Code 4 6 | Amount Type Mortgage interest received from payer(s)/borrower(s) Points paid on purchase of principal residence Refund (or credit) of overpaid interest Mortgage Insurance Premiums Blank (Filer's use) rting Gross Proceeds From Sales on Form 1098-C: Amount Type Gross proceeds from sales Value of goods or services in exchange for | | |
| Amount Co | de Form 1098-E - Studen | t Loan Interest | For Repo | vehicle rting Interest on Student Loans on Form 1098-E: | | |
| | | | Amount Code | Amount Type Student loan interest received by lender | | |
| Amount Co | des Form 1098-T – Tuitio | on Statement | For Repor | rting Tuition Payments on Form 1098-T: | | |
| | | | Amount Code 1 2 3 4 5 7 | Amount Type Payments received for qualified tuition and related expenses Amounts billed for qualified tuition and related expenses Adjustments made for prior year Scholarships or grants Adjustments to scholarships or grants for a prior year Reimbursements or refunds of qualified tuition and related expenses from an insurance contract | | |

Note 1: For Amount Codes 1 and 2 enter either payments received OR amounts billed. DO NOT report both.

| Record Name: Payer "A" Record (Continued) | | | | | | |
|---|-------------|--------|-------------------------|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | |

Note 2: Amount codes 3 and 5 are assumed to be negative. It is not necessary to code with an over punch or dash to indicate a negative reporting.

Amount Codes **Form 1099-A** – Acquisition or Abandonment of Secured Property

For Reporting the Acquisition or Abandonment of Secured Property on Form 1099-A:

| Amount | |
|-------------|----------------------------------|
| Code | Amount Type |
| 2 | Balance of principal outstanding |
| 4 | Fair market value of property |
| For Report | ing Payments on Form 1099-B: |

Amount Codes **Form 1099-B** – Proceeds From Broker and Barter Exchange Transactions

| Amount | |
|-------------|---|
| Code | Amount Type |
| 2 | Stocks, bonds, etc. (For forward contracts, See |
| | Note 1.) |
| 3 | Bartering (Do not report negative amounts.) |
| 4 | Federal income tax withheld (backup |
| | withholding) (Do not report negative amounts.) |
| 6 | Profit (or loss) realized in 2007 (See Note 2.) |
| 7 | Unrealized profit (or loss) on open contracts - |
| | 12/31/2006 (See Note 2.) |
| 8 | Unrealized profit (or loss) on open contracts - |
| | 12/31/2007 (See Note 2.) |
| 9 | Aggregate profit (or loss) (See Note 2.) |

Note 1: The payment amount field associated with Amount Code 2 may be used to report a loss from a closing transaction on a forward contract. Refer to the "B" Record – General Field Descriptions and Record Layouts, Payment Amount Fields, for instructions on reporting negative amounts.

Note 2: Payment Amount Fields 6, 7, 8, and 9 are to be used for the reporting of regulated futures or foreign currency contracts.

Amount Codes Form 1099-C - Cancellation of Debt

For Reporting Payments on Form 1099-C:

| Amount | |
|--------|---|
| Code | Amount Type |
| 2 | Amount of debt canceled |
| 3 | Interest, if included in Amount Code 2 |
| 7 | Fair market value of property (See Note.) |

Note: Use Amount Code 7 only if a combined Form 1099-A and 1099-C is being filed.

| Record Name: | Payer | "A" | Record | (Continued) |
|---------------------|-------|-----|--------|-------------|
|---------------------|-------|-----|--------|-------------|

| Field Field Title Length Position | Description | on and Remarks | |
|---|--|--|--|
| Amount Code Form 1099-CAP -Changes in Corporate Control and Capital Structure | For Reporting Payments on Form 1099-CAP: | | |
| 1 | Amount | | |
| | Code | Amount Type | |
| | 2 | Aggregate amount received | |
| Amount Codes Form 1099-DIV -Dividends and Distributions | For Repor | ting Payments on Form 1099-DIV: | |
| | Amount | | |
| | Code | Amount Type | |
| | 1 | Total ordinary dividends | |
| | 2 | Qualified dividends | |
| | 3 | Total capital gain distribution | |
| | 6 | Unrecaptured Section 1250 gain | |
| | 7 | Section 1202 gain | |
| | 8 | Collectibles (28%) rate gain | |
| | 9 | Nondividend distributions | |
| | A | Federal income tax withheld | |
| | В | Investment expenses | |
| | C | Foreign tax paid | |
| | D | Cash liquidation distributions | |
| | E | Non-cash liquidation distributions | |
| Amount Codes Form 1099-G -Certain Government Payments | For Reporting Payments on Form 1099-G: | | |
| T dy monto | Amount | | |
| | Code_ | Amount Type | |
| | 1 | Unemployment compensation | |
| | 2 | State or local income tax refunds, credits, or offsets | |
| | 4 | Federal income tax withheld (backup | |
| | | withholding or voluntary withholding on | |
| | | unemployment compensation or Commodity | |
| | | Credit Corporation Loans, or certain crop | |
| | ~ | disaster payments) | |
| | 5 | Alternative Trade Adjustment Assistance | |
| | | (ATAA) Payments | |
| | 6 | Taxable grants | |
| | 7 | Agriculture payments | |

| | | Record Name: Payer | · "A" Reco | ord (Continued) |
|------------|---|------------------------------------|-------------|---|
| Field | Field Title | Length | | ion and Remarks |
| Position | | | | |
| | Codes Form 1099 CTC) Advance Pa | -H - Health Coverage Tax | For Repo | orting Payments on Form 1099-H: |
| Crount (11 | C1 C) 114 vance 1 c | | Amount | |
| | | | Code | Amount Type |
| | | | 1 | Gross amount of health insurance advance payments |
| | | | 2 | Amount of advance payment for January |
| | | | 3 | Amount of advance payment for February |
| | | | 4 | Amount of advance payment for March |
| | | | 5 | Amount of advance payment for April |
| | | | 6 | Amount of advance payment for May |
| | | | 7 | Amount of advance payment for June |
| | | | 8 | Amount of advance payment for July |
| | | | 9 | Amount of advance payment for August |
| | | | A | Amount of advance payment for September |
| | | | В | Amount of advance payment for October |
| | | | C | Amount of advance payment for November |
| | | | D | Amount of advance payment for December |
| Amount (| Codes Form 1099 | -INT -Interest Income | For Repo | orting Payments on Form 1099-INT: |
| | | | Amount | |
| | | | Code | Amount Type |
| | | | 1 | Interest income not included in Amount Code 3 |
| | | | 2 | Early withdrawal penalty |
| | | | 3 | Interest on U.S. Savings Bonds and Treasury obligations |
| | | | 4 | Federal income tax withheld (backup withholding) |
| | | | 5 | Investment expenses |
| | | | 6 | Foreign tax paid |
| | | | 8 | Tax-exempt interest |
| | | | 9 | Specified Private Activity Bond Interest |
| | Codes Form 1099 Lerated Death Ben | -LTC - Long-Term Care efits | - | orting Payments on Form 1099-LTC: |
| | | | Amount | |
| | | | <u>Code</u> | Amount Type |
| | | | 1 | Gross long-term care benefits paid |
| | | | 2 | Accelerated death benefits paid |
| | | | | 1 |

| Record Name: Payer "A" Record (Continued) | | | | | |
|--|-------------|----------|------------------------------------|--|--|
| Field Position | Field Title | Length | Descript | tion and Remarks | |
| Amount Codes Form 1099-MISC - Miscellaneous Income | | For Repo | orting Payments on Form 1099-MISC: | | |
| | | | Amount | <u>.</u> | |
| (See Note 1. |) | | Code | Amount Type | |
| | | | 1 | Rents | |
| | | | 2 | Royalties (See Note 2.) | |
| | | | 3 | Other income | |
| | | | 4 | Federal income tax withheld (backup | |
| | | | | withholding or withholding on Indian gaming profits) | |
| | | | 5 | Fishing boat proceeds | |
| | | | 6 | Medical and health care payments | |
| | | | 7 | Nonemployee compensation | |
| | | | 8 | Substitute payments in lieu of dividends or interest | |
| | | | Α | Crop insurance proceeds | |
| | | | В | Excess golden parachute payments | |
| | | | C | Gross proceeds paid to an attorney in connection with legal services | |
| | | | D | Section 409A Deferrals | |
| | | | E | Section 409A Income | |

Note 1: If reporting a direct sales indicator *only*, use Type of Return "A" in Field Position 27, and Amount Code 1 in Field Position 28 of the Payer "A" Record. All payment amount fields in the Payee "B" Record will contain zeros.

Note 2: Do not report timber royalties under a "pay-as-cut" contract; these must be reported on Form 1099-S.

Amount Codes **Form 1099-OID** - For Reporting Payments on Form 1099-OID: Original Issue Discount

| Amount | |
|-------------|--|
| Code | Amount Type |
| 1 | Original issue discount for 2007 |
| 2 | Other periodic interest |
| 3 | Early withdrawal penalty |
| 4 | Federal income tax withheld (backup withholding) |
| 6 | Original issue discount on U.S. Treasury Obligations |
| 7 | Investment expenses |

| | | Record Name: Pay | er "A" Reco | rd (Continued) |
|--|--|-------------------------|-------------------------|---|
| Field Position | Field Title | Length | Description and Remarks | |
| | des Form 1099-PAT as Received From Co | | For Repor | rting Payments on Form 1099-PATR: |
| | | | Amount | |
| | | | Code | Amount Type |
| | | | 1 | Patronage dividends |
| | | | 2 | Nonpatronage distributions |
| | | | 3 | Per-unit retain allocations |
| | | | 4 | Federal income tax withheld (backup withholding) |
| | | | 5 | Redemption of nonqualified notices and retain allocations |
| | | | 6 | Deduction for qualified production activities income |
| | | | Pass-Thr | ough Credits |
| | | | 7 | Investment credit |
| | | | 8 | Work opportunity credit |
| | | | 9 | Patron's alternative minimum tax (AMT) |
| | | | | adjustment |
| | | | A | For filer's use for pass-through credits and deductions |
| Amount Codes Form 1099-Q - Payments From Qualified Education Programs (Under Sections | | • | For Repor | rting Payments on a Form 1099-Q: |
| 529 and 530 | | Silder Sections | Amount | |
| 0 | •) | | Code | Amount Type |
| | | | 1 | Gross distribution |
| | | | 2 | Earnings |
| | | | 3 | Basis |
| Amount Codes Form 1099-R - Distributions From Pensions, Annuities, Retirement or Profit-Sharing | | | For Repor | rting Payments on Form 1099-R: |
| | , Insurance Contracts | _ | Amount | |
| , | , | , | Code | Amount Type |
| | | | 1 | Gross distribution |
| | | | 2 | Taxable amount (See Note 1.) |
| | | | 3 | Capital gain (included in Amount Code 2) |
| | | | 4 | Federal income tax withheld |
| | | | 5 | Employee contributions or insurance premiums |
| | | | 6 | Net unrealized appreciation in employer's securities |

| Field Position | Field Title | Length | Descri | ption and Remarks |
|-------------------|-------------|--------|--------|---|
| | | | 8 | Other |
| | | | 9 | Total employee contributions |
| | | | A | Traditional IRA/SEP/SIMPLE distribution or Roth conversion (See Note 2.) |

Note 1: If the taxable amount cannot be determined, enter a "1" (one) in position 547 of the "B" Record. Payment Amount 2 must contain zeros.

Note 2: For Form 1099-R, report the Roth conversion or total amount distributed from an IRA, SEP, or SIMPLE in Payment Amount Field A (IRA/SEP/SIMPLE distribution or Roth conversion) of the Payee "B" Record, and generally, the same amount in Payment Amount Field 1 (Gross Distribution). The IRA/SEP/SIMPLE indicator should be set to "1" (one) in Field Position 548 of the Payee "B" Record.

Amount Codes Form 1099-S - Proceeds From Real **Estate Transactions**

For Reporting Payments on Form 1099-S:

| Amount | |
|-------------|---------------------------------|
| Code | Amount Type |
| 2 | Gross proceeds (See Note.) |
| 5 | Buyer's part of real estate tax |

Note: Include payments of timber royalties made under a "pay-as-cut" contract, reportable under IRC section 6050N. If timber royalties are being reported, enter "TIMBER" in the description field of the "B" Record.

| Amount Codes Form 1099-SA - Distributions From an HSA, Archer MSA or Medicare Advantage MSA | For Reporting Distributions on Form 1099-SA: | |
|--|--|---|
| - | Amount | |
| | Code | Amount Type |
| | 1 | Gross distribution |
| | 2 | Earnings on excess contributions |
| | 4 | Fair market value of the account on date of death |
| Amount Codes Form 5498 - IRA Contribution Information | For Repor | ting Information on Form 5498: |
| | Amount | |
| | Code | Amount Type |
| | 1 | IRA contributions (other than amounts in |
| | | Amount Codes 2, 3, 4, 8, 9, and A) (See Notes |
| | | 1 and 2.) |
| | 2 | Rollover contributions |
| | 3 | Roth conversion amount |
| | 4 | Recharacterized contributions |

| | Record Name: Payer "A" Record (Continued) | | | |
|-------------------|---|--------|-------------------------|--|
| Field Position | Field Title | Length | Description and Remarks | |
| | | | 5 | Fair market value of account |
| | | | 6 | Life insurance cost included in Amount |
| | | | | Code 1 |
| | | | 8 | SEP contributions |
| | | | 9 | SIMPLE contributions |
| | | | A | Roth IRA contributions |

Note 1: If reporting IRA contributions for a participant in a military operation, see 2007 Instructions for Forms 1099-R and 5498.

Note 2: Also include employee contributions to an IRA under a SEP plan but not salary reduction contributions. <u>DO NOT include EMPLOYER contributions</u>; these are included in Amount Code 8.

| Amount Codes Form 5498-ESA - Coverdell ESA Contribution Information | For Repor | ting Information on Form 5498-ESA: |
|--|-------------|---|
| | Amount | |
| | | Amount Type |
| | Code | |
| | 1 | Coverdell ESA contributions |
| | 2 | Rollover contributions |
| Amount Codes Form 5498-SA - HSA, Archer MSA or Medicare Advantage MSA Information | For Repor | ting Information on Form 5498-SA: |
| - | Amount | |
| | Code | Amount Type |
| | 1 | Employee or self-employed person's |
| | | Archer MSA contributions made in 2007 and 2008 for 2007 |
| | 2 | Total contributions made in 2007 (See current 2007 Instructions.) |
| | 3 | Total HSA/MSA contributions made in 2008 for 2007 |
| | 4 | Rollover contributions (See Note.) |
| | 5 | Fair market value of HSA, Archer MSA |
| | 2 | |
| | | or Medicare Advantage MSA account on |
| | | Dec. 31, 2007 |

Note: This is the amount of any rollover made to this MSA in 2007 after a distribution from another MSA. For detailed information on reporting, see the 2007 Instructions for Forms 1099-SA and 5498-SA.

| Field | Field Title | Length | r "A" Record (Continued) Description and Remarks |
|---------------------------|-----------------------------|---------------|--|
| Position | 11014 11010 | vg | 2 4341.4p.1011 11.11 11.11.11.115 |
| Amount Co Winnings | odes Form W-2G - Cer | tain Gambling | For Reporting Payments on Form W-2G: |
| S | | | Amount Code Amount Type Gross winnings Federal income tax withheld Winnings from identical wagers |
| 42.51 | Blank | 10 | |
| <u>42-51</u> <u>52</u> | Foreign Entity Indicator | 10 | Enter blanks. Enter a "1" (one) if the payer is a foreign entity and income is paid by the foreign entity to a U.S. resident. Otherwise, enter a blank. |
| 53-92 | First Payer Name Line | 40 | Required. Enter the name of the payer whose TIN appears in positions 12-20 of the "A" Record. Any extraneous information must be deleted. Left-justify information, and fill unused positions with blanks. (Filers should not enter a transfer agent's name in this field. Any transfer agent's name should appear in the Second Payer Name Line Field.) |
| 93-132 | Second Payer Name Line | 40 | If the Transfer (or Paying) Agent Indicator (position 133) contains a "1" (one), this field must contain the name of the transfer (or paying) agent. If the indicator contains a "0" (zero), this field may contain either a continuation of the First Payer Name Line or blanks. Left-justify information and fill unused positions with blanks. |
| 133 | Transfer Agent Indicator | 1 | Required. Identifies the entity in the Second Payer Name Line Field. Code Meaning |
| | | | The entity in the Second Payer Name Line Field is the transfer (or paying) agent. |
| | | | 0 (zero) The entity shown is not the transfer (or paying) agent (i.e., the Second Payer Name Line Field contains either a continuation of the First Payer Name Line Field or blanks). |

| | Record Name: Payer "A" Record (Continued) | | | |
|-------------------|---|--------|--|--|
| Field Position | Field Title | Length | Description and Remarks | |
| 134-173 | Payer Shipping Address | 40 | Required. If the Transfer Agent Indicator in position 133 is a "1" (one), enter the shipping address of the transfer (or paying) agent. Otherwise, enter the actual shipping address of the payer. The street address should include number, street, apartment or suite number, or PO Box if mail is not delivered to a street address. Left-justify information, and fill unused positions with blanks. | |

For U.S. addresses, the payer city, state, and ZIP Code must be reported as a 40, 2, and 9-position field, respectively.

Filers must adhere to the correct format for the payer city, state, and ZIP Code.

For foreign addresses, filers may use the payer city, state, and ZIP Code as a continuous 51-position field. Enter information in the following order: city, province or state, postal code, and the name of the country. When reporting a foreign address, the Foreign Entity Indicator in position 52 must contain a "1" (one).

| 174-213 | Payer City | 40 | Required . If the Transfer Agent Indicator in position 133 is a "1" (one), enter the city, town, or post office of the transfer agent. Otherwise, enter the city, town, or post office of the payer. Left-justify information, and fill unused positions with blanks. Do not enter state and ZIP Code information in this field. |
|---------|--|-----|--|
| 214-215 | Payer State | 2 | Required . Enter the valid U.S. Postal Service state abbreviations. Refer to the chart of valid state abbreviations in Part A, Sec.14. |
| 216-224 | Payer ZIP Code | 9 | Required. Enter the valid nine-digit ZIP Code assigned by the U.S. Postal Service. If only the first five-digits are known, left-justify information and fill the unused positions with blanks. For foreign countries, alpha characters are acceptable as long as the filer has entered a "1" (one) in the Foreign Entity Indicator, located in Field Position 52 of the "A" Record. |
| 225-239 | Payer's Phone Number & Extension | 15 | Enter the payer's phone number and extension. Omit hyphens. Left-justify information and fill unused positions with blanks. |
| 240-499 | Blank | 260 | Enter blanks. |
| 500-507 | Record Sequence Number | 8 | Required. Enter the number of the record as it appears within your file. The record sequence number for the "T" record will always be "1" (one), since it is the first record on your file and you can have only one "T" record in a file. Each record, thereafter, must be incremented by one in ascending numerical sequence, i.e., 2, 3, 4, etc. Right-justify |

| | Record Name: Payer "A" Record (Continued) | | | |
|-------------------|---|--------|---|--|
| Field Position | Field Title | Length | Description and Remarks | |
| | | | numbers with leading zeros in the field. For example, the "T" record sequence number would appear as "00000001" in the field, the first "A" record would be "00000002", the first "B" record, "00000003", the second "B" record, "00000004" and so on until you reach the final record of the file, the "F" record. | |
| 508-748 | Blank | 241 | Enter blanks. | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | |

Sec. 5. Payer "A" Record - Record Layout

| Record Type | Payment Year | Blank | Payer TIN | Payer Name Control | Last Filing Indicator |
|----------------|-----------------|-------|--------------|-----------------------|--------------------------|
| 1 | 2-5 | 6-11 | 12-20 | 21-24 | 25 |

| Combined Federal/State Filer | Type of Return | Amount Codes | Blank | Foreign Entity Indicator | First Payer Name Line |
|------------------------------------|----------------------|-----------------|-------|--------------------------------|-----------------------------|
| 26 | 27 | 28-41 | 42-51 | 52 | 53-92 |

| Second Payer Name Line | Transfer Agent Indicator | Payer Shipping Address | Payer City | Payer State | Payer ZIP Code |
|------------------------------|--------------------------------|------------------------------|---------------|----------------|----------------------|
| 93-132 | 133 | 134-173 | 174-213 | 214-215 | 216-224 |

| Payer's Phone Number and Extension | Blank | Record Sequence Number | Blank | Blank or CR/LF | |
|--|---------|---------------------------|---------|----------------|--|
| 225-239 | 240-499 | 500-507 | 508-748 | 749-750 | |

Sec. 6. Payee "B" Record - General Field Descriptions and Record Layouts

- .01 The "B" Record contains the payment information from the information returns. The record layout for field positions 1 through 543 is the same for all types of returns. Field positions 544 through 750 vary for each type of return to accommodate special fields for individual forms. In the "B" Record, the filer must allow for all fourteen Payment Amount Fields. For those fields not used, enter "0s" (zeros).
- .02 The following specifications include a field in the payee records called "Name Control" in which the first four characters of the payee's surname are to be entered by the filer:
 - (a) If filers are unable to determine the first four characters of the surname, the Name Control Field may be left blank. Compliance with the following will facilitate IRS computer programs in identifying the correct name control:
 - 1. The surname of the payee whose TIN is shown in the "B" Record should always appear first. If, however, the records have been developed using the first name first, the filer must leave a blank space between the first and last names.
 - 2. In the case of multiple payees, the surname of the payee whose TIN (SSN, EIN, ITIN, or ATIN) is shown in the "B" Record must be present in the First Payee Name Line. Surnames of any other payees may be entered in the Second Payee Name Line.
- .03 For all fields marked "Required", the transmitter must provide the information described under "Description and Remarks". For those fields not marked "Required", the transmitter must allow for the field, but may be instructed to enter blanks or zeros in the indicated field position(s) and for the indicated length.
 - .04 All records must be a fixed length of 750 positions.
- .05 A field is also provided in these specifications for Special Data Entries. This field may be used to record information required by state or local governments, or for the personal use of the filer. IRS does not use the data provided in the Special Data Entries Field; therefore, the IRS program does not check the content or format of the data entered in this field. It is the filer's option to use the Special Data Entry Field.
- .06 Following the Special Data Entries Field in the "B" Record, payment fields have been allocated for State Income Tax Withheld and Local Income Tax Withheld. These fields are for the convenience of the filers. The information will not be used by IRS/ECC-MTB.
- .07 Those payers participating in the Combined Federal/State Filing Program must adhere to all of the specifications in Part A, Sec. 12, to participate in this program.
 - .08 All alpha characters in the "B" Record must be uppercase.
- **.09 Do not** use decimal points (.) to indicate dollars and cents. Payment Amount Fields must be all numeric characters.

| | | Record Nam | e: Payee "B | 3" Record |
|-------------------|--|------------|------------------|---|
| Field Position | Field Title | Length | Descriptio | on and Remarks |
| 1 | Record Type | 1 | Required. | Enter "B". |
| 2-5 | Payment Year | 4 | - | Enter "2007". If reporting prior year data, year which applies (2005, 2006, etc.). |
| 6 | Corrected Return Indicator (See Note.) | 1 | Required return. | for corrections only. Indicates a corrected |
| | , | | Code | Definition |
| | | | G | If this is a one-transaction correction or the first of a two-transaction correction |
| | | | C | If this is the second transaction of a two- transaction correction |
| | | | Blank | If this is not a return being submitted to correct information already processed by IRS |

Note: C, G, and non-coded records must be reported using separate Payer "A" Records. Refer to Part A, Sec. 10, for specific instructions on how to file corrected returns.

| 7-10 | Name Control | 4 | If determinable, enter the first four characters of the |
|------|--------------|---|--|
| | | | surname of the person whose TIN is being reported in |
| | | | positions 12-20 of the "B" Record; otherwise, enter |
| | | | blanks . This usually is the payee. If the name that |
| | | | corresponds to the TIN is not included in the first or |
| | | | second payee name line and the correct name control is |
| | | | not provided, a backup withholding notice may be |
| | | | generated for the record. Surnames of less than four |
| | | | characters should be left-justified, filling the unused |
| | | | positions with blanks. Special characters and imbedded |
| | | | blanks should be removed. In the case of a business, other |
| | | | than a sole proprietorship, use the first four significant |
| | | | characters of the business name. Disregard the word "the" |
| | | | when it is the first word of the name, unless there are only |
| | | | two words in the name. A dash (-) and an ampersand (&) |
| | | | are the only acceptable special characters. Surname |
| | | | prefixes are considered, e.g., for Van Elm, the name |
| | | | control would be VANE. For a sole proprietorship, use |
| | | | the name of the owner to create the name control and |
| | | | report the owner's name in positions 248-287, First Payee |
| | | | Name Line. |

| Record Name: Payee "B" Record (Continued) | | | | | | | |
|---|-------------|--------|-------------------------|--|--|--|--|
| Field | Field Title | Length | Description and Remarks | | | | |
| Position | | | | | | | |

Note: Imbedded blanks, extraneous words, titles, and special characters (i.e., Mr., Mrs., Dr., period [.], apostrophe [']) should be removed from the Payee Name Lines. A dash (-) and an ampersand (&) are the only acceptable special characters.

The following examples may be helpful to filers in developing the Name Control:

| Name | | Name Control |
|---------------------|-------------------------------------|--------------------------|
| Individual | s: | |
| | Jane <u>Brow</u> n | BROW |
| | John A. <u>Lee</u> | LEE* |
| | James P. <u>En</u> , Sr. | EN* |
| | John <u>O'Nei</u> l | ONEI |
| | Mary <u>Van</u> <u>B</u> uren | VANB |
| | Juan <u>De</u> <u>Je</u> sus | DEJE |
| | Gloria A. <u>El-R</u> oy | EL-R |
| | Mr. John <u>Smit</u> h | SMIT |
| | Joe McCarthy | MCCA |
| | Pedro <u>Torr</u> es-Lopes** | TORR |
| | Maria Lope z Moreno** | LOPE |
| | Binh To <u>La</u> | LA* |
| | Nhat Thi <u>Pham</u> | PHAM |
| Comonatio | | |
| Corporation | | FIDC |
| | The Firs t National Bank | FIRS |
| | The Hideaway | THEH |
| | A & B Cafe | A&BC 11 TH |
| | 11TH Street Inc. | 11 |
| Sole Propr | rietor: | |
| _ 01 0 110p1 | Mark Heml ock | HEML |
| | DBA The Sunshine Club | |
| | Mark D'All esandro | DALL |
| | | |
| Partnershi | p: | |
| | Robert Aspen | ASPE |
| | and Bess Willow | |
| | Harold Fir , Bruce Elm, | FIR* |
| | and Joyce Spruce et al Ptr | |
| | | |

| Record Name: Payee "B" Record (Continued) | | | | | | |
|---|------------------------------|---------|-------------------------|--|--|--|
| Field | Field Title | Length | Description and Remarks | | | |
| Position | | | | | | |
| | | | | | | |
| Estate: | | | | | | |
| | Frank White Estate | | WHIT | | | |
| | Estate of Sheila Blue | | BLUE | | | |
| | | | | | | |
| Trusts and | Fiduciaries: | | | | | |
| | Dais y Corporation Er | nployee | DAIS | | | |
| | Benefit Trust | | | | | |
| | Trust FBO The | | CHER | | | |
| | Cherryblossom Socie | ety | | | | |
| | | | | | | |
| Exempt O | rganization: | | | | | |
| | Laborer's Union, AFI | L-CIO | LABO | | | |
| | St. Bernard's Method | ist | STBE | | | |
| | Church Bldg. Fund | | | | | |
| | ~ | | | | | |

^{*} Name Controls of less than four significant characters must be left-justified and blank-filled.

**For Hispanic names, when two last names are shown for an individual, derive the name control from the first last name.

| 11 | Type of TIN | 1 | This field is used to identify the Taxpayer Identification Number (TIN) in positions 12-20 as either an Employer Identification Number (EIN), a Social Security Number (SSN), an Individual Taxpayer Identification Number (ITIN) or an Adoption Taxpayer Identification Number (ATIN). Enter the appropriate code from the following table: | | | | | |
|----|-------------|---|--|---------------------|---|--|--|--|
| | | | Enter the | appropriate code fr | om the following table: | | | |
| | | | Code | Type of TIN | Type of Account | | | |
| | | | 1 | EIN | A business, organization, some sole proprietors, or other entity | | | |
| | | | 2 | SSN | An individual, including some sole proprietors | | | |
| | | | 2 | ITIN | An individual required to have a taxpayer identification number, but who is not eligible to obtain an SSN | | | |
| | | | 2 | ATIN | An adopted individual prior to the assignment of a social security number | | | |
| | | | Blank | N/A | If the type of TIN is not determinable, enter a blank. | | | |

| | Record Name: Payee "B" Record (Continued) | | | | | |
|-------------------|---|--------|--|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | |
| 12-20 | Payee's Taxpayer Identification Number (TIN) | 9 | Required. Enter the nine-digit Taxpayer Identification Number of the payee (SSN, ITIN, ATIN, or EIN). If an identification number has been applied for but not received, enter blanks. Do not enter hyphens or alpha characters. All zeros, ones, twos, etc., will have the effect of an incorrect TIN. If the TIN is not available, enter blanks. | | | |

Note: If you are required to report payments made through Foreign Intermediaries and Foreign Flow-Through Entities on Form 1099, see the 2007 General Instructions for Forms 1099, 1098, 5498 and W-2G for reporting requirements.

| 21-40 | Payer's Account Number For Payee | 20 | Required if submitting more than one information return of the same type for the same payee. Enter any number assigned by the payer to the payee that can be used by the IRS to distinguish between information returns. This number must be unique for each information return of the same type for the same payee. If a payee has more than one reporting of the same document type, it is vital that each reporting have a unique account number. For example, if a payer has 3 separate pension distributions for the same payee and 3 separate Forms 1099-R are filed, 3 separate unique account numbers are required. A payee's account number may be given a unique sequencing number, such as 01, 02 or A, B, etc., to differentiate each reported information return. Do not use the payee's TIN since this will not make each record unique. This information is critical when corrections are filed. This number will be provided with the backup withholding notification and may be helpful in identifying the branch or subsidiary reporting the transaction. The account number can be any combination of alpha, numeric or special characters. If fewer than twenty characters are used, filers may either left or right-justify, filling the remaining positions with blanks. |
|-------|--------------------------------------|----|--|
| 41-44 | Payer's Office Code | 4 | Enter office code of payer; otherwise, enter blanks. For payers with multiple locations, this field may be used to identify the location of the office submitting the information return. This code will also appear on backup withholding notices. |
| 45-54 | Blank | 10 | Enter blanks. |
| | Payment Amount Fields (Must be | | Required. Filers should allow for all payment amounts. For those not used, enter zeros. Each payment field must contain 12 numeric characters. Each payment amount must |
| | numeric) | | contain U.S. dollars and cents. The right-most two positions represent cents in the payment amount fields. Do not enter dollar |

| | Record Name: Payee "B" Record (Continued) | | | | | | |
|---|---|--------|--|--|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | | |
| | | | signs, commas, decimal points, or negative payments, | | | | |
| | | | except those items that reflect a loss on Form 1099-B or | | | | |
| | | | 1099-Q. Positive and negative amounts are indicated by | | | | |
| | | | placing a "+" (plus) or "-" (minus) sign in the left-most | | | | |
| | | | position of the payment amount field. A negative over punch in the unit's position may be used, instead of a minus sign, to | | | | |
| | | | indicate a negative amount. If a plus sign, minus sign, or | | | | |
| | | | negative over punch is not used, the number is assumed to be | | | | |
| | | | positive. Negative over punch cannot be used | | | | |
| | | | in PC created files. Payment amounts must be right-justified | | | | |
| | | | and unused positions must be zero filled. | | | | |
| 55-66 | Payment | 12 | The amount reported in this field represents payments for | | | | |
| | Amount 1* | | Amount Code 1 in the "A" Record. | | | | |
| 67-78 | Payment | 12 | The amount reported in this field represents payments for | | | | |
| | Amount 2* | | Amount Code 2 in the "A" Record. | | | | |
| 79-90 | Payment | 12 | The amount reported in this field represents payments for | | | | |
| | Amount 3* | | Amount Code 3 in the "A" Record. | | | | |
| 91-102 | Payment | 12 | The amount reported in this field represents payments for | | | | |
| | Amount 4* | | Amount Code 4 in the "A" Record. | | | | |
| 103-114 | Payment | 12 | The amount reported in this field represents payments for | | | | |
| | Amount 5* | | Amount Code 5 in the "A" Record. | | | | |
| 115-126 | Payment | 12 | The amount reported in this field represents payments for | | | | |
| | Amount 6* | | Amount Code 6 in the "A" Record. | | | | |
| 127-138 | Payment | 12 | The amount reported in this field represents payments for | | | | |
| | Amount 7* | | Amount Code 7 in the "A" Record. | | | | |
| 139-150 | Payment | 12 | The amount reported in this field represents payments for | | | | |
| 151 160 | Amount 8* | 10 | Amount Code 8 in the "A" Record. | | | | |
| 151-162 | Payment | 12 | The amount reported in this field represents payments for | | | | |
| 162 174 | Amount 9* | 12 | Amount Code 9 in the "A" Record. | | | | |
| 163-174 | Payment | 12 | The amount reported in this field represents payments for | | | | |
| 175 106 | Amount A* | 12 | Amount Code A in the "A" Record. | | | | |
| 175-186 | Payment P* | 12 | The amount reported in this field represents payments for | | | | |
| 107 100 | Amount B* | 12 | Amount Code B in the "A" Record. | | | | |
| 187-198 | Payment Amount C* | 12 | The amount reported in this field represents payments for | | | | |
| 199-210 | Payment | 12 | Amount Code C in the "A" Record. The amount reported in this field represents payments for | | | | |
| 199-410 | Amount D* | 12 | Amount Code D in the "A" Record. | | | | |
| 211-222 | Payment | 12 | The amount reported in this field represents payments for | | | | |
| <u>_11 </u> | Amount E* | 1 2 | Amount Code E in the "A" Record. | | | | |
| | i iiiiodiit L | | | | | | |

^{*}If there are discrepancies between the payment amount fields and the boxes on the paper forms, the instructions in this Revenue Procedure must be followed for electronic/magnetic filing.

| | Record Name: Payee "B" Record (Continued) | | | | | |
|-------------------|---|--------|---|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | |
| 223-246 | Reserved | 24 | Enter blanks. | | | |
| 247 | Foreign Country Indicator | 1 | If the address of the payee is in a foreign country, enter a "1" (one) in this field; otherwise, enter blank. When filers use this indicator, they may use a free format for the payee city, state, and ZIP Code. Enter information in the following order: city, province or state, postal code, and the name of the country. Address information must not appear in the First or Second Payee Name Line. | | | |
| 248-287 | First Payee Name Line | 40 | Required. Enter the name of the payee (preferably surname first) whose Taxpayer Identification Number (TIN) was provided in positions 12-20 of the Payee "B" Record. Left-justify and fill unused positions with blanks. If more space is required for the name, use the Second Payee Name Line Field. If reporting information for a sole proprietor, the individual's name must always be present on the First Payee Name Line. The use of the business name is optional in the Second Payee Name Line Field. End the First Payee Name Line with a full word. Use appropriate spacing. Extraneous words, titles, and special characters (i.e., Mr., Mrs., Dr., period, apostrophe) should be removed from the Payee Name Lines. A dash (-) and an ampersand (&) are the only acceptable special characters for First and Second Payee Name Lines. | | | |

Note: If you are required to report payments made through Foreign Intermediaries and Foreign Flow-Through Entities on Form 1099, see the 2007 General Instruction for Forms 1099, 1098, 5498, and W-2G for reporting requirements.

| 288-327 | Second Payee Name Line | 40 | If there are multiple payees (e.g., partners, joint owners, or spouses), use this field for those names not associated with the TIN provided in positions 12-20 of the "B" Record, or if not enough space was provided in the First Payee Name Line, continue the name in this field. Left-justify information and fill unused positions with blanks. Do not enter address information. It is important that filers provide as much payee information to IRS/ECC-MTB as possible to identify the payee associated with the TIN. Left-justify and fill unused positions with blanks. See Note above in First Payee Name Line. |
|---------|---------------------------|----|--|
| 328-367 | Blank | 40 | Enter blanks. |
| 368-407 | Payee Mailing Address | 40 | Required. Enter mailing address of payee. Street address should include number, street, apartment or suite number, or PO Box if mail is not delivered to street address. This field must not contain any data other than the payee's mailing address. |

| Field | Field Title | Length | Description and Remarks |
|----------|------------------------------|--------|---|
| Position | | | • |
| 408-447 | Blank | 40 | Enter blanks. |
| 448-487 | Payee City | 40 | Required. Enter the city, town or post office. Left-justify information and fill the unused positions with blanks. Enter APO or FPO if applicable. Do not enter state and ZIP Code information in this field. |
| 488-489 | Payee State | 2 | Required . Enter the valid U.S. Postal Service state abbreviations for states or the appropriate postal identifier (AA, AE, or AP) described in Part A, Sec. 14. |
| 490-498 | Payee ZIP Code | 9 | Required. Enter the valid ZIP Code (nine or five-digit) assigned by the U.S. Postal Service. If only the first five-digits are known, left-justify information and fill the unused positions with blanks. For foreign countries, alpha characters are acceptable as long as the filer has entered a "1" (one) in the Foreign Country Indicator, located in position 247 of the "B" Record. |
| 499 | Blank | 1 | Enter blank. |
| 500-507 | Record Sequence Number | 8 | Required. Enter the number of the record as it appears within your file. The record sequence number for the "T" record will always be "1" (one), since it is the first record on your file and you can have only one "T" record in a file. Each record, thereafter, must be incremented by one in ascending numerical sequence, i.e., 2, 3, 4, etc. Right-justify numbers with leading zeros in the field. For example, the "T" record sequence number would appear as "00000001" in the field, the first "A" record would be "00000002", the first "B" record, "00000003", the second "B" record, "00000004" and so on until you reach the final record of the file, the "F" record. |
| 508-543 | Blank | 36 | Enter blanks. |

Standard Payee "B" Record Format For All Types of Returns, Positions 1-543

| Record Type | Payment Year | Corrected Return Indicator | Name Control | Type of TIN | Payee's TIN | Payer's Account Number For Payee |
|----------------|-----------------|----------------------------------|-----------------|----------------|----------------|---|
| 1 | 2-5 | 6 | 7-10 | 11 | 12-20 | 21-40 |

| Payer's Office Code | Blank | Payment Amount 1 | Payment Amount 2 | Payment Amount 3 | Payment Amount 4 | Payment Amount 5 |
|---------------------------|-------|------------------------|------------------------|------------------------|------------------------|------------------------|
| 41-44 | 45-54 | 55-66 | 67-78 | 79-90 | 91-102 | 103-114 |

| Payment Amount 6 | Payment Amount 7 | Payment Amount 8 | Payment Amount 9 | Payment Amount A | Payment Amount B |
|------------------------|------------------------|------------------------|------------------------|---------------------|---------------------|
| 115-126 | 127-138 | 139-150 | 151-162 | 163-174 | 175-186 |

| Payment Amount C | Payment Amount D | Payment Amount E | Reserved | Foreign Country Indicator | First Payee Name Line | Second Payee Name Line | Blank |
|------------------------|---------------------|---------------------|----------|---------------------------------|-----------------------------|---------------------------------|---------|
| 187-198 | 199-210 | 211-222 | 223-246 | 247 | 248-287 | 288-327 | 328-367 |

| Payee Mailing Address | Blank | Payee City | Payee State | Payee ZIP Code | Blank | Record Sequence Number | Blank |
|-----------------------------|---------|---------------|----------------|-------------------|-------|------------------------------|---------|
| 368-407 | 408-447 | 448-487 | 488-489 | 490-498 | 499 | 500-507 | 508-543 |

The following sections define the field positions for the different types of returns in the Payee "B" Record (positions 544-750):

- Form 1098 (1)
- Form 1098-C (2)
- Form 1098-E (3)
- (4) Form 1098-T
- Form 1099-A (5)
- (6) Form 1099-B
- Form 1099-C **(7)**
- Form 1099-CAP (8)
- (9) Form 1099-DIV*
- Form 1099-G* (10)
- Form 1099-H (11)
- (12) Form 1099-INT*
- Form 1099-LTC (13)
- (14)Form 1099-MISC*
- Form 1099-OID* (15)
- Form 1099-PATR* (16)
- (17)Form 1099-Q
- Form 1099-R* (18)
- (19)Form 1099-S

- (20) Form 1099-SA
- (21) Form 5498*
- (22) Form 5498-ESA
- (23) Form 5498-SA
- (24) Form W-2G

^{*} These forms may be filed through the Combined Federal/State Filing Program. IRS/ECC-MTB will forward these records to participating states for filers who have been approved for the program. See Part A, Sec. 12, for information about the program, including specific codes for the record layouts.

| (1) Payee "B" Record - Record Layout Positions 544-750 for Form 1098 | | | | | | | | | | |
|--|-------------------------|-----|--|--|--|--|--|--|--|--|
| Field Field Title Length Description and Remarks | | | | | | | | | | |
| Position | | | | | | | | | | |
| 544-662 | Blank | 119 | Enter blanks. | | | | | | | |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. | | | | | | | |
| 723-748 | Blank | 26 | Enter blanks. | | | | | | | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | | | | | | | |

Payee "B" Record - Record Layout Positions 544-750 for Form 1098

| Blank | Special Data Entries | Blank | Blank or CR/LF | |
|---------|----------------------------|---------|-------------------|--|
| 544-662 | 663-722 | 723-748 | 749-750 | |

| Field Position | Field Title | Length | Description and Remarks |
|-------------------|--|--------|--|
| 544-545 | Blank | 2 | Enter blanks. |
| 546 | Transaction Indicator | 1 | Enter "1" (one) if the amount reported in Payment Amount Field 4 is an arm's length transaction to an unrelated party. Otherwise, enter a blank. |
| 547 | Transfer After Improvements Indicator | 1 | Enter "1" (one) if the vehicle will not be transferred for money, other property, or services before completion of material improvements or significant intervening use. Otherwise, enter a blank. |
| 548 | Transfer Below Fair Market Value Indicator | 1 | Enter "1" (one) if the vehicle is transferred to a needy individual for significantly below fair market value. Otherwise, enter a blank. |

| | | | out Positions 544-750 for Form 1098-C (Continued) |
|-------------------|---|--------|--|
| Field Position | Field Title | Length | Description and Remarks |
| 549-587 | Make, Model, Year | 39 | Enter the make, model and year of vehicle. Left-justify and fill unused positions with blanks. |
| 588-612 | Vehicle or Other Identification Number | 25 | Enter the vehicle or other identification number of the donated vehicle. Left-justify and fill unused positions with blanks. |
| 613-651 | Vehicle Description | 39 | Enter a description of material improvements or significant intervening use and duration of use. Left-justify and fill unused positions with blanks. |
| 652-659 | Date of Contribution | 8 | Enter the date the contribution was made to an organization, in the format YYYYMMDD (e.g., January 5, 2007, would be 20070105). Do not enter hyphens or slashes. |
| 660 | Donee Indicator | 1 | Enter the appropriate indicator from the following table to report if the donee of the vehicle provides goods or services in exchange for the vehicle. Indicator Donee provided goods or services Donee did not provide goods or services |
| 661 | Intangible Religious Benefits Indicator | 1 | Enter a "1" (one) if only intangible religious benefits were provided in exchange for the vehicle; otherwise, leave blank. |
| 662 | Deduction \$500 or Less Indicator | 1 | Enter a "1" (one) if under law donor cannot claim a deduction of more than \$500 for the vehicle; otherwise, leave blank. |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for the filing requirements. If this field is not utilized, enter blanks. |
| 723-730 | Date of Sale | 8 | Enter the date of sale, in the format YYYYMMDD (e.g., January 5, 2007, would be 20070105). Do not enter hyphens or slashes . |
| 731-748 | Goods and Services | 18 | Enter a description of any goods and services received for the vehicle; otherwise, leave blank. Left-justify and fill unused positions with blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

Payee "B" Record - Record Layout Positions 544-750 for Form 1098-C

| Blank | | saction licator | Imp | nsfer After provements ndicator | Transfer Below Fair Market Valu Indicator | | ake, l, Year | Ident | e or Other ification umber | Vehicle Description |
|---------------|----|--------------------|-----|--|--|----------------------------|-----------------|----------------|----------------------------|------------------------|
| 544-545 | 54 | 16 | | 547 | 548 | 549 | -587 | 58 | 8-612 | 613-651 |
| Date Contribu | | Done Indica | - | Intangible Religious Benefits Indicator | Deduction \$500 or Less Indicator | Special Data Entries | | ate of Sale | Goods and Services | l Blank |
| 652-65 | 59 | 660 | | 661 | 662 | 663-722 | 723 | 3-730 | 731-748 | 749-750 |

| | (3) Payee "B" Record - Record Layout Positions 544-750 for Form 1098-E | | | | | | | | | |
|-----------------|--|--------|---|--|--|--|--|--|--|--|
| Field | Field Title | Length | Description and Remarks | | | | | | | |
| Position | | | • | | | | | | | |
| 544-546 | Blank | 3 | Enter blanks. | | | | | | | |
| 547 | Origination | 1 | Enter "1" (one) if the amount reported in Payment Amount | | | | | | | |
| | Fees/Capitalized | | Field 1 includes loan origination fees and/or capitalized | | | | | | | |
| | Interest Indicator | | interest. Otherwise, enter a blank. | | | | | | | |
| 548-662 | Blank | 115 | Enter blanks. | | | | | | | |
| 663-722 | Special Data | 60 | This portion of the "B" Record may be used to record | | | | | | | |
| | Entries | | information for state or local government reporting or for the | | | | | | | |
| | | | filer's own purposes. Payers should contact the state or local | | | | | | | |
| | | | revenue departments for the filing requirements. If this field is | | | | | | | |
| | | | not utilized, enter blanks. | | | | | | | |
| 723-748 | Blank | 26 | Enter blanks. | | | | | | | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | | | | | | | |

Payee "B" Record - Record Layout Positions 544-750 for Form 1098-E

| Blank | Origination Fees/Capitalized Interest Indicator | Blank | Special Data Entries | Blank | Blank or CR/LF |
|---------|---|---------|-------------------------|---------|-------------------|
| 544-546 | 547 | 548-662 | 663-722 | 723-748 | 749-750 |

| (4) Payee "B" Record - Record Layout Positions 544-750 for Form 1098-T | | | | | | | | | |
|--|--|--------|--|--|--|--|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | | | | |
| 544-546 | Blank | 3 | Enter blanks. | | | | | | |
| 547 | Half-time Student Indicator | 1 | Enter "1" (one) if the student was at least a half-time student during any academic period that began in 2007. Otherwise, enter a blank. | | | | | | |
| 548 | Graduate Student Indicator | 1 | Enter "1" (one) if the student is enrolled exclusively in a graduate level program. Otherwise, enter a blank. | | | | | | |
| 549 | Academic Period Indicator | 1 | Enter "1" (one) if the amount in Payment Amount Field 1 or Payment Amount Field 2 includes amounts for an academic period beginning January through March 2008. Otherwise, enter a blank. | | | | | | |
| 550 | Method of Reporting 2006 Amounts Indicator | 1 | Required. Enter "I" (one) if the method of reporting has changed from the previous year. Otherwise, enter a blank. | | | | | | |
| 551-662 | Blank | 112 | Enter blanks. | | | | | | |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for the filing requirements. If this field is not utilized, enter blanks. | | | | | | |
| 723-748 | Blank | 26 | Enter blanks. | | | | | | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | | | | | | |

Payee "B" Record – Record Layout Positions 544-750 for Form 1098-T

| Blank | Half-time Student Indicator | Graduate Student Indicator | Academic Period Indicator | Method of Reporting 2006 Amounts Indicator |
|---------|-----------------------------------|----------------------------------|------------------------------|---|
| 544-546 | 547 | 548 | 549 | 550 |

| Blank | Special Data Entries | Blank | Blank or CR/LF |
|----------|----------------------------|---------|-------------------|
| 551 -662 | 663-722 | 723-748 | 749-750 |

| | (5) Payee "B" Record – Record Layout Positions 544-750 for Form 1099-A | | | | |
|-------------------|--|--------|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | |
| 544-546 | Blank | 3 | Enter blanks. | | |
| 547 | Personal Liability Indicator | 1 | Enter the appropriate indicator from the table below: | | |
| | | | Indicator Usage | | |
| | | | Borrower was personally liable for repayment | | |
| | | | of the debt. | | |
| | | | Blank Borrower was not personally liable for | | |
| | | | repayment of the debt. | | |
| 548-555 | Date of Lender's | 8 | Enter the acquisition date of the secured property or the date the | | |
| | Acquisition or | | lender first knew or had reason to know the property was | | |
| | Knowledge of | | abandoned, in the format YYYYMMDD (e.g., January 5, 2007 | | |
| | Abandonment | | would be 20070105). Do not enter hyphens or slashes . | | |
| 556-594 | Description of | 39 | Enter a brief description of the property. For real property, | | |
| | Property | | enter the address, or, if the address does not sufficiently | | |
| | | | identify the property, enter the section, lot and block. For | | |
| | | | personal property, enter the type, make and model (e.g., | | |
| | | | Car-1999 Buick Regal or Office Equipment). Enter "CCC" for | | |
| | | | crops forfeited on Commodity Credit Corporation loans. If | | |
| | | | fewer than 39 positions are required, left-justify information | | |
| | | | and fill unused positions with blanks. | | |
| 595-662 | Blank | 68 | Enter blanks. | | |
| 663-722 | Special Data | 60 | This portion of the "B" Record may be used to record | | |
| | Entries | | information for state or local government reporting or for the | | |
| | | | filer's own purposes. Payers should contact the state or local | | |
| | | | revenue departments for the filing requirements. If this field is | | |
| | | | not utilized, enter blanks. | | |
| 723-748 | Blank | 26 | Enter blanks. | | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | | |

Payee "B" Record – Record Layout Positions 544-750 for Form 1099-A

| Blank | Personal Liability Indicator | Date of Lender's Acquisition or Knowledge of Abandonment | Description of Property | Blank |
|----------------------------|---------------------------------|---|-------------------------------|---------|
| 544-546 | 547 | 548-555 | 556-594 | 595-662 |
| Special Data Entries | Blank | Blank or CR/LF | | |
| 663-722 | 723-748 | 749-750 | _ | |

| T. 11 | <u>`</u> | | ecord Layout Positions 544-750 for Form 1099-B |
|-------------------|------------------------------------|--------|---|
| Field Position | Field Title | Length | Description and Remarks |
| 544 | Second TIN Notice (Optional) | 1 | Enter "2" (two) to indicate notification by IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination; otherwise, enter a blank. |
| 545-546 | Blank | 2 | Enter blanks. |
| 547 | Gross Proceeds Indicator | 1 | Enter the appropriate indicator from the following table, to identify the amount reported in Amount Code 2; otherwise, enter a blank. Indicator Usage 1 Gross proceeds 2 Gross proceeds less commissions and options premiums |
| 548-555 | Date of Sale or Exchange | 8 | For broker transactions, enter the trade date of the transaction. For barter exchanges, enter the date when cash, property, a credit, or scrip is actually or constructively received in the format YYYYMMDD (e.g., January 5, 2007, would be 20070105). Enter blanks if this is an aggregate transaction. Do not enter hyphens or slashes . |
| 556-568 | CUSIP Number | 13 | For broker transactions only, enter the CUSIP (Committee on Uniform Security Identification Procedures) number of the item reported for Amount Code 2 (stocks, bonds, etc.). Enter blanks if this is an aggregate transaction. Enter "0s" (zeros) if the number is not available. Right-justify information and fill unused positions with blanks. |
| 569-607 | Description | 39 | If fewer than 39 characters are required, left-justify information and fill unused positions with blanks. For broker transactions, enter a brief description of the disposition item (e.g., 100 shares of XYZ Corp). For regulated futures and forward contracts, enter "RFC" or other appropriate description. For bartering transactions, show the services or property provided. |
| 608-615 | Number of Shares Exchanged | 8 | Enter the number of shares of the corporation's stock which were exchanged in the transaction. Report whole number only. Right-justify information and fill unused positions with zeros. |
| 616-625 | Classes of Stock Exchanged | 10 | Enter the class of stock that was exchanged. Left-justify the information and fill unused positions with blanks. |
| 626 | Recipient Indicator | 1 | Enter a "1" (one) if recipient is unable to claim a loss on their tax return. Otherwise, enter a blank. |
| 627-662 | Blank | 36 | Enter blanks. |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. (See Note.) |

| (6) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-B (Continued) |) |
|--|---|
| | |

| Field Position | Field Title | Length | Description and Remarks |
|-------------------|------------------------------|--------|---|
| 723-734 | State Income Tax Withheld | 12 | State income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting state tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 735-746 | Local Income Tax Withheld | 12 | Local income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting local tax withheld, this field may be used as a continuation of the Special Data Entries field. |
| 747-748 | Blank | 2 | Enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

Note: Report the Corporation's Name, Address, City, State, and ZIP in the Special Data Entry field.

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-B

| Second TIN Notice (Optional) | Blank | Gross Proceeds Indicator | Date of Sale or Exchange | CUSIP Number | Description | Number of Shares Exchanged | |
|------------------------------------|---------|--------------------------------|--------------------------------|-----------------|-------------|----------------------------------|---|
| 544 | 545-546 | 547 | 548-555 | 556-568 | 569-607 | 608-615 | _ |

| Classes of Stock Exchanged | Recipient Indicator | Blank | Special Data Entries | State Income Tax Withheld | Local Income Tax Withheld | Blank | Blank or CR/LF |
|----------------------------------|------------------------|---------|----------------------------|------------------------------------|------------------------------------|---------|----------------------|
| 616-625 | 626 | 627-662 | 663-722 | 723-734 | 735-746 | 747-748 | 749-750 |

| | (7) Payee "B" | Record - Re | ecord Layout Positions 544-750 for Form 1099-C |
|-------------------|-------------------------|-------------|--|
| Field Position | Field Title | Length | Description and Remarks |
| 544-546 | Blank | 3 | Enter blanks. |
| 547 | Bankruptcy Indicator | 1 | Enter "1" (one) to indicate the debt was discharged in bankruptcy, if known. Otherwise, enter a blank. |
| 548-555 | Date Canceled | 8 | Enter the date the debt was canceled in the format of YYYYMMDD (e.g., January 5, 2007, would be 20070105). Do not enter hyphens or slashes. |
| 556-594 | Debt Description | 39 | Enter a description of the origin of the debt, such as student loan, mortgage, or credit card expenditure. If a combined Form 1099-C and 1099-A is being filed, also enter a description of the property. |
| 595-662 | Blank | 68 | Enter blanks. |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. |
| 723-748 | Blank | 26 | Enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-C

| Blank | Bankruptcy Indicator | Date Canceled | Debt Description | Blank | Special Data Entries |
|---------|-------------------------|------------------|---------------------|---------|----------------------------|
| 544-546 | 547 | 548-555 | 556-594 | 595-662 | 663-722 |

| Blank | Blank or CR/LF |
|---------|-------------------|
| 723-748 | 749-750 |

| Field | Field Title | Length | Description and Remarks |
|----------|----------------------------------|--------|--|
| Position | | | |
| 544-547 | Blank | 4 | Enter blanks. |
| 548-555 | Date of Sale or Exchange | 8 | Enter the date the stock was exchanged for cash, stock in the successor corporation, or other property received in the format YYYYMMDD (e.g., January 5, 2007, would be 20070105). Do not enter hyphens or slashes . |
| 556-607 | Blank | 52 | Enter blanks. |
| 608-615 | Number of Shares Exchanged | 8 | Enter the number of shares of the corporation's stock which were exchanged in the transaction. Report whole number only. Right-justify information and fill unused positions with zeros. |
| 616-625 | Classes of Stock Exchanged | 10 | Enter the class of stock that was exchanged. Left- justify the information and fill unused positions with blanks. |
| 626 | Blank | 1 | Enter a blank. |
| 627 | Shareholder Indicator | 1 | Enter a"1" (one) if the shareholder cannot take a loss on their tax return. Otherwise, enter a blank. |
| 628-662 | Blank | 35 | Enter blanks. |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. |
| 723-748 | Blank | 26 | Enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-CAP

| Blank | | Date of Sale or Exchange | | Blank | | nber of Shares Exchanged | Classes of Stock Exchanged |
|---------|--------------------------|-----------------------------|-----|---------------------|--|-----------------------------|-------------------------------|
| 544-547 | 548-5 | 548-555 | | 556-607 | | 608-615 | 616-625 |
| Blank | Shareholder Indicator | Bla | ank | Special I Entrie | | Blank | Blank or CR/LF |

663-722

723-748

628-662

627

626

749-750

| Field | Field Title | | cord Layout Positions 544-750 for Form 1099-DIV Description and Remarks | |
|-------------------|--|--------|---|--|
| Position Position | rieid Title | Length | Description and Remarks | |
| 544 | Second TIN Notice (Optional) | 1 | Enter "2" (two) to indicate notification by IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination; otherwise, enter a blank. | |
| 545-546 | Blank | 2 | Enter blanks. | |
| 547-586 | Foreign Country or U.S. Possession | 40 | Enter the name of the foreign country or U.S. possession to which the withheld foreign tax (Amount Code C) applies. Otherwise, enter blanks. | |
| 587-662 | Blank | 76 | Enter blanks. | |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. | |
| 723-734 | State Income Tax Withheld | 12 | State income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting state tax withheld, this field may be used as a continuation of the Special Data Entries Field. | |
| 735-746 | Local Income Tax Withheld | 12 | Local income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting local tax withheld, this field may be used as a continuation of the Special Data Entries Field. | |
| 747-748 | Combined Federal/State Code | 2 | If this payee record is to be forwarded to a state agency as part of the Combined Federal/State Filing Program, enter the valid state code from Part A, Sec. 12, Table 1. For those payers or states not participating in this program, enter blanks. | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | |

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-DIV

| Second TIN Notice (Optional) | Blank | Foreign Country or U.S. Possession | Blank | Special Data Entries |
|---------------------------------------|---------|---|---------|-------------------------|
| 544 | 545-546 | 547-586 | 587-662 | 663-722 |

| State Income Tax Withheld | Local Income Tax Withheld | Combined Federal/State Code | Blank or CR/LF |
|------------------------------|------------------------------|-----------------------------------|-------------------|
| 723-734 | 735-746 | 747-748 | 749-750 |

| | (10) Payee "H | B" Record - R | ecord Layout | Positions 544-750 for Form 1099-G |
|-------------------|-----------------------------------|---------------|--|--|
| Field Position | Field Title | Length | Description and Remarks | |
| 544-546 | Blank | 3 | Enter blanks | S. |
| 547 | Trade or Business Indicator | 1 | Enter "1" (one) to indicate the state or local income tax re credit, or offset (Amount Code 2) is attributable to income that applies exclusively to income from a trade or business | |
| | | | Indicator 1 Blank | Usage Income tax refund applies exclusively to a trade or business. Income tax refund is a general tax refund. |
| 548-551 | Tax Year of Refund | 4 | Enter the tax year for which the refund, credit, or offset (Amount Code 2) was issued. The tax year must re the tax year for which the payment was made, not the tax year of Form 1099-G. The tax year must be in the four-position format of YYYY (e.g., 2007). The valid range of years for the refund is 1997 through 2006. | |

Note: This data is not considered prior year data since it is required to be reported in the current tax year. Do NOT enter "P" in field position 6 of the Transmitter "T" Record.

| 552-662 | Blank | 111 | Enter blanks. |
|---------|------------------------------|-----|--|
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. You may enter your routing and transit number (RTN) here. If this field is not utilized, enter blanks. |
| 723-734 | State Income Tax Withheld | 12 | State income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting state tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 735-746 | Local Income Tax Withheld | 12 | Local income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting local tax withheld, this field may be used as a continuation of the Special Data Entries Field. |

| (10) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-G (Continued) | | | | |
|---|-----------------------------------|--------|---|--|
| Field Position | Field Title | Length | Description and Remarks | |
| 747-748 | Combined Federal/State Code | 2 | If this payee record is to be forwarded to a state agency as part of the Combined Federal/State Filing Program, enter the valid state code from Part A, Sec. 12, Table 1. For those payers or states not participating in this program, enter blanks. | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | |

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-G

| Blank | Trade or Business Indicator | Tax Year of Refund | Blank | Special Data Entries | State Income Tax Withheld |
|---------|-----------------------------------|--------------------------|---------|----------------------------|------------------------------------|
| 544-546 | 547 | 548-551 | 552-662 | 663-722 | 723-734 |

| Local Income Tax Withheld | Combined Federal/ State Code | Blank or CR/LF |
|------------------------------|---------------------------------------|-------------------|
| 725 746 | 747 740 | 740 750 |

735-746 747-748 749-750

| | (11) Payee "B" F | Record - Record | Layout Positions 544-750 for Form 1099-H |
|----------|------------------|-----------------|--|
| Field | Field Title | Length | Description and Remarks |
| Position | | | |
| 544-546 | Blank | 3 | Enter blanks. |
| 547-548 | Number of | 2 | Required. Enter the total number of months recipient |
| | Months Eligible | | is eligible for health insurance advance payments. |
| | _ | | Right-justify and blank fill any remaining position. |
| 549-662 | Blank | 114 | Enter blanks. |
| | | | |
| 663-722 | Special Data | 60 | This portion of the "B" Record may be used to record |
| | Entries | | information for state or local government reporting or |
| | | | for the filer's own purposes. Payers should contact the |
| | | | state or local revenue departments for filing |
| | | | requirements. If this field is not utilized, enter blanks. |
| 723-748 | Blank | 26 | Enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) |
| | | | characters. |

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-H

| Blank | Number of Months Eligible | Blank | Special Data Entries | Blank | Blank or CR/LF |
|---------|---------------------------------|---------|-------------------------|---------|-------------------|
| 544-546 | 547-548 | 549-662 | 663-722 | 723-748 | 749-750 |

| | (12) Payee "B" F | Record - Re | cord Layout Positions 544-750 for Form 1099-INT |
|-------------------|--|-------------|--|
| Field Position | Field Title | Length | Description and Remarks |
| 544 | Second TIN Notice (Optional) | 1 | Enter "2" (two) to indicate notification by IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination; otherwise, enter a blank. |
| 545-546 | Blank | 2 | Enter blanks. |
| 547-586 | Foreign Country or U.S. Possession | 40 | Enter the name of the foreign country or U.S. possession to which the withheld foreign tax (Amount Code 6) applies. Otherwise, enter blanks. |
| 587-662 | Blank | 76 | Enter blanks. |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. You may enter your routing and transit number (RTN) here. If this field is not utilized, enter blanks. |
| 723-734 | State Income Tax Withheld | 12 | State income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting state tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 735-746 | Local Income Tax Withheld | 12 | Local income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting local tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 747-748 | Combined Federal/ State Code | 2 | If this payee record is to be forwarded to a state agency as part of the Combined Federal/State Filing Program, enter the valid state code from Part A, Sec. 12, Table 1. For those payers or states not participating in this program, enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-INT

| Second TIN Notice (Optional) | Blank | Foreign Country or U.S. Possession | Blank | Special Data Entries | State Income Tax Withheld |
|---------------------------------------|---------|---|---------|----------------------------|------------------------------|
| 544 | 545-546 | 547-586 | 587-662 | 663-722 | 723-734 |

| Local Income Tax Withheld | Combined Federal/ State Code | Blank or CR/LF |
|------------------------------------|---------------------------------------|-------------------|
| 735-746 | 747-748 | 749-750 |

| | (13) Payee "B" R | ecord - Red | cord Layout Positions 544-750 for Form 1099-LTC |
|-------------------|---|-------------|--|
| Field Position | Field Title | Length | Description and Remarks |
| 544-546 | Blank | 3 | Enter blanks. |
| 547 | Type of Payment Indicator | 1 | Enter the appropriate indicator from the following table; otherwise, enter blanks. |
| | | | Indicator Usage |
| | | | 1 Per diem |
| | | | 2 Reimbursed amount |
| 548-556 | Social Security Number of Insured | 9 | Required. Enter the Social Security Number of the insured. |
| 557-596 | Name of Insured | 40 | Required. Enter the name of the insured. |
| 597-636 | Address of Insured | 40 | Required. Enter the address of the insured. Street address should include number, street, apartment or suite number (or PO Box if mail is not delivered to street address). Left-justify information and fill unused positions with blanks. This field must not contain any data other than payee's address. |

For U.S. addresses, the payee city, state, and ZIP Code must be reported as a 40, 2, and 9-position field, respectively. Filers must adhere to the correct format for the insured's city, state, and ZIP Code.

For foreign addresses, filers may use the insured's city, state, and ZIP Code as a continuous 51-position field. Enter information in the following order: city, province or state, postal code, and the name of the country. When reporting a foreign address, the Foreign Country Indicator in position 247 must contain a "1" (one).

| 637-676 | City of Insured | 40 | Required. Enter the city, town, or post office. Left-justify information and fill the unused positions with blanks. Enter APO or FPO, if applicable. Do not enter state and ZIP Code information in this field. |
|---------|------------------|----|--|
| 677-678 | State of Insured | 2 | Required. Enter the valid U.S. Postal Service state abbreviations for states or the appropriate postal identifier (AA, AE, or AP) described in Part A, Sec. 14. |

| (13) | Payee "B" Record | - Record L | ayout Positions 544-750 for Form 1099-LTC (Continued) |
|-------------------|--|------------|---|
| Field Position | Field Title | Length | Description and Remarks |
| 679-687 | ZIP Code of Insured | 9 | Required. Enter the valid nine-digit ZIP Code assigned by the U.S. Postal Service. If only the first five-digits are known, left-justify information and fill the unused positions with blanks. For foreign countries, alpha characters are acceptable as long as the filer has entered a "1" (one) in the Foreign Country Indicator, located in position 247 of the "B" Record. |
| 688 | Status of Illness Indicator (Optional) | 1 | Enter the appropriate code from the table below to indicate the status of the illness of the insured; otherwise, enter a blank. Indicator Usage |
| | | | 1 Chronically ill 2 Terminally ill |
| 689-696 | Date Certified (Optional) | 8 | Enter the latest date of a doctor's certification of the status of the insured's illness. The format of the date is YYYYMMDD (e.g., January 5, 2007, would be 20070105). Do not enter hyphens or slashes. |
| 697 | Qualified Indicator Contract (Optional) | 1 | Enter a "1" (one) if benefits were from a qualified long-term care insurance contract; otherwise, enter a blank. |
| 698-722 | Blank | 25 | Enter blanks. |
| 723-734 | State Income Tax Withheld | 12 | State income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. |
| 735-746 | Local Income Tax Withheld | 12 | Local income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. |
| 747-748 | Blank | 2 | Enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-LTC

| Blank | Type of Payment Indicator | SSN of Insured | Name of Insured | Address of Insured | City of Insured | State of Insured | ZIP Code of Insured |
|---------|---------------------------------|-------------------|-----------------|--------------------|--------------------|------------------|------------------------|
| 544-546 | 547 | 548-556 | 557-596 | 597-636 | 637-676 | 677-678 | 679-687 |

| Status of Illness Indicator (Optional) | Date Certified (Optional) | Qualified Contract Indicator (Optional) | Blank | State Income Tax Withheld | Local Income Tax Withheld | Blank | Blank or CR/LF |
|---|---------------------------------|--|---------|------------------------------------|------------------------------------|---------|----------------------|
| 688 | 689-696 | 697 | 698-722 | 723-734 | 735-746 | 747-748 | 749-750 |

| (14) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-MISC | | | | | | |
|--|--|--------|--|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | |
| 544 | Second TIN Notice (Optional) | 1 | Enter "2" (two) to indicate notification by IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination; otherwise, enter a blank. | | | |
| 545-546 | Blank | 2 | Enter blanks. | | | |
| 547 | Direct Sales Indicator (See Note.) | 1 | Enter a "1" (one) to indicate sales of \$5,000 or more of consumer products to a person on a buy-sell, deposit-commission, or any other commission basis for resale anywhere other than in a permanent retail establishment. Otherwise, enter a blank. | | | |

Note: If reporting a direct sales indicator *only*, use Type of Return "A" in Field Position 27, and Amount Code 1 in Field Position 28 of the Payer "A" Record. All payment amount fields in the Payee "B" Record will contain zeros.

| 548-662 | Blank | 115 | Enter blanks. |
|---------|------------------------------------|-----|---|
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not used, enter blanks. |
| 723-734 | State Income Tax Withheld | 12 | State income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting state tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 735-746 | Local Income Tax Withheld | 12 | Local income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting local tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 747-748 | Combined Federal/ State Code | 2 | If this payee record is to be forwarded to a state agency as part of the Combined Federal/State Filing Program, enter the valid state code from Part A, Sec. 12, Table 1. For those payers or states not participating in this program, enter blanks. |

| (14) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-MISC(Continued) | | | | | | |
|---|-------------|--------|---|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | | | |

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-MISC

| Second TIN Notice (Optional) | Blank | Direct Sales Indicator | Blank | Special Data Entries | State Income Tax Withheld | Local Income Tax Withheld |
|---------------------------------------|---------|------------------------------|---------|----------------------------|---------------------------------|------------------------------------|
| 544 | 545-546 | 547 | 548-662 | 663-722 | 723-734 | 735-746 |

| Combined Federal/ State Code | Blank or CR/LF |
|---------------------------------------|-------------------|
| 747 740 | 740.750 |

747-748 749-750

| Field Position | Field Title | Length | Description and Remarks |
|-------------------|------------------------------------|--------|--|
| 544 | Second TIN Notice (Optional) | 1 | Enter "2" (two) to indicate notification by IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination; otherwise, enter a blank. |
| 545-546 | Blank | 2 | Enter blanks. |
| 547-585 | Description | 39 | Required. Enter the CUSIP number, if any. If there is no CUSIP number, enter the abbreviation for the stock exchange and issuer, the coupon rate, and year (must be 4-digit year) of maturity (e.g., NYSE XYZ 12/2007). Show the name of the issuer if other than the payer. If fewer than 39 characters are required, left-justify information and fill unused positions with blanks. |
| 586-662 | Blank | 77 | Enter blanks. |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. |
| 723-734 | State Income Tax Withheld | 12 | State income tax withheld is for the convenience of the filers. This information does not need to be reported to |

| (15) I | Payee "B" Record - | Record Layou | ut Positions 544-750 for Form 1099-OID (Continued) |
|-------------------|------------------------------------|--------------|---|
| Field Position | Field Title | Length | Description and Remarks |
| | | | IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting state tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 735-746 | Local Income Tax Withheld | 12 | Local income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting local tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 747-748 | Combined Federal/ State Code | 2 | If this payee record is to be forwarded to a state agency as part of the Combined Federal/State Filing Program, enter the valid state code from Part A, Sec. 12, Table 1. For those payers or states not participating in this program, enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-OID

| Second TIN Notice (Optional) | Blank | Description | Blank | Special Data Entries | State Income Tax Withheld |
|---------------------------------------|---------|-------------|---------|----------------------------|------------------------------------|
| 544 | 545-546 | 547-585 | 586-662 | 663-722 | 723-734 |

| Local Income Tax Withheld | Combined Federal/ State Code | Blank or CR/LF |
|------------------------------------|---------------------------------------|-------------------|
| 735-746 | 747-748 | 749-750 |

| Field Position | Field Title | Length | Description and Remarks |
|-------------------|------------------------------------|--------|---|
| 544 | Second TIN Notice (Optional) | 1 | Enter "2" (two) to indicate notification by IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination; otherwise, enter a blank. |
| 545-662 | Blank | 118 | Enter blanks. |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If field is not utilized, enter blanks. |
| 723-734 | State Income Tax Withheld | 12 | State income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting state tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 735-746 | Local Income Tax Withheld | 12 | Local income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting local tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 747-748 | Combined Federal/ State Code | 2 | If this payee record is to be forwarded to a state agency as part of the Combined Federal/State Filing Program, enter the valid state code from Part A, Sec. 12, Table 1. For those payers or states not participating in this program, enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

Payee "B" Record - Record Layout Positions 544-750 for 1099-PATR

| Second TIN Notice (Optional) | Blank | Special Data Entries | State Income Tax Withheld | Local Income Tax Withheld | Combined Federal/ State Code | Blank or CR/LF |
|---------------------------------------|---------|----------------------------|---------------------------------|---------------------------------|---------------------------------------|-------------------|
| 544 | 545-662 | 663-722 | 723-734 | 735-746 | 747-748 | 749-750 |

| | (17) Payee "B" I | Record - Reco | rd Layout Positions 544-750 for Form 1099-Q |
|-------------------|--|---------------|--|
| Field Position | Field Title | Length | Description and Remarks |
| 544-546 | Blank | 3 | Enter blanks. |
| 547 | Trustee to Trustee Transfer Indicator | 1 | Required. Enter a "1" (one) if reporting a trustee to trustee transfer; otherwise, enter blank. |
| 548 | Type of Tuition Payment | 1 | Required. Enter the appropriate code from the table below to indicate the type of tuition payment; otherwise, enter a blank. |
| | | | IndicatorUsage1Private program payment2State program payment3Coverdell ESA contribution |
| 549 | Designated Beneficiary | 1 | Required. Enter a "1" (one) if the recipient is not the designated beneficiary otherwise, enter a blank. |
| 550-662 | Blank | 113 | Enter blanks. |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. |
| 723-748 | Blank | 26 | Enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-Q

| | Blank | Trustee to Trustee Transfer Indicator | Type of Tuition Payment | Designated Beneficiary | Blank | Special Data Entries | Blank | Blank or CR/LF | |
|---|---------|---------------------------------------|-------------------------------|---------------------------|---------|----------------------------|---------|----------------------|--|
| _ | 544-546 | 547 | 548 | 549 | 550-662 | 663-722 | 723-748 | 749-750 | |

| | (18) Payee "B" R | ecord - Record La | yout Pos | itions 544-750 for Form 1099-R |
|----------|----------------------|-------------------|----------|---|
| Field | Field Title | Length | Descri | iption and Remarks |
| Position | | | | |
| 544 | Blank | 1 | Enter 1 | blank. |
| 545-546 | Distribution Code | 2 | Requi | red. Enter at least one distribution code from the |
| | | | table b | below. More than one code may apply. If only |
| | (For a detailed | | one co | de is necessary, it must be entered in position |
| | explanation of | | 545 an | nd position 546 will be blank. When using Code |
| | distribution codes, | | P for a | in IRA distribution under section 408(d)(4) of the |
| | see the 2007 | | Interna | al Revenue Code, the filer may also enter Code 1, |
| | Instructions for | | | r J if applicable. Only three numeric |
| | Forms 1099-R and | | | nations are acceptable, Codes 8 and 1, 8 and 2, |
| | 5498.) | | | and 4, on one return. These three combinations |
| | See chart at the end | | | used only if both codes apply to the distribution |
| | of this record | | | reported. If more than one numeric code is |
| | layout for a | | | able to different parts of a distribution, report two |
| | diagram of valid | | | te "B" Records. Distribution Codes 3, 5, 6, 9, E, |
| | combinations of | | | Q, R, S and T cannot be used with any other |
| | Distribution | | | Distribution Code G may be used with |
| | Codes. | | Distrit | oution Code 4 only if applicable. |
| | | | Code | Category |
| | | | 1 | *Early distribution, no known exception (in |
| | | | _ | most cases, under age $59\frac{1}{2}$) |
| | | | 2 | *Early distribution, exception applies (Under |
| | | | | age 59½) |
| | | | 3 | *Disability |
| | | | 4 | *Death |
| | | | 5 | *Prohibited transaction |
| | | | 6 | Section 1035 exchange (a tax-free exchange |
| | | | | of life insurance, annuity, or endowment |
| | | | | contracts) |
| | | | 7 | *Normal distribution |
| | | | 8 | *Excess contributions plus earnings/excess |
| | | | | deferrals (and/or earnings) taxable in 2007 |
| | | | 9 | Cost of current life insurance protection |
| | | | | (premiums paid by a trustee or custodian for |
| | | | | current insurance protection) |
| | | | A | May be eligible for 10-year tax option |
| | | | В | Designated Roth account distribution |
| | | | D | *Excess contributions plus earnings/excess |
| | | | | deferrals taxable in 2005 |

| Field Position | Field Title | Length | Desc | ription and Remarks |
|-------------------|-------------|--------|------|--|
| | | | Е | Excess annual additions under section 415/certain excess amounts under section 403(b) plans |
| | | | F | Charitable gift annuity |
| | | | G | Direct rollover and rollover contribution |
| | | | J | Early distribution from a Roth IRA. (This code may be used with Code 8 or P.) |
| | | | L | Loans treated as deemed distributions under section 72(p) |
| | | | N | Recharacterized IRA contribution made for 2007 |
| | | | P | *Excess contributions plus earnings/excess deferrals taxable in 2006 |
| | | | Q | Qualified distribution from a Roth IRA. (Distribution from a Roth IRA when the 5-year holding period has been met, and the recipient has reached 59½, has died, or is disabled.) |
| | | | R | Recharacterized IRA contribution made for 2006 (See Note.) |
| | | | S | *Early distribution from a SIMPLE IRA in first 2 years, no known exception |
| | | | T | Roth IRA distribution, exception applies because participant has reached 59 ½, died or is disabled, but it is unknown if the 5 year period has been met. |

Note: The trustee of the first IRA must report the recharacterization as a distribution on Form 1099-R (and the original contribution and its character on Form 5498).

| 547 | Taxable Amount | 1 | Enter "1" (one) only if the taxable amount of the |
|-----|----------------|---|--|
| | Not Determined | | payment entered for Payment Amount Field 1 (Gross |
| | Indicator | | distribution) of the "B" Record cannot be computed; |
| | | | otherwise, enter blank. (If Taxable Amount Not |
| | | | Determined Indicator is used, enter "0's" [zeros] in |
| | | | Payment Amount Field 2 of the Payee "B" Record.) |
| | | | Please make every effort to compute the taxable |
| | | | amount. |

^{*}If reporting a traditional IRA, SEP, or SIMPLE distribution or a Roth conversion, use the IRA/SEP/SIMPLE Indicator of "1" (one) in position 548 of the Payee "B" Record.

| (1 | (18) Payee "B" Record – Record Layout Positions 544-750 for Form 1099-R (Continued) | | | | | |
|----------|---|--------|--|--|--|--|
| Field | Field Title | Length | Description and Remarks | | | |
| Position | | | | | | |
| 548 | IRA/SEP/ SIMPLE Indicator | 1 | Enter "1" (one) for a traditional IRA, SEP, or SIMPLE distribution or Roth conversion; otherwise, enter a blank. (See Note.) If the IRA/SEP/SIMPLE Indicator is used, enter the amount of the Roth conversion or distribution in Payment Amount Field A of the Payee "B" Record. Do not use the indicator for a distribution from a Roth or for an IRA recharacterization. | | | |

Note: For Form 1099-R, generally, report the Roth conversion or total amount distributed from a traditional IRA, SEP, or SIMPLE in Payment Amount Field A (traditional IRA/SEP/SIMPLE distribution or Roth conversion), as well as Payment Amount Field 1 (Gross Distribution) of the "B" Record. Refer to the 2007 Instructions for Forms 1099-R and 5498 for exceptions (Box 2a instructions).

| 549 | Total Distribution | 1 | Enter a "1" (one) only if the payment shown for |
|-----|--------------------|---|---|
| | Indicator | | Distribution Amount Code 1 is a total distribution that |
| | (See Note.) | | closed out the account; otherwise, enter a blank. |

Note: A total distribution is one or more distributions within one tax year in which the entire balance of the account is distributed. Any distribution that does not meet this definition is not a total distribution.

| 550-551 | Percentage of Total Distribution | 2 | Use this field when reporting a total distribution to more than one person, such as when a participant is deceased and a payer distributes to two or more beneficiaries. Therefore, if the percentage is 100, leave this field blank. If the percentage is a fraction, round off to the nearest whole number (for example, 10.4 percent will be 10 percent; 10.5 percent will be 11 percent). Enter the percentage received by the person whose TIN is included in positions 12-20 of the "B" Record. This field must be right-justified, and unused positions must be zero-filled. If not applicable, enter blanks. Filers are not required to enter this information for any IRA distribution or for direct rollovers. |
|---------|--|-----|--|
| 552-555 | First Year of Designated Roth Contribution | 4 | Enter the first year a designated Roth contribution was made in YYYY format. If the date is unavailable, enter blanks. |
| 556-662 | Blank | 107 | Enter blanks. |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. |

| (1 | 8) Payee "B" Record | - Record Layo | ut Positions 544-750 for Form 1099-R (Continued) |
|-------------------|--------------------------------|---------------|---|
| Field Position | Field Title | Length | Description and Remarks |
| 723-734 | State Income Tax Withheld | 12 | State income tax withheld is for the convenience of the filer. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting state tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 735-746 | Local Income Tax Withheld | 12 | Local income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting local tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 747-748 | Combined Federal/State Code | 2 | If this payee record is to be forwarded to a state agency as part of the Combined Federal/State Filing Program, enter the valid state code from Part A, Sec. 12, Table 1. For those payers or states not participating in this program, enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

FORM 1099-R DISTRIBUTION CODE CHART 2007

| | | POS | IT | ΙΟ | N | 5 4 | 6 | | | | | | | | | | | | | | | | | | |
|---|---|-------|----|----|---|-----|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | blank | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | Α | В | D | Е | F | G | J | L | N | P | Q | R | S | T |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| P | 1 | X | | | | | | | | X | | | X | X | | | | | X | | X | | | | |
| O | 2 | X | | | | | | | | X | | | X | X | | | | | | | X | | | | |
| S | 3 | X | | | | | | | | | | | | | | | | | | | | | | | |
| I | 4 | X | | | | | | | | X | | X | X | X | | | X | | X | | X | | | | |
| T | 5 | X | | | | | | | | | | | | | | | | | | | | | | | |
| I | 6 | X | | | | | | | | | | | | | | | | | | | | | | | |
| O | 7 | X | | | | | | | | | | X | | | | | | | | | | | | | |
| N | 8 | X | X | X | | X | | | | | | | X | | | | | X | | | | | | | |
| | 9 | X | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | A | | | | | X | | | X | | | | | | | | | | | | | | | | |
| 4 | В | X | X | X | | X | | | | X | | | | | | | X | | X | | X | | | | |
| 5 | D | X | X | X | | X | | | | | | | | | | | | | | | | | | | |
| | Е | X | | | | | | | | | | | | | | | | | | | | | | | |
| | F | X | | | | | | | | | | | | | | | | | | | | | | | |
| | G | X | | | | X | | | | | | | X | | | | | | | | | | | | |
| | J | X | | | | | | | | X | | | | | | | | | | | X | | | | |
| | L | X | X | | | X | | | | | | | X | | | | | | | | | | | | |
| | N | X | | | | | | | | | | | | | | | | | | | | | | | |
| | P | X | X | X | | X | | | | | | | X | | | | | X | | | | | | | |
| | Q | X | | | | | | | | | | | | | | | | | | | | | | | |
| | R | X | | | | | | | | | | | | | | | | | | | | | | | |
| | S | X | | | | | | | | | | | | | | | | | | | | | | | |
| | T | X | | | | | | | | | | | | | | | | | | | | | | | |

X – Denotes valid combinations

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-R

| Blank | Distribution Code | Taxable Amount Not Determined Indicator | IRA/SEP/ SIMPLE Indicator | Total Distribution Indicator | Percentage of Total Distribution |
|-------|----------------------|--|---------------------------------|------------------------------------|--|
| 544 | 545-546 | 547 | 548 | 549 | 550-551 |

| First Year of Designated Roth Contribution | Blank | Special Data Entries | State Income Tax Withheld | Local Income Tax Withheld | Combined Federal/State Code | Blank or CR/LF |
|---|---------|-------------------------|---------------------------------|------------------------------------|-----------------------------------|-------------------|
| 552-555 | 556-662 | 663-722 | 723-734 | 735-746 | 747-748 | 749-750 |

| Field | Field Title | Length | d Layout Positions 544-750 for Form 1099-S Description and Remarks |
|--------------------------|--------------------------------------|--------|--|
| Position Position | rieiu Titie | Length | Description and Remarks |
| 544-546 | Blank | 3 | Enter blanks. |
| 547 | Property or Services Indicator | 1 | Required. Enter "1" (one) if the transferor received or will receive property (other than cash and consideration treated as cash in computing gross proceeds) or services as part of the consideration for the property transferred. Otherwise, enter a blank. |
| 548-555 | Date of Closing | 8 | Required. Enter the closing date in the format YYYYMMDD (e.g., January 5, 2007, would be 20070105). Do not enter hyphens or slashes. |
| 556-594 | Address or Legal Description | 39 | Required. Enter the address of the property transferred (including city, state, and ZIP Code). If the address does not sufficiently identify the property, also enter a legal description, such as section, lot, and block. For timber royalties, enter "TIMBER." If fewer than 39 positions are required, left-justify information and fill unused positions with blanks. |
| 595-662 | Blank | 68 | Enter blanks. |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. |

| (1 | 9) Payee "B" Record | l - Record Layo | out Positions 544-750 for Form 1099-S (Continued) |
|----------|------------------------------|-----------------|---|
| Field | Field Title | Length | Description and Remarks |
| Position | | | |
| 723-734 | State Income Tax Withheld | 12 | State income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting state tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 735-746 | Local Income Tax Withheld | 12 | Local income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting local tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 747-748 | Blank | 2 | Enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-S

| Blank | Property or Services Indicator | Date of Closing | Address or Legal Description | Blank | Special Data Entries |
|---------|--------------------------------------|--------------------|------------------------------------|---------|----------------------------|
| 544-546 | 547 | 548-555 | 556-594 | 595-662 | 663-722 |

| State Income Tax Withheld | Local Income Tax Withheld | Blank | Blank or CR/LF |
|------------------------------|------------------------------|---------|-------------------|
| 723-734 | 735-746 | 747-748 | 749-750 |

| | (20) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-SA | | | | | | |
|----------|--|--------|---|--|--|--|--|
| Field | Field Title | Length | Description and Remarks | | | | |
| Position | | | • | | | | |
| 544 | Blank | 1 | Enter blank. | | | | |
| 545 | Distribution Code | 1 | Required. Enter the applicable code to indicate the type of payment. | | | | |

| Field | Field Title | Length | Description and Remarks |
|----------|----------------------------|--------|--|
| Position | | | Code Category |
| | | | 1 Normal distribution |
| | | | 2 Excess contribution |
| | | | 3 Disability |
| | | | Death distribution other than code 6 (This includes distributions to a spouse, nonspouse, or estate beneficiary in the year of death and to an estate after the year of death.) |
| | | | 5 Prohibited transaction |
| | | | Death distribution after year of death to a nonspouse beneficiary. (Do not use for distribution to an estate.) |
| 546 | Blank | 1 | Enter a blank. |
| 547 | Medicare | 1 | Enter "1" (one) if distributions are from a Medicare |
| | Advantage MSA Indicator | | Advantage MSA. Otherwise, enter a blank. |
| 548 | HSA Indicator | 1 | Enter "1" (one) if distributions are from a HSA. |
| | | | Otherwise, enter a blank. |
| 549 | Archer MSA | 1 | Enter "1" (one) if distributions are from an Archer MSA. |
| | Indicator | | Otherwise, enter a blank. |
| 550-662 | Blank | 113 | Enter blanks. |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. |
| 723-734 | State Income | 12 | State income tax withheld is for the convenience of the |
| | Tax Withheld | | filers. This information does not need to be reported to |
| | | | IRS. The payment amount must be right-justified and |
| | | | unused positions must be zero-filled. If not reporting state |
| | | | tax withheld, this field may be used as a continuation of |
| 725.716 | T 17 | 10 | the Special Data Entries Field. |
| 735-746 | Local Income | 12 | Local income tax withheld is for the convenience of the |
| | Tax Withheld | | filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting loca tax withheld, this field may be used as a continuation of the Special Data Entries Field. |
| 747-748 | Blank | 2 | Enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

Payee "B" Record - Record Layout Positions 544-750 for Form 1099-SA

| Blank | Distribution Code | Blank | Medicare Advantage MSA Indicator | HSA Indicator | Archer MSA Indicator | Blank | Special Data Entries |
|-------|----------------------|-------|---|------------------|----------------------------|---------|----------------------------|
| 544 | 545 | 546 | 547 | 548 | 549 | 550-662 | 663-722 |

| State Income Tax Withheld | Local Income Tax Withheld | Blank | Blank or CR/LF |
|---------------------------------|---------------------------------|---------|----------------|
| 723_734 | 735-746 | 747_748 | 749-750 |

| | (21) Payee "B" R | Record - Rec | ord Layout Positions 544-750 for Form 5498 |
|-------------------|---|--------------|--|
| Field Position | Field Title | Length | Description and Remarks |
| 544-546 | Blank | 3 | Enter blanks. |
| 547 | IRA Indicator (Individual Retirement Account) | 1 | Required, if applicable. Enter "1" (one) if reporting a Rollover (Amount Code 2), Recharacterized Contribution (Amount Code 4) or Fair Market Value (Amount Code 5) for an IRA. Otherwise, enter a blank. |
| 548 | SEP Indicator (Simplified Employee Pension) | 1 | Required, if applicable. Enter "1" (one) if reporting Rollover (Amount Code 2), Recharacterized Contribution (Amount Code 4) or Fair Market Value (Amount Code 5) for a SEP. Otherwise, enter a blank. |
| 549 | SIMPLE Indicator (Savings Incentive Match Plan for Employees) | 1 | Required, if applicable. Enter "1" (one) if reporting a Rollover (Amount Code 2), Recharacterized Contribution (Amount Code 4) or Fair Market Value (Amount Code 5) for a SIMPLE. Otherwise, enter a blank. |
| 550 | Roth IRA Indicator | 1 | Required, if applicable. Enter "1" (one) if reporting a Rollover (Amount Code 2), Recharacterized Contribution (Amount Code 4) or Fair Market Value (Amount Code 5) for a Roth IRA. Otherwise, enter a blank. |
| 551 | RMD Indicator | 1 | Required . Enter "1" (one) if reporting RMD for 2007. Otherwise, enter a blank. |
| 552-662 | Blank | 111 | Enter blanks. |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. (See Note.) |

Note: For delayed contributions for U.S. Armed Forces, use the Special Data Entry field to report the year for which the contribution was made, the amount of the contribution and one of the indicators as outlined in the current Instructions for Forms 1099-R and 5498.

| (2 | (21) Payee "B" Record - Record Layout Positions 544-750 for Form 5498 (Continued) | | | | | | | |
|-------------------|---|--------|---|--|--|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | | | |
| 723-746 | Blank | 24 | Enter blanks. | | | | | |
| 747-748 | Combined Federal/State Code | 2 | If this payee record is to be forwarded to a state agency as part of the Combined Federal/State Filing Program, enter the valid state code from Part A, Sec. 12, Table 1. For those payers or states not participating in this program, enter blanks. | | | | | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | | | | | |

Payee "B" Record - Record Layout Positions 544-750 for Form 5498

| Blank | IRA Indicator | SEP Indicator | SIMPLE Indicator | Roth IRA Indicator | RMD Indicator |
|---------|------------------|------------------|---------------------|--------------------------|------------------|
| 544-546 | 547 | 548 | 549 | 550 | 551 |

| Blank | Special Data Entries | Blank | Combined Federal/ State Code | Blank or CR/LF |
|---------|----------------------------|---------|---------------------------------------|-------------------|
| 552-662 | 663-722 | 723-746 | 747-748 | 749-750 |

| _ | (22) Payee "B" Record - Record Layout Positions 544-750 for Form 5498-ESA | | | | | | | |
|----------|---|--------|--|--|--|--|--|--|
| Field | Field Title | Length | Description and Remarks | | | | | |
| Position | | | | | | | | |
| 544-662 | Blank | 119 | Enter blanks. | | | | | |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. | | | | | |
| 723-748 | Blank | 26 | Enter blanks. | | | | | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | | | | | |

Payee "B" Record - Record Layout Positions 544-750 for Form 5498-ESA

| Blank | Special Data Entries | Blank | Blank or CR/LF |
|---------|-------------------------|---------|-------------------|
| 544-662 | 663-722 | 723-748 | 749-750 |

| | (23) Payee "B" Record - Record Layout Positions 544-750 for Form 5498-SA | | | | | | | |
|-------------------|--|--------|--|--|--|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | | | |
| 544-546 | Blank | 3 | Enter blanks. | | | | | |
| 547 | Medicare Advantage MSA Indicator | 1 | Enter "1" (one) for Medicare Advantage MSA. Otherwise, enter a blank. | | | | | |
| 548 | HSA Indicator | 1 | Enter "1" (one) for HSA. Otherwise, enter a blank. | | | | | |
| 549 | Archer MSA Indicator | 1 | Enter "1" (one) for Archer MSA. Otherwise, enter a blank. | | | | | |
| 550-662 | Blank | 113 | Enter blanks. | | | | | |
| 663-722 | Special Data Entries | 60 | This portion of the "B" Record may be used to record information for state or local government reporting or for the filer's own purposes. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, enter blanks. | | | | | |
| 723-748 | Blank | 26 | Enter blanks. | | | | | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | | | | | |

Payee "B" Record - Record Layout Positions 544-750 for Form 5498-SA

| В | lank | Medicare Advantage MSA Indicator | HSA Indicator | Archer MSA Indicator | Blank | Special Data Entries | Blank | Blank or CR/LF |
|----|-------|---|------------------|----------------------------|---------|----------------------------|---------|-------------------|
| 54 | 4-546 | 547 | 548 | 549 | 550-662 | 663-722 | 723-748 | 749-750 |

| Field Position | Field Title | Length | Description and Remarks |
|-------------------|-----------------------|--------|--|
| 544-546 | Blank | 3 | Enter blanks. |
| 547 | Type of Wager Code | 1 | Required. Enter the applicable type of wager code from the table below. |

| Field | | • | | 4-750 for Form W-2G (Continued) |
|-----------|------------------|----------|------------|---|
| Position | Field Title | Length | Descript | tion and Remarks |
| 1 OSITION | | | Code | Category |
| | | | 1 | Horse race track (or off-track betting of a |
| | | | | horse track nature) |
| | | | 2 | Dog race track (or off-track betting of a |
| | | | | dog track nature) |
| | | | 3 | Jai-alai |
| | | | 4 | State-conducted lottery |
| | | | 5 | Keno |
| | | | 6 | Bingo |
| | | | 7 | Slot machines |
| | | | 8 | Any other type of gambling winnings |
| 548-555 | Date Won | 8 | _ | d. Enter the date of the winning transaction |
| | | | | rmat YYYYMMDD (e.g., January 5, 2007, |
| | | | | e 20070105). Do not enter hyphens or |
| | | | | This is not the date the money was paid, if |
| | | | | r the date of the race (or game). |
| 556-570 | Transaction | 15 | _ | d. For state-conducted lotteries, enter the |
| | | | | other identifying number. For keno, bingo, |
| | | | | machines, enter the ticket or card number |
| | | | • | or, if applicable), machine serial number, or |
| | | | - | r information that will help identify the |
| 571 575 | D | <i>-</i> | | transaction. For all others, enter blanks. |
| 571-575 | Race | 5 | * * | able, enter the race (or game) relating to the ticket; otherwise, enter blanks. |
| 576-580 | Cashier | 5 | | able, enter the initials or number of the |
| | | | | naking the winning payment; otherwise, enter |
| | | | blanks. | |
| 581-585 | Window | 5 | If applica | able, enter the window number or location of |
| | | | the perso | on paying the winning payment; otherwise, |
| | | | enter bla | nks. |
| 586-600 | First ID | 15 | For other | r than state lotteries, enter the first |
| | | | identifica | ation number of the person receiving the |
| | | | | payment; otherwise, enter blanks. |
| 601-615 | Second ID | 15 | | r than state lotteries, enter the second |
| | | | | ation number of the person receiving the |
| | | | | s; otherwise, enter blanks. |
| 616-662 | Blank | 47 | Enter bla | |
| 663-722 | Special Data | 60 | | tion of the "B" Record may be used to record |
| | Entries | | | ion for state or local government reporting or |
| | | | | ler's own purposes. Payers should contact the |
| | | | | ocal revenue departments for filing |
| 500 50 t | | | | ents. If this field is not utilized, enter blanks. |
| 723-734 | State Income Tax | 12 | | ome tax withheld is for the convenience of |
| | Withheld | | | . This information does not need to be |
| | | | | to IRS. The payment amount must be right- |
| | | | justified | and unused positions must be zero-filled. If |

| (2 | (24) Payee "B" Record - Record Layout Positions 544-750 for Form W-2G (Continued) | | | | | | | |
|-------------------|---|--------|---|--|--|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | | | |
| | | | not reporting state tax withheld, this field may be used as a continuation of the Special Data Entries field. | | | | | |
| 735-746 | Local Income Tax Withheld | 12 | Local income tax withheld is for the convenience of the filers. This information does not need to be reported to IRS. The payment amount must be right-justified and unused positions must be zero-filled. If not reporting local tax withheld, this field may be used as a continuation of the Special Data Entries field. | | | | | |
| 747-748 | Blank | 2 | Enter blanks. | | | | | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | | | | | |

Payee "B" Record - Record Layout Positions 544-750 for Form W-2G

| Blank | Type of Wager Code | Date Won | Transaction | Race | Cashier | Window | First ID |
|---------|--------------------------|-------------|-------------|---------|---------|---------|----------|
| 544-546 | 547 | 548-555 | 556-570 | 571-575 | 576-580 | 581-585 | 586-600 |

| Second ID | Blank | Special Data Entries | State Income Tax Withheld | Local Income Tax Withheld | Blank | Blank or CR/LF |
|-----------|---------|-------------------------|---------------------------------|------------------------------------|---------|-------------------|
| 601-615 | 616-662 | 663-722 | 723-734 | 735-746 | 747-748 | 749-750 |

Sec. 7. End of Payer "C" Record - General Field Descriptions and Record Layout

- .01 The "C" Record consists of the total number of payees and the totals of the payment amount fields filed for each payer and/or particular type of return. The "C" Record must follow the last "B" Record for each type of return for each payer.
- **.02** For each "A" Record and group of "B" Records on the file, there must be a corresponding "C" Record.
- .03 The End of Payer "C" Record is a fixed length of 750 positions. The control fields are each 18 positions in length.

| Field Position | Field Title | Length | Description and Remarks |
|-------------------|---------------------------|--------|---|
| 1 | Record Type | 1 | Required. Enter "C". |
| 2-9 | Number of | 8 | Required. Enter the total number of "B" Records |
| | Payees | | covered by the preceding "A" Record. Right-justify |
| | | | information and fill unused positions with zeros. |
| 10-15 | Blank | 6 | Enter blanks. |
| 16-33 | Control Total 1 | 18 | Required. Accumulate totals of any payment amoun |
| 34-51 | Control Total 2 | 18 | fields in the "B" Records into the appropriate control |
| 52-69 | Control Total 3 | 18 | total fields of the "C" Record. Control totals must |
| 70-87 | Control Total 4 | 18 | be right-justified and unused control total fields |
| 88-105 | Control Total 5 | 18 | zero-filled. All control total fields are 18 positions in |
| 106-123 | Control Total 6 | 18 | length. Each payment amount must contain U.S. |
| 124-141 | Control Total 7 | 18 | dollars and cents. The right-most two positions |
| 142-159 | Control Total 8 | 18 | represent cents in the payment amount fields. Do not |
| 160-177 | Control Total 9 | 18 | enter dollar signs, commas, decimal points, or |
| 178-195 | Control Total A | 18 | negative payments, except those items that reflect |
| 196-213 | Control Total B | 18 | loss on Form 1099-B or 1099-Q. Positive and |
| 214-231 | Control Total C | 18 | negative amounts are indicated by placing a "+" (plus |
| 232-249 | Control Total D | 18 | or "-" (minus) sign in the left-most position of the |
| 250-267 | Control Total E | 18 | payment amount field. |
| 268-499 | Blank | 232 | Enter blanks. |
| 500-507 | Record Sequence Number | 8 | Required. Enter the number of the record as it appears within your file. The record sequence number for the "T" record will always be "1" (one), since it is the first record on your file and you can have only one "T" record in a file. Each record, thereafter, must be incremented by one in ascending numerical sequence, i.e., 2, 3, 4, etc. Right-justify numbers with leading zeros in the field. For example, the "T" record sequence number would appear as "00000001" in the field, the first "A" record would be "00000002", the first "B" record, "00000003", the second "B" record, "00000004" and so on until you reach the final record of the file, the "F" record. |
| 508-748 | Blank | 241 | Enter blanks. |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

End of Payer "C" Record - Record Layout

| Record Type | Number of Payees | Blank | Control Total | Control Total 2 | Control Total 3 | Control Total 4 | Control Total 5 | Control Total 6 |
|----------------|------------------|-------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2-9 | 10-15 | 16-33 | 34-51 | 52-69 | 70-87 | 88-105 | 106-123 |

| Control Total 7 | Control Total 8 | Control Total 9 | Control Total A | Control Total B | Control Total C | Control Total D | Control Total E | Blank |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------|
| 124-141 | 142-159 | 160-177 | 178-195 | 196-213 | 214-231 | 232-249 | 250-267 | 268-499 |

| Record Sequence Number | Blank | Blank or CR/LF |
|------------------------------|---------|-------------------|
| 500-507 | 508-748 | 749-750 |

Sec. 8. State Totals "K" Record - General Field Descriptions and Record Layout

- .01 The State Totals "K" Record is a summary for a given payer and a given state in the Combined Federal/State Filing Program, used **only** when state-reporting approval has been granted.
- .02 The "K" Record will contain the total number of payees and the total of the payment amount fields filed by a given payer for a given state. The "K" Record(s) must be written after the "C" Record for the related "A" Record. A file format diagram is located at the end of Part D.
- .03 The "K" Record is a fixed length of 750 positions. The control total fields are each 18 positions in length.
- **.04** In developing the "K" Record, for example, if a payer used Amount Codes 1, 3, and 6 in the "A" Record, the totals from the "B" Records coded for this state would appear in Control Totals 1, 3, and 6 of the "K" Record.
 - .05 There must be a separate "K" Record for each state being reported.
- **.06** Refer to Part A, Sec. 12, for the requirements and conditions that **must** be met to file via this program.

| Recor | Record Name: State Totals "K" Record - Record Layout Forms 1099-DIV, 1099-G, 1099-INT, 1099-MISC, 1099-OID, 1099-PATR, 1099-R, and 5498 | | | | | | |
|----------|---|--------|---|--|--|--|--|
| Field | Field Title | Length | Description and Remarks | | | | |
| Position | | | • | | | | |
| 1 | Record Type | 1 | Required. Enter "K". | | | | |
| 2-9 | Number of | 8 | Required. Enter the total number of "B" Records | | | | |
| | Payees | | being coded for this state. Right-justify information | | | | |
| | • | | and fill unused positions with zeros. | | | | |
| 10-15 | Blank | 6 | Enter blanks. | | | | |
| 16-33 | Control Total 1 | 18 | Required. Accumulate totals of any payment amount | | | | |
| 34-51 | Control Total 2 | 18 | fields in the "B" Records for each state being reported | | | | |
| 52-69 | Control Total 3 | 18 | into the appropriate control total fields of the | | | | |
| 70-87 | Control Total 4 | 18 | appropriate "K" Record. Each payment amount must | | | | |
| 88-105 | Control Total 5 | 18 | contain U.S. dollars and cents. The right-most two | | | | |
| 106-123 | Control Total 6 | 18 | positions represent cents in the payment amount | | | | |
| 124-141 | Control Total 7 | 18 | fields. Control totals must be right-justified and | | | | |
| 142-159 | Control Total 8 | 18 | unused control total fields zero-filled. All control | | | | |
| 160-177 | Control Total 9 | 18 | total fields are 18 positions in length. | | | | |

State Totals "K" Record - Record Layout Forms 1099-DIV, 1099-G, 1099-INT, 1099-MISC, 1099-OID, 1099-PATR, 1099-R, and 5498 (Continued)

| Field | Field Title | Length | Description and Remarks |
|----------|---------------------------------------|--------|--|
| Position | | 8 | • |
| 178-195 | Control Total A | 18 | |
| 196-213 | Control Total B | 18 | |
| 214-231 | Control Total C | 18 | |
| 232-249 | Control Total D | 18 | |
| 250-267 | Control Total E | 18 | |
| 268-499 | Blank | 232 | Enter blanks. |
| 500-507 | Record Sequence Number | 8 | Required. Enter the number of the record as it appears within your file. The record sequence number for the "T" record will always be "1" (one), since it is the first record on your file and you can have only one "T" record in a file. Each record, thereafter, must be incremented by one in ascending numerical sequence, i.e., 2, 3, 4, etc. Right-justify numbers with leading zeros in the field. For example, the "T" record sequence number would appear as "00000001" in the field, the first "A" record would be "000000002", the first "B" record, "00000003", the second "B" record, "00000004" and so on until you reach the final record of the file, the "F" record. |
| 508-706 | Blank | 199 | Enter blanks. |
| 707-724 | State Income Tax Withheld Total | 18 | State income tax withheld total is for the convenience of the filers. Aggregate totals of the state income tax withheld field in the Payee "B" Records; otherwise, enter blanks. |
| 725-742 | Local Income Tax Withheld Total | 18 | Local income tax withheld total is for the convenience of the filer. Aggregate totals of the local income tax withheld field in the Payee "B" Records; otherwise, enter blanks. |
| 743-746 | Blank | 4 | Enter blanks. |
| 747-748 | Combined Federal/ State Code | 2 | Required . Enter the code assigned to the state which is to receive the information. (Refer to Part A, Sec. 12, Table 1.) |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

State Totals "K" Record - Record Layout Forms 1099-DIV, 1099-G, 1099-INT, 1099-MISC, 1099-OID, 1099-PATR, 1099-R, and 5498

| Record Type | Number of Payees | Blank | Control Total | Control Total 2 | Control Total 3 | Control Total 4 | Control Total 5 | Control Total 6 |
|----------------|------------------|-------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2-9 | 10-15 | 16-33 | 34-51 | 52-69 | 70-87 | 88-105 | 106-123 |

| Control Total 7 | _ | ontrol Γotal 8 | Cont Tot 9 | | Control Total A | Control Total B | Control Total C | | ontrol Γotal D | Control Total E | Blank |
|------------------------------|----|----------------------|------------------|----|--------------------------------------|---|-----------------------|----|----------------------|-----------------------|-------------------|
| 124-141 | 14 | 2-159 | 160-1 | 77 | 178-195 | 196-213 | 214-231 | 2 | 32-249 | 250-267 | 268-499 |
| Record Sequence Number | | Blan | ıks | W | e Income Tax Tithheld Total | Local Income Tax Withheld Total | Blank | | Federa | bined al/State | Blank or CR/LF |
| 500-507 | | 508 | -706 | 7 | 07-724 | 725-742 | 743-74 | 46 | 74 | 7-748 | 749-750 |

Sec. 9. End of Transmission "F" Record - General Field Descriptions and Record Layout

- .01 The End of Transmission "F" Record is a summary of the number of payers/payees in the entire file.
- .02 The "F" Record is a fixed record length of 750 positions.
 .03 This record must be written after the last "C" Record (or last "K" Record, when applicable) of the entire file.

| | | | l of Transmission "F" Record |
|----------|---------------------------|--------|---|
| Field | Field Title | Length | Description and Remarks |
| Position | | | |
| 1 | Record Type | 1 | Required. Enter "F". |
| 2-9 | Number of "A" | 8 | Enter the total number of Payer "A" Records in the |
| | Records | | entire file (right-justify and zero-fill) or enter all zeros. |
| 10-30 | Zero | 21 | Enter zeros. |
| 31-49 | Blank | 19 | Enter blanks |
| 50-57 | Total Number of Payees | 8 | Enter the total number of Payee "B" Records reported in the file. Right-justify information and fill unused positions with zeros. If you have entered this total in the "T" Record, you may leave this field blank. |
| 58-499 | Blank | 442 | Enter blanks. |
| 500-507 | Record Sequence Number | 8 | Required. Enter the number of the record as it appears within your file. The record sequence number for the "T" record will always be "1" (one), since it is the first record on your file and you can have only one "T" record in a file. Each record, thereafter, must be incremented by one in ascending numerical sequence, i.e., 2, 3, 4, etc. Right-justify numbers with leading zeros in the field. For example, the "T" record sequence number would appear as "00000001" in the field, the first "A" record would be "00000002", the |

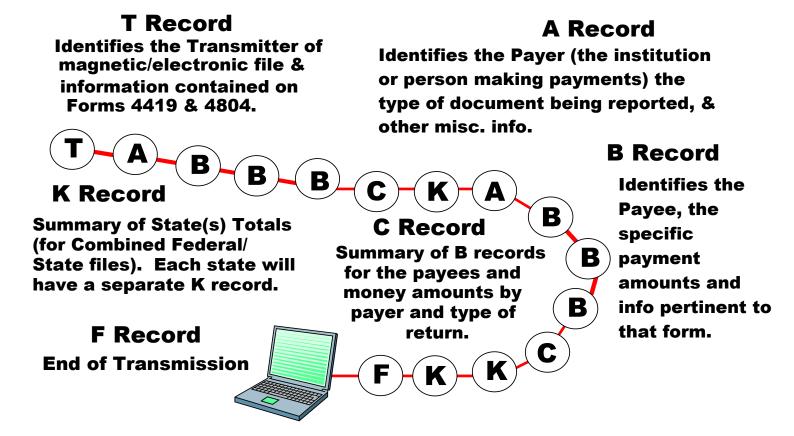
| | Record Name: End of Transmission "F" Record (Continued) | | | | | |
|-------------------|---|--------|---|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | |
| | | | first "B" record, "00000003", the second "B" record, "00000004" and so on until you reach the final record of the file, the "F" record. | | | |
| 508-748 | Blank | 241 | Enter blanks. | | | |
| 749-750 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. | | | |

End of Transmission "F" Record - Record Layout

| Record Type | Number of "A" Records | Zero | Blank | Total Number of Payees | Blank | Record Sequence Number | Blank | Blank or CR/LF |
|----------------|--------------------------------|-------|-------|------------------------------|--------|------------------------------|---------|-------------------|
| 1 | 2-9 | 10-30 | 31-49 | 50-57 | 58-499 | 500-507 | 508-748 | 749-750 |

File Format

Each record must be 750 positions.



Part E. Extensions of Time and Waivers

Sec. 1. General - Extensions

- **.01** An extension of time to file may be requested for Forms 1098, 1099, 5498, 5498-SA, 5498-ESA, W-2G, W-2 series, 8027 and 1042-S.
- **.02** A paper Form 8809, Application for Extension of Time To File Information Returns, should be submitted to IRS/ECC-MTB at the address listed in .09 of this section. This form may be used to request an extension of time to file information returns submitted on paper, electronically or magnetically to the IRS. Use a separate Form 8809 for each method of filing information returns you intend to use, i.e., electronically, magnetically or paper.
- .03 The fill-in Form 8809 may be completed online via the FIRE System. (See Part B, Sec. 8, for instructions on connecting to the FIRE System.) At the Main Menu, click "Extension of Time Request Form" and then click "Fill-in Extension". This option is only used to request an automatic 30-day extension. If you are requesting an additional extension, you must submit a paper Form 8809. Requests

for an additional extension of time to file information returns are not automatically granted. Requests for additional time are granted only in cases of extreme hardship or catastrophic event. The IRS will only send a letter of explanation approving or denying your additional extension request. (Refer to .12 of this Section.)

- **.04** To be considered, an extension request must be postmarked, transmitted or completed online by the due date of the returns; otherwise, the request will be denied. (See Part A, Sec. 8, for due dates.) If requesting an extension of time to file several types of forms, use one Form 8809; however, Form 8809 or file must be submitted no later than the earliest due date. For example, if requesting an extension of time to file both Forms 1099-INT and 5498, submit Form 8809 on or before February 28, 2008.
- .05 As soon as it is apparent that a 30-day extension of time to file is needed, an extension request should be submitted. It may take up to 30 days for IRS/ECC-MTB to respond to an extension request. IRS/ECC-MTB does not begin processing extension requests until January. *Extensions completed online via the FIRE System receive instant results*.
- **.06** Under certain circumstances, a request for an extension of time may be denied. When a denial letter is received, any additional or necessary information may be resubmitted within 20 days.
- .07 Requesting an extension of time for multiple payers (50 or less) may be done by mailing Form 8809 and attaching a list of the payer names and associated TINs (EIN or SSN) or by completing the fill-in form online. Each payer must be included in the listing or completed online to ensure an extension is recorded for all payers. Form 8809 may be computer-generated or photocopied. Be sure to use the most recently updated version and include all the pertinent information.
- .08 Requests for an extension of time to file for more than 50 payers are **required** to be submitted electronically, magnetically or completed online. IRS encourages requests for 10 to 50 payers to be filed electronically, magnetically or completed online. (See Sec. 3, for the record layout.) Tape cartridge is the only acceptable magnetic media. (Refer to Part C.)
- **.09** All requests for an extension of time filed on Form 8809 or tape cartridge should be sent using the following address:

IRS-Enterprise Computing Center - Martinsburg Information Reporting Program Attn: Extension of Time Coordinator 240 Murall Drive Kearneysville, WV 25430

Note: Due to the large volume of mail received by IRS/ECC-MTB and the time factor involved in processing Extension of Time (EOT) requests, it is imperative that the attention line be present on all envelopes or packages containing Form 8809.

- .10 Requests for extensions of time to file postmarked by the United States Postal Service on or before the due date of the returns, and delivered by United States mail to IRS/ECC-MTB after the due date, are treated as timely under the "timely mailing as timely filing" rule. A similar rule applies to designated private delivery services (PDSs). See Part A, Sec. 8, for more information on PDSs. For requests delivered by a designated PDS, but through a non-designated service, the actual date of receipt by IRS/ECC-MTB will be used as the filing date.
- .11 Transmitters requesting an extension of time by an electronic or magnetic file will receive an approval or denial letter, accompanied by a list of payers covered under that approval/denial.
- .12 If an additional extension of time is needed, a second Form 8809 or file must be filed by the initial extended due date. Check line 7 on the form to indicate that an additional extension is being requested. A second 30-day extension will be approved only in cases of extreme hardship or catastrophic event. If requesting a second 30-day extension of time, submit the information return files as soon as prepared. Do not wait for IRS/ECC-MTB's response to your second extension request.

- .13 If an extension request is approved, the approval notification should be kept on file. **DO NOT** send the approval notification or copy of the approval notification to IRS/ECC-MTB with the tape cartridge file or to the service center where the paper returns are filed.
 - .14 Request an extension for only one tax year.
- .15 A signature is not required when requesting a 30-day extension. If a second 30-day extension is requested, the Form 8809 MUST be signed. Failure to properly complete and sign Form 8809 may cause delays in processing the request or result in a denial. Carefully read and follow the instructions on the back of Form 8809.
- .16 Form 8809 may be obtained by calling 1-800-TAX-FORM (1-800-829-3676). The form is also available on the IRS website at www.irs.gov. A copy of Form 8809 is also provided in the back of Publication 1220.

Sec. 2. Specifications for Electronic Filing or Tape Cartridge Extensions of Time

- .01 The specifications in Sec. 3 include the required 200-byte record layout for extensions of time to file requests submitted electronically or magnetically. Also included are the instructions for the information that is to be entered in the record. Filers are advised to read this section in its entirety to ensure proper filing.
- .02 If a filer does not have an IRS/ECC-MTB assigned Transmitter Control Code (TCC), Form 4419, Application for Filing Information Returns Electronically, **must** be submitted to obtain a TCC. This number **must** be used to submit an extension request electronically/magnetically. (See Part A, Sec. 6.)
- .03 For extension requests filed on tape cartridges, the transmitter must mail the completed Form 8809, Application for Extension of Time To File Information Returns, in the same package as the corresponding media or fax it to 304-264-5602. For extension requests filed electronically, the transmitter must fax Form 8809 the same day the transmission is made. Due to security concerns, extension requests may **not** be emailed with the Form 8809 as an attachment.
- .04 Transmitters submitting an extension of time electronically or magnetically should not submit a list of payer names and TINs with Form 8809 since this information is included on the electronic or magnetic file. However, Line 6 of Form 8809 must be completed with the total number of records included on the electronic or tape cartridge file. The fill-in Form 8809 cannot be used in lieu of the paper Form 8809 for electronic or tape cartridge files.
- **.05** Do not submit tax year 2007 extension requests filed on tape cartridges before *January 1*, 2008, or electronically before *January 3*, 2008.
 - .06 Each tape cartridge **must** have an external media label containing the following information:
 - (a) Transmitter name
 - **(b)** Transmitter Control Code (TCC)
 - (c) Tax year
 - (d) The words "Extension of Time"
 - (e) Record count
- .07 Electronic filing, and tape cartridge specifications for extensions are the same as the specifications for filing of information returns. (See Part B or C for specific technical information.)

Sec. 3. Record Layout – Extension of Time

.01 Positions 6 through 188 of the following record should contain information about the **payer** for whom the extension of time to file is being requested. Do not enter transmitter information in these fields. Only one TCC may be present in a file.

| Field | Field Title | Length | Description and Remarks |
|----------|----------------|--------|---|
| Position | Ticiu Titic | Length | Description and Remarks |
| 1-5 | Transmitter | 5 | Required. Enter the five-character alpha/numeric |
| | Control Code | - | Transmitter Control Code (TCC) issued by IRS. Only |
| | | | one TCC per file is acceptable. |
| 6-14 | Payer TIN | 9 | Required. Must be the valid nine-digit EIN/SSN |
| | J | | assigned to the payer. Do not enter blanks, hyphens or |
| | | | alpha characters. All zeros, ones, twos, etc., will have |
| | | | the effect of an incorrect TIN. For foreign entities that are |
| | | | not required to have a TIN, this field may be blank; |
| | | | however, the Foreign Entity Indicator, position 187, must |
| | | | be set to "X". |
| 15-54 | Payer Name | 40 | Required . Enter the name of the payer whose TIN |
| | | | appears in positions 6-14. Left-justify information and fill |
| | | | unused positions with blanks. |
| 55-94 | Second Payer | 40 | If additional space is needed, this field may be used to |
| | Name | | continue name line information (e.g., c/o First National |
| | | | Bank); otherwise, enter blanks. |
| 95-134 | Payer Address | 40 | Required . Enter the payer's address. Street address |
| | | | should include number, street, apartment or suite number |
| | | | (or PO Box if mail is not delivered to a street address). |
| 135-174 | Payer City | 40 | Required . Enter payer city, town, or post office. |
| 175-176 | Payer State | 2 | Required. Enter the payer valid U.S. Postal Service state |
| | | | abbreviation. (Refer to Part A, Sec. 14.) |
| 177-185 | Payer ZIP Code | 9 | Required. Enter payer ZIP Code. If using a five-digit ZIP |
| | | | Code, left-justify information and fill unused positions |
| | | | with blanks. |
| 186 | Document | 1 | Required . Enter the appropriate document code that |
| | Indicator (See | | indicates the form for which you are requesting an |
| | Note.) | | extension of time. |
| | | | |
| | | | Code Document |
| | | | 1 W-2 |
| | | | 2 1098, 1098-C, 1098-E, 1098-T, 1099-A, 1099-B, 1099-C, 1099-CAP, 1099-DIV, 1099-G, |
| | | | 1099-H, 1099-INT, 1099-LTC, 1099-MISC, |
| | | | 1099-OID, 1099-PATR, 1099-Q, 1099-R, 1099- |
| | | | S, 1099-SA, or W-2G |
| | | | 3 5498 |
| | | | 4 1042-S |
| | | | 5 REMIC Documents (1099-INT or 1099-OID) |
| | | | 6 5498-SA |
| | | | 7 5498-ESA |

| Record Layout for Extension of Time (Continued) | | | | | | | |
|---|-------------|--------|-------------------------|--|--|--|--|
| Field Position | Field Title | Length | Description and Remarks | | | | |

Note: Do not enter any other values in this field. Submit a separate record for each document. For example, if you are requesting an extension for Form 1099-INT and Form 5498 for the same payee, submit one record with "2" coded in this field and another record with "3" coded in this field. If you are requesting an extension for Form 1099-DIV and Form 1099-MISC for the same payer, submit one record with "2" coded in this field.

| 187 | Foreign Entity Indicator | 1 | Enter "X" if the payer is a foreign entity. |
|-----|--------------------------------|---|--|
| 188 | Recipient Request Indicator | 1 | Enter "X" if the extension request is to furnish statements to the recipients of the information return. |

Note: A separate file is required for this type of extension request. A file must either contain all blanks or all X's in this field.

| 189-198 | Blank | 10 | Enter blanks. |
|---------|-------|----|---|
| 199-200 | Blank | 2 | Enter blanks or carriage return/line feed (CR/LF) characters. |

Extension of Time Record Layout

| Transmitter Control Code | Payer TIN | Payer Name | Second Payer Name | Payer Address | Payer City | Payer State |
|--------------------------------|--------------|---------------|-------------------------|------------------|---------------|----------------|
| 1-5 | 6-14 | 15-54 | 55-94 | 95-134 | 135-174 | 175-176 |

| Payer ZIP Code | Document Indicator | Foreign Entity Indicator | Recipient Request Indicator | Blank | Blank or CR/LF |
|----------------------|-----------------------|--------------------------------|-----------------------------------|---------|-------------------|
| 177-185 | 186 | 187 | 188 | 189-198 | 199-200 |

Sec. 4. Extension of Time for Recipient Copies of Information Returns

.01 Request an **extension of time to furnish the statements to recipients** of Forms 1098, 1099 series, 5498 series, W-2G, W-2 series, and 1042-S by submitting a letter to IRS/ECC-MTB at the address listed in Part E, Sec. 1.09. The letter should contain the following information:

- (a) Payer name
- **(b)** TIN
- (c) Address
- (d) Type of return

- (e) Specify that the extension request is to provide statements to recipients
- (f) Reason for delay
- (g) Signature of payer or duly authorized person
- .02 Requests for an extension of time to furnish statements to recipients of Forms 1098, 1099 series, 5498 series, W-2G, W-2 series, and 1042-S are not automatically approved; however, if approved, generally an extension will allow a MAXIMUM of 30 additional days from the due date. The request must be postmarked by the date on which the statements are due to the recipients.
- .03 Generally, only the payer may sign the letter requesting the extension for recipient copies. A transmitter must have a contractual agreement with the filers to submit extension requests on their behalf. This should be stated in your letter of request for recipient copy extensions.
- **.04** Requests for a **recipient** extension of time to file for more than 50 payers are **required** to be submitted electronically or magnetically. IRS encourages requests for 10 to 50 payers to be filed electronically or magnetically. (See Sec. 3, for the record layout.) The request may be filed electronically or on tape cartridges.
- .05 The fill-in Form 8809 extension option cannot be used to request an extension to furnish statements to recipients.

Sec. 5. Form 8508, Request for Waiver From Filing Information Returns Electronically/Magnetically

- .01 If a payer is required to file on magnetic media but fails to do so (or fails to file electronically in lieu of magnetic media filing) and does not have an approved waiver on record, the payer will be subject to a penalty of \$50 per return in excess of 250. (For penalty information, refer to the Penalty Section of the 2007 General Instructions for Forms 1099, 1098, 5498, and W-2G.)
- **.02** If payers are required to file original or corrected returns on magnetic media, but such filing would create an undue hardship, they may request a waiver from these filing requirements by submitting Form 8508, Request for Waiver From Filing Information Returns Electronically/Magnetically, to IRS/ECC-MTB. Form 8508 can be obtained on the IRS website at www.irs.gov or by calling toll-free 1-800-829-3676.
- .03 Even though a payer may submit as many as 249 corrections on paper, IRS encourages electronic or magnetic filing of corrections. Once the 250 threshold has been met, filers are required to submit any returns of 250 or more electronically or magnetically. However, if a waiver for original documents is approved, any corrections for the same type of returns will be covered under that waiver.
- **.04** Generally, only the payer may sign Form 8508. A transmitter may sign if given power of attorney; however, a letter signed by the payer stating this fact must be attached to Form 8508.
- **.05** A transmitter must submit a separate Form 8508 for each payer. Do not submit a list of payers.
- **.06** All information requested on Form 8508 must be provided to IRS for the request to be processed.
- .07 The waiver, if approved, will provide exemption from the electronic/magnetic media filing requirement for the current tax year only. Payers may not apply for a waiver for more than one tax year at a time; application must be made each year a waiver is necessary.
- **.08** Form 8508 may be photocopied or computer-generated as long as it contains all the information requested on the original form.
- **.09** Filers are encouraged to submit Form 8508 to IRS/ECC-MTB at least 45 days before the due date of the returns. IRS/ECC-MTB does not process waiver requests until January. Waiver requests received prior to January are processed on a first come, first serve basis.
 - .10. All requests for a waiver should be sent using the following address:

Information Reporting Program **Attn: Extension of Time Coordinator**240 Murall Drive

Kearneysville, WV 25430

.11 File Form 8508 for the W-2 series of forms with IRS/ECC-MTB, not SSA.

- .12 Waivers are evaluated on a case-by-case basis and are approved or denied based on criteria set forth in the regulations under section 6011(e) of the Internal Revenue Code. The transmitter must allow a minimum of 30 days for IRS/ECC-MTB to respond to a waiver request.
- .13 If a waiver request is approved, keep the approval letter on file. **DO NOT** send a copy of the approved waiver to the service center where the paper returns are filed.
- .14 An approved waiver only applies to the requirement for filing information returns electronically/magnetically. The payer must still timely file information returns on the official IRS paper forms or an acceptable substitute form with the appropriate service center.

2007



General Instructions for Forms 1099, 1098, 5498, and W-2G

Section references are to the Internal Revenue Code unless otherwise noted.

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Reminders

Electronic/Magnetic Media Filing. *E-filers* are reminded that using the FIRE system requires following the specifications contained in Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically or Magnetically. Also, the IRS does not provide a fill-in form option. See page GEN-4 for information on *e-file*.

Payee. Throughout these instructions the term "payee" means any recipient of Forms 1099, 1098, 5498, or W-2G including borrowers, debtors, donors, insureds, participants, policyholders, students, transferors, and winners on certain forms.

Where to file. With the exception of Form 1098-C, all information returns will be filed with only two Internal Revenue Service Centers: Austin, TX, and Kansas City, MO. See part D on page GEN-4 and Form 1096, Annual Summary and Transmittal of U.S. Information Returns.

What's New

Widely held fixed investment trusts (WHFITs). Beginning January 1, 2007, trustees and middlemen of certain grantor trusts known as WHFITs are required to report all items of gross income on Forms 1099-B, 1099-DIV, 1099-INT, 1099-MISC, and 1099-OID, as applicable, to the IRS and

furnish the same information to trust interest holders (TIHs). See part A on page GEN-2 for more information.



See the specific form instructions for the changes listed below. At the time these instructions were released for print, the instructions for Forms 1099-B, DIV, INT and

OID, and R had not been printed. These instructions will be available later in 2007.

Form 1098. The Tax Relief and Health Care Act of 2006 added new section 6050H(h), requiring the reporting of certain mortgage insurance premiums paid or accrued after December 31, 2006.

Form 1099-G. A separate Form 1099-G is required to report distributions from a contributory program treated as unemployment compensation.

Form 1099-R. The following changes have been made to Form 1099-R.

- Notice 2007-7 provides guidance on provisions of the Pension Protection Act of 2006 regarding the treatment of certain distributions to nonspouse designated beneficiaries.
- Notice 2007-7 also provides information on and extends the period during which section 402(f) notice requirements may be met
- New Regulations section 1.402(f)-1 provides the requirements for furnishing the section 402(f) notice electronically.

Form 5498. The following changes have been made to Form 5498.

- Information has been added for reporting catch-up contributions under section 219(b)(5)(C).
- Guidance is provided on the treatment of qualified charitable contributions.
- Guidance is provided on the determination of required minimum distributions for nonspouse designated beneficiaries.
- Reporting instructions have been added for the repayment of qualified reservist distributions.
- Additional special contributions have been added to reporting in the blank box to the left of box 10 on the form.

Form 5498-SA. The Tax Relief and Health Care Act of 2006 added new options for funding health savings accounts (HSAs). Section 302 of the Act provides for direct transfers from flexible spending arrangements and health reimbursement arrangements to HSAs as rollover contributions. Section 307 of the Act provides for trustee-to-trustee transfers from IRAs to HSAs. These transfers are treated as current year contributions.

Items You Should Note

Photographs of Missing Children

The Internal Revenue Service is a proud partner with the National Center for Missing and Exploited Children. Photographs of missing children selected by the Center may appear in instructions on pages that would otherwise be blank. You can help bring these children home by looking at the photographs and calling 1-800-THE-LOST(1-800-843-5678) if you recognize a child.

Available Products

In addition to these general instructions, which contain general information concerning Forms 1099, 1098, 5498, and W-2G, we

provide specific form instructions as separate products. Get the instructions you need for completing a specific form from the following list of separate instructions.

- Instructions for Forms W-2G and 5754
 Instructions for Form 1098
- Instructions for Form 1098-C
- Instructions for Forms 1098-E and 1098-T
- Instructions for Forms 1099-A and 1099-C
- Instructions for Form 1099-B
- Instructions for Form 1099-CAP
- Instructions for Form 1099-DIV
- Instructions for Form 1099-G
- Instructions for Form 1099-H
- Instructions for Forms 1099-INT and 1099-OID
- Instructions for Form 1099-LTC
- Instructions for Form 1099-MISC Instructions for Form 1099-PATR
- Instructions for Form 1099-Q
- Instructions for Forms 1099-R and 5498
- Instructions for Form 1099-S
- Instructions for Forms 1099-SA and 5498-SA
- Instructions for Form 5498-ESA

See How To Get Forms and Publications on page GEN-15.

Guide to Information Returns

See the chart on pages GEN-16 and GEN-17 for a brief summary of information return reporting rules.

Use Form 1096 To Send Forms to the IRS

You must send Copies A of all paper Forms 1099, 1098, 5498, and W-2G to the IRS with Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Instructions for completing Form 1096 are contained on Form 1096. Also see part E on page GEN-4.

Reporting Backup Withholding on Forms 1099 and W-2G

If you backup withhold on a payment, you must file the appropriate Form 1099 or Form W-2G with the IRS and furnish a statement to the recipient to report the amount of the payment and the amount withheld. This applies even though the amount of the payment may be below the normal threshold for filing Form 1099 or Form W-2G. For how to report backup withholding, see part N on page GEN-11.

Substitute Statements to Recipients

If you are using a substitute form to furnish statements to recipients (generally Copy B), be sure your substitute statements comply with the rules in Pub. 1179, General Rules and Specifications for Substitute Forms 1096, 1098, 1099, 5498, W-2G, and 1042-S. Pub. 1179, which is revised annually, explains the requirements for format and content of substitute statements to recipients. If you are using a substitute form to furnish information to recipients, it must comply with the requirements in Pub. 1179. See part M. Statements to Recipients on page GEN-9 for additional information.



All substitute statements to recipients must contain the tax year, form number, and form name prominently displayed together in one area of the statement. For

example, they could be shown in the upper right part of the

Taxpayer Identification Number (TIN) Matching

TIN Matching allows a payer or authorized agent who is required to file Forms 1099-B, DIV, INT, MISC, OID, and/or PATR, which report income subject to backup withholding, to match TIN and name combinations with IRS records before submitting the forms to the IRS. TIN Matching is one of the e-services products that is offered and is accessible through the IRS website. Go to www.irs.gov and search for "e-services." It is anticipated that payers who validate the TIN and name combinations before filing information returns will receive fewer backup withholding (CP2100) "B" notices and penalty notices. E-services technical support is available by calling 1-866-255-0654, Monday through Friday, from 6:30 a.m. to 6:00 p.m., Central time.

A. Who Must File

See the separate specific instructions for each form.

Nominee/middleman returns. Generally, if you receive a Form 1099 for amounts that actually belong to another person, you are considered a nominee recipient. You must file a Form 1099 with the IRS (the same type of Form 1099 you received) for each of the other owners showing the amounts allocable to each. You must also furnish a Form 1099 to each of the other owners. File the new Form 1099 with Form 1096 with the Internal Revenue Service Center for your area. On each new Form 1099, list yourself as the "payer" and the other owner as the "recipient." On Form 1096, list yourself as the "filer." A husband or wife is not required to file a nominee return to show amounts owned by the other. The nominee, not the original payer, is responsible for filing the subsequent Forms 1099 to show the amount allocable to each owner.

Successor/predecessor reporting. A successor business (a corporation, partnership, or sole proprietorship) and a predecessor business (a corporation, partnership, or sole proprietorship) may agree that the successor will assume all or some of the predecessor's information reporting responsibilities. This would permit the successor to file one Form 1099, 1098, 5498, or W-2G for each recipient combining the predecessor's and successor's reportable amounts, including any withholding. If they so agree and the successor satisfies the predecessor's obligations and the conditions described below, the predecessor does not have to file the specified information returns for the acquisition year. If the successor and predecessor do not agree, or if the requirements described are not met, the predecessor and the successor each must file Forms 1099, 1098, 5498, and W-2G for their own reportable amounts as they usually would. For more information and the rules that apply to filing combined Forms 1042-S, Foreign Person's U.S. Income Subject to Withholding, see Rev. Proc. 99-50, which is available on page 757 of Internal Revenue Bulletin 1999-52 at www.irs.gov/pub/irs-irbs/irb99-52.pdf.

The combined reporting procedure is available when all the following conditions are met.

- 1. The successor acquires from the predecessor substantially all the property (a) used in the trade or business of the predecessor, including when one or more corporations are absorbed by another corporation under a merger agreement, or (b) used in a separate unit of a trade or business of the predecessor.
- 2. The predecessor is required to report amounts, including any withholding, on information returns for the year of acquisition for the period before the acquisition.
- 3. The predecessor is not required to report amounts, including withholding, on information returns for the year of acquisition for the period after the acquisition.

Combined reporting agreement. The predecessor and the successor must agree on the specific forms to which the combined reporting procedure applies and that the successor assumes the predecessor's entire information reporting obligations for these forms. The predecessor and successor may agree to:

- 1. Use the combined reporting procedure for all Forms 1099, 1098, 5498, and W-2G, or
- 2. Limit the use of the combined reporting procedure to (a) specific forms or (b) specific reporting entities, including any unit, branch, or location within a particular business entity that files its own separate information returns. For example, if the predecessor's and successor's only compatible computer or recordkeeping systems are their dividends paid ledgers, they may agree to use the combined reporting procedure for Forms 1099-DIV only. Similarly, if the only compatible systems are in their midwest branches, they may agree to use the combined reporting procedure for only the midwest branches.

Combined reporting procedure. On each Form 1099, 1098, 5498, and W-2G filed by the successor, the successor must combine the predecessor's (before the acquisition) and successor's reportable amounts, including any withholding, for the acquisition year and report the aggregate. For transactional reporting on Form 1099-B, Proceeds From Broker and Barter Exchange Transactions, the successor must report each of the

predecessor's transactions and each of its own transactions on each Form 1099-B. The successor may include with the form sent to the recipient additional information explaining the combined reporting.

For purposes of the combined reporting procedure, the sharing of TINs and other information obtained under section 3406 for information reporting and backup withholding purposes does not violate the confidentiality rules in section 3406(f).

Statement required. The successor must file a statement with the IRS indicating the forms that are being filed on a combined basis under Rev. Proc. 99-50. The statement must:

- Include the predecessor's and successor's names, addresses, telephone numbers. EINs, and the name and telephone number of the person responsible for preparing the statement.
- 2. Reflect separately the amount of federal income tax withheld by the predecessor and by the successor for each type of form being filed on a combined basis (for example, Form 1099-R or 1099-MISC)
- 3. Be sent separately from Forms 1099, 1098, 5498, and W-2G by the forms' due date to: Enterprise Computing Center—Martinsburg, Attn: Chief, Information Returns Branch, Mail Stop 360, 230 Murall Dr., Kearneysville, WV 25430. Do not send Form 1042-S statements to this address. Instead, use the address given in the Instructions for Form 1042-S; see Rev. Proc. 99-50.

Qualified settlement funds. A qualified settlement fund must file information returns for distributions to claimants if any transferor to the fund would have been required to file if the transferor had made the distributions directly to the claimants.

For distributions to transferors, a fund is subject to the information reporting requirements of sections 6041 and 6041A and may be required to file Form 1099-MISC. For payments made by the fund on behalf of a claimant or transferor, the fund is subject to these same rules and may have to file Form 1099-MISC for the payment to a third party. For information reporting purposes, a payment made by the fund on behalf of a claimant or transferor is considered a distribution to the claimant or transferor and is also subject to information reporting requirements.

The same filing requirements, exceptions, and thresholds may apply to qualified settlement funds as apply to any other payer. That is, the fund must determine the character of the payment (for example, interest, fixed and determinable income, or gross proceeds from broker transactions) and to whom the payment is made (for example, corporation or individual).

For more information, see Regulations section 1.468B-2(I). Also, see Treasury Decision (TD) 9429 available on page 546 of Internal Revenue Bulletin 2006-10 at www.irs.gov/pub/ irs-irbs/irb06-10.pdf. TD 9249 relates to escrow and similar

Payments to foreign persons. See the Instructions for Form 1042-S, relating to U.S. source income of foreign persons, for reporting requirements relating to payments to foreign persons.

Widely held fixed investment trusts (WHFITs). Beginning January 1, 2007, trustees and middlemen of WHFITs are required to report all items of gross income and proceeds on the appropriate Form 1099. For the definition of a WHFIT, see Regulations section 1.671-5(b)(22). A tax information statement that includes the information provided to the IRS on Forms 1099, as well as additional information identified in Regulations section 1.671-5(e) must be furnished to trust interest holders (TIHs). Previously, WHFITs were required to file Form 1041; however, WHFIT's that were required to file Form 1041 for 2006 were instructed to check the final return box.

Items of gross income (including OID) attributable to the TIH for the calendar year including all amounts of income attributable to selling, purchasing, or redeeming of a trust holder's interest in the WHFIT must be reported. Items of income that are required to be reported include non pro-rata partial principal payments, trust sales proceeds, redemption asset proceeds, and sales of a trust interest on a secondary market must be reported on Form 1099-B. See Regulations section 1.671-5(d).

Safe harbor rules for determining the amount of an item to be reported on Form 1099 and a tax information statement with respect to a TIH in a non-mortgage WHFIT (NMWHFIT) and a widely held mortgage trust (WHMT) are found in Regulations sections 1.671-5(f) and (g) respectively.

Trustees and middlemen must follow all the rules for filing Forms 1099 with the IRS and furnishing a statement to the TIH (except as noted below) as described in parts A through S of these instructions. Trustees and middlemen should also follow the separate instructions for Forms 1099-B, 1099-DIV 1099-INT, 1099-MISC, and 1099-OID, as applicable, which may address additional income reporting requirements.

Due date exception and other requirements for *furnishing statement to TIH.* The written tax information for 2007 furnished to the TIH is due on or before March 17, 2008. For other items of expense and credit that must be reported to the TIH, see Regulations section 1.671-5(c).

There is no reporting requirement if the TIH is an exempt recipient unless the trustee or middleman backup withholds under section 3406. If the trustee or middleman backup withholds, then follow the rules in part N. Backup Withholding. An exempt recipient for this purpose is defined in Regulations section 1.671-5(b)(7).

Reporting to foreign persons. Items of a WHFIT attributable to a TIH who is not a U.S. person must be reported and amounts withheld following the provisions of sections 1441 through 1464. See Form 1042-S and its separate instructions for more information.

B. Other Information Returns

The income information you report on the following forms must not be repeated on Forms 1099 or W-2G.

- Form W-2, Wage and Tax Statement, reporting wages and other employee compensation.
- Forms 1042-S and 1000 reporting income to foreign persons.
- Form 2439 reporting undistributed long-term capital gains of a regulated investment company or real estate investment trust.
- Schedule K-1 of Form 1065 or 1065-B reporting distributive
- shares to members of a partnership.
- Schedule K-1 of Form 1041 reporting distributions to beneficiaries of trusts or estates.
- Schedule K-1 of Form 1120S reporting distributive shares to shareholders of S corporations.
- Schedule K of Form 1120-IC-DISC reporting actual and constructive distributions to shareholders and deferred DISC
- Schedule Q of Form 1066 reporting income from a REMIC to a residual interest holder.

C. When To File

File Forms 1098, 1099, or W-2G on paper or magnetic media by February 28, 2008 (March 31, 2008, if filing electronically). Also file Form 1096 with paper forms. Brokers may file Forms 1096 and 1099-B anytime after the reporting period they elect to adopt (month, quarter, or year), but not later than the due date. File Form 1096 with Forms 5498, 5498-ESA, and 5498-SA by June 2, 2008.

You will meet the requirement to file if the form is properly addressed and mailed on or before the due date. If the regular due date falls on a Saturday, Sunday, or legal holiday, file by the next business day. A business day is any day that is not a Saturday, Sunday, or legal holiday. See part M on page GEN-9 about providing Forms 1098, 1099, 5498, and W-2G or statements to recipients.

Private delivery services. You can use certain private delivery services designated by the IRS to meet the "timely mailing as timely filing" rule for information returns. The list includes only the following.

- DHL Worldwide Express (DHL): DHL "Same Day" Service; DHL Next Day 10:30 AM; DHL Next Day 12:00 PM; DHL Next Day 3:00 PM; and DHL 2nd Day Service.
- Federal Express (FedEx): FedEx Priority Overnight, FedEx Standard Overnight, FedEx 2 Day, FedEx International Priority, and FedEx International First
- United Parcel Service (UPS): UPS Next Day Air, UPS Next Day Air Saver, UPS 2nd Day Air, UPS 2nd Day Air A.M., UPS Worldwide Express Plus, and UPS Worldwide Express.

The private delivery service can tell you how to get written proof of the mailing date.



Private delivery services cannot deliver items to P.O. boxes. You must use the U.S. Postal Service to mail any AUTION item to an IRS P.O. box address.

Reporting period. Forms 1098, 1099, and W-2G are used to report amounts received, paid, credited, donated, or canceled in the case of Form 1099-C during the calendar year. Forms 5498, 5498-ESA, and 5498-SA are used to report amounts contributed and the fair market value of an account for the calendar year.

Extension. For paper or electronic/magnetic media filing, you can get a 30-day extension of time to file by sending Form 8809, Application for Extension of Time To File Information Returns, to the address shown on Form 8809. No signature or explanation is required for the extension. However, you must file Form 8809 by the due date of the returns in order to get the 30-day extension. Under certain hardship conditions you may apply for an additional 30-day extension. See Form 8809 for more information.



If you are requesting extensions of time to file for more than 50 payers, you must submit the extension requests magnetically or electronically. See Pub. 1220.

For information on extensions for providing statements to recipients, see Extension on page GEN-10.

D. Where To File

Except for Form 1098-C, send all information returns filed on paper to the following:

If your principal business, office or agency, or legal residence in the case of an individual, is located in

Use the following Internal Revenue **Service Center** address



Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Kentucky, Louisiana, Maine, Massachusetts, Mississippi, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Texas, Vermont, Virginia, West Virginia

Austin, TX 73301

Alaska, California, Colorado, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Maryland, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, North Dakota, Oklahoma, Oregon, South Carolina, South Dakota, Tennessee, Utah, Washington, Wisconsin, Wyoming

Kansas City, MO 64999

If your legal residence or principal place of business or principal office or agency is outside the United States, file with the Internal Revenue Service Center, Austin, TX 73301.

Form 1098-C. Send all Forms 1098-C filed on paper to the Internal Revenue Service Center, Ogden, UT 84201-0027.

Returns filed magnetically. Send all information returns filed magnetically to Enterprise Computing Center—Martinsburg, Information Reporting Program, 230 Murall Drive, Kearneysville, WV 25430.

State and local tax departments. Contact the applicable state and local tax department as necessary for reporting requirements and where to file Copy 1 (Forms 1099-MISC and 1099-R). Generally, the state or local tax department you need to contact will be located in the recipient's state of legal

E. Filing Returns With the IRS

The IRS strongly encourages the quality review of data before filing to prevent erroneous notices from being mailed to payees (or others for whom information is being reported).

If you must file any Form 1098, 1099, 5498, or W-2G with the IRS and you are filing paper forms, you must send a Form 1096 with each type of form as the transmittal document. You must group the forms by form number and submit each group with a separate Form 1096. For example, if you file Forms 1098, 1099-A, and 1099-MISC, complete one Form 1096 to transmit Forms 1098, another for Forms 1099-A, and a third for Forms 1099-MISC. Specific instructions for completing Form 1096 are included on the form. Also, see *Transmitters*, paying agents, etc. below. For information about filing corrected returns, see part H. Corrected Returns on Paper Forms on page GEN-6.

If you are filing on magnetic media, Form 4804, Transmittal of Information Returns Reported Magnetically, must accompany your submissions.



Form 4804 is no longer required if you file information returns electronically. See part F below.

For information on the preparation of transmittal documents for magnetic media and paper document reporting (Forms 4804 and 1096), see Rev. Proc. 84-24, 1984-1 C.B. 465.

See Pub. 1179 for specifications for private printing of substitute information returns. You may not request special consideration. Only forms that conform with the official form and the specifications in Pub. 1179 are acceptable for filing with the

Transmitters, paying agents, etc. A transmitter, service bureau, paying agent, or disbursing agent (hereafter referred to as "agent") may sign Form 1096 or Form 4804 on behalf of any person required to file (hereafter referred to as "payer") if the conditions in 1 and 2 below are met.

- 1. The agent has the authority to sign the form under an agency agreement (oral, written, or implied) that is valid under state law and
- 2. The agent signs the form and adds the caption "For: (Name of payer).'

Signing of the form by an authorized agent on behalf of the payer does not relieve the payer of the liability for penalties for not filing a correct, complete, and timely Form 1096 or Form 4804 and accompanying returns.

Forms 1098, 1099, 5498, W-2G, or acceptable substitute statements to recipients issued by a service bureau or agent should show the same payer's name as shown on the information returns filed with the IRS.

For information about the election to report and deposit backup withholding under the agent's TIN and how to prepare forms if the election is made, see Rev. Proc. 84-33, 1984-1 C.B.

Keeping copies. Generally, keep copies of information returns you filed with the IRS or have the ability to reconstruct the data for at least 3 years, 4 years for Form 1099-C, from the due date of the returns. Keep copies of information returns for 4 years if backup withholding was imposed.

Shipping and mailing. Send the forms to the IRS in a flat mailing (not folded). If you are sending many forms, you may send them in conveniently sized packages. On each package, write your name, number the packages consecutively, and place Form 1096 in package number one. Postal regulations require forms and packages to be sent by First-Class Mail.

F. Electronic/Magnetic Media Reporting

Magnetic media reporting may be required for filing all information returns discussed in these instructions (see Who must file on magnetic media on page GEN-5). Acceptable forms of magnetic media are IBM 3480, 3490, 3490E, 3590, or 3590E tape cartridges.

For returns filed after December 31, 2006, Enterprise Computing Center—Martinsburg (ECC-MTB) will no longer accept 3½-inch diskettes for filing information returns.



For returns filed after December 31, 2008, Enterprise Computing Center—Martinsburg (ECC-MTB) will no longer accept tape cartridges. Electronic filing will be the

only acceptable method for filing information returns with ECC-MTB.

Pub. 1220 provides the procedures for reporting electronically or magnetically and is updated annually. Pub. 1220 is available on the IRS website at www.irs.gov. Different types of payments, such as interest, dividends, and rents, may be reported on the same tape or other submission.

You can file electronically through the Filing Information Returns Electronically System (FIRE System); however, you must have software that can produce a file in the proper format according to Pub. 1220. The FIRE System does not provide a fill-in form option. The FIRE System operates 24 hours a day, 7 days a week. You may access the FIRE System via the Internet at http://fire.irs.gov. See Pub. 1220 for more information.

Due dates. File Forms 1098, 1099, or W-2G on magnetic media by February 28, 2008. If you file electronically through the FIRE System, you may file by March 31, 2008. File Form 5498, 5498-ESA, or 5498-SA by June 2, 2008. See part M on page GEN-9 about providing Forms 1098, 1099, 5498, and W-2G or statements to recipients.

Extension of time to file. For information about requesting an extension of time to file, see Extension on page GEN-4.



If you file electronically or on magnetic media, do not file the same returns on paper.

Who must file on magnetic media. If you are required to file 250 or more information returns, you must file on magnetic media. The 250-or-more requirement applies separately to each type of form. For example, if you must file 500 Forms 1098 and 100 Forms 1099-A, you must file Forms 1098 on magnetic media, but you are not required to file Forms 1099-A on magnetic media.

The magnetic media filing requirement does not apply if you apply for and receive a hardship waiver. See How to request a waiver from filing on magnetic media below.



The IRS encourages you to file on magnetic media or electronically even though you are filing fewer than 250

Filing requirement applies separately to originals and corrections. The magnetic media filing requirements apply separately to original returns and corrected returns. Originals and corrections are not aggregated to determine whether you are required to file on magnetic media. For example, if you file 400 Forms 1098 on magnetic media and you are making 75 corrections, your corrections can be filed on paper because the number of corrections for Form 1098 is less than the 250 filing requirement. However, if you were filing 250 or more Form 1098 corrections, they would have to be filed on magnetic media.

Reporting incorrect payer name and/or TIN. If a payer discovers an error in reporting the payer name and/or TIN, write a letter to IRS/ECC-MTB (see below) containing the:

- 1. Name and address of the payer,
- 2. Type of error (including the incorrect payer name/TIN that was reported), 3. Tax year,

 - 4. Payer TIN,
 - Transmitter Control Code (TCC), if applicable,
 - Type of return,
 - 7. Number of payees, and
 - Filing method (paper, electronic, or magnetic media).

Send the letter to Enterprise Computing Center—Martinsburg, Information Reporting Program, 240 Murall Drive, Kearneysville, WV 25430. Also see Pub. 1220, Part A, Section 11.

If a payer realizes duplicate reporting or a large percentage of incorrect information has been filed, contact the information reporting customer service site at 1-866-455-7438 for further instructions.

How to get approval to file on magnetic media. File Form 4419, Application for Filing Information Returns Magnetically/ Electronically, at least 30 days before the due date of the returns. File only one Form 4419 for all types of returns that will be filed on magnetic media. Once you have received approval, you need not reapply each year. The IRS will provide a written reply to the applicant and further instructions at the time of approval, usually within 30 days. A magnetic media reporting package, which includes all the necessary transmittals and instructions, will be mailed to all approved filers.

How to request a waiver from filing on magnetic media. To receive a waiver from the required filing of information returns on magnetic media, submit Form 8508, Request for Waiver From Filing Information Returns Electronically/Magnetically, at least 45 days before the due date of the returns. You cannot apply for a waiver for more than 1 tax year at a time. If you need a waiver for more than 1 tax year, you must reapply at the appropriate time each year.

If a waiver for original returns is approved, any corrections for the same types of returns will be covered under the waiver. However, if you submit original returns on magnetic media but you want to submit your corrections on paper, a waiver must be approved for the corrections if you must file 250 or more

If you receive an approved waiver, do not send a copy of it to the service center where you file your paper returns. Keep the waiver for your records only.

Single application. Submit both Forms 4419 and 8508 to apply for approval for filing returns on magnetic media, and if the approval is not granted, to apply for a waiver from the magnetic media requirement.

Penalty. If you are required to file on magnetic media but fail to do so, and you do not have an approved waiver, you may be subject to a penalty of \$50 per return for failure to file on magnetic media unless you establish reasonable cause. However, you can file up to 250 returns on paper; those returns will not be subject to a penalty for failure to file on magnetic

The penalty applies separately to original returns and corrected returns. See Filing requirement applies separately to originals and corrections above.

G. Paper Document Reporting

If you are required to file 250 or more information returns, see Electronic/Magnetic Media Reporting on page GEN-4.

Common errors. Be sure to check your returns to prevent the following common errors.

- 1. Duplicate filing. Do not send the same information to the IRS more than once. Also see *Multiple filings* below.
- 2. Filer's name, address, and TIN are not the same on Form 1096 and the attached Forms 1099, 1098, 5498, or W-2G.
- 3. Decimal point to show dollars and cents omitted. For example, 1230.00 is correct, not 1230.
- 4. Two or more types of returns submitted with one Form 1096 (for example, Forms 1099-INT and 1099-MISC with one Form 1096). You must submit a separate Form 1096 with each type of return.

Multiple filings. If, after you file Forms 1099, 1098, 5498, or W-2G, you discover additional forms that are required to be filed, file these forms with a new Form 1096. Do not include copies or information from previously filed returns.

Required format. Because paper forms are scanned, all Forms 1096 and Copies A of Forms 1098, 1099, and 5498 must be prepared in accordance with the following instructions. If these instructions are not followed, you may be subject to a penalty of \$50 for each incorrectly filed document.

1. Do not cut or separate Copies A of the forms that are printed two or three to a sheet (except Forms W-2G and 1098-C). Generally, Forms 1098, 1099, and 5498 are printed two or three to an 8 x 11 inch sheet. Form 1096 is printed one to an 8 x 11 inch sheet. These forms must be submitted to the IRS on the 8 x 11 inch sheet. If at least one form on the page is correctly completed, you must submit the entire page. Forms W-2G may be separated and submitted as single forms. Send the forms to the IRS in a flat mailing (not folded).

No photocopies of any forms are acceptable. See How To Get Forms and Publications on page GEN-15.

3. Do not staple, tear, or tape any of these forms. It will interfere with the IRS's ability to scan the documents.

4. Pinfeed holes on the form are not acceptable. Pinfeed strips outside the 8 x 11 inch area must be removed before submission, without tearing or ripping the form. Substitute forms prepared in continuous or strip form must be burst and stripped to conform to the size specified for a single sheet (8 x 11 inches) before they are filed with the IRS.

5. Do not change the title of any box on any form. Do not use a form to report information that is not properly reportable on that form. If you are unsure of where to report the data, call the information reporting call site at 1-866-455-7438 (toll free).

6. Report information only in the appropriate boxes provided on the forms. Make only one entry in each box unless otherwise indicated in the form's specific instructions.

Do not submit any copy other than Copy A to the IRS.

8. Do not use prior year forms unless you are reporting prior year information; do not use subsequent year forms for the current year. Because forms are scanned, you must use the current year form to report current year information.

9. Use the official forms or substitute forms that meet the specifications in Pub. 1179. If you submit substitute forms that do not meet the current specifications and that are not scannable, you may be subject to a penalty of \$50 for each return for improper format.

10. Do not use dollar signs (\$) (they are preprinted on the forms), ampersands (&), asterisks (*), commas (,), or other special characters in money amount boxes.

11. Do not use apostrophes ('), asterisks (*), or other special characters on the payee name line.

Suggested format. Follow these suggestions.

1. Although handwritten forms are acceptable, the IRS prefers that you type or machine print data entries using 10 pitch (pica) or 12 pitch (elite) black type. Use block print, not script characters. Insert data in the middle of the blocks well separated from other printing and guidelines, and take other measures to guarantee a dark black, clear, sharp image.

2. Do not enter 0 (zero) or "None" in money amount boxes when no entry is required. Leave the boxes blank unless the instructions specifically require that you enter a 0 (zero). For example, in some cases, you must enter 0 (zero) to make corrections. See *Corrected Returns on Paper Forms* below. 3. Do not enter number signs (#)—RT 2, not Rt. #2.

H. Corrected Returns on Paper Forms



To file corrections on magnetic media, see Electronic/ Magnetic Media Reporting on page GEN-4 and Pub.

If you filed a return with the IRS and later discover you made an error on it, you must:

 Correct it as soon as possible and file Copy A and Form 1096 with your Internal Revenue Service Center (see Where To File on page GEN-4).

Furnish statements to recipients showing the correction.

When making a correction, complete all information (see Filing Corrected Returns on Paper Forms on page GEN-7).

- Do not cut or separate forms that are two or three to a page. Submit the entire page even if only one of the forms on the page is completed.
- Do not staple the forms to Form 1096.
- Do not send corrected returns to the IRS if you are correcting state or local information only. Contact the state or local tax department for help with this type of correction.

To correct payer information, see Reporting incorrect payer name and/or TIN on page GEN-5.

Form 1096. Use a separate Form 1096 for each type of return you are correcting. For the same type of return, you may use one Form 1096 for both originals and corrections. You do not need to correct a previously filed Form 1096.

CORRECTED checkbox. Enter an "X" in the corrected checkbox only when correcting a form previously filed with the IRS or furnished to the recipient. Certain errors require two

returns to make the correction. See Filing Corrected Returns on Paper Forms on page GEN-7 to determine when to mark the "CORRECTED" checkbox.

Account number. If the account number was provided on the original return, the same account number must be included on both the original and corrected returns to properly identify and process the correction. If the account number was not provided on the original return, do not include it on the corrected return. See part L on page GEN-8.

Recipient's statement. You may enter a date next to the "CORRECTED" checkbox. This will help the recipient in the case of multiple corrections.

Filing corrected returns on paper forms. The error charts on page GEN-7 give step-by-step instructions for filing corrected returns for the most frequently made errors. They are grouped under Error Type 1 or 2, based on how the correction is made. Correction of errors may require the submission of more than one return. Be sure to read and follow the steps given.



If you fail to file correct information returns or furnish a correct payee statement, you may be subject to a penalty. See part O on page GEN-12. Regulations

section 301.6724-1 (relating to information return penalties) does not require you to file corrected returns for missing or incorrect TINs if you meet the reasonable cause criteria. You are merely required to include the correct TIN on the next original return you are required to file. However, if you do not meet the reasonable cause criteria, a reduced penalty may be imposed if the corrected returns are filed by August 1.

In addition, even if you meet the reasonable cause criteria, the IRS encourages you to file corrections for incorrect or missing TINs so that the IRS can update the payees' records.

I. Void Returns

An "X" in the "VOID" box at the top of the form will not correct a previously filed return. See Corrected Returns on Paper Forms above for instructions for making corrections.

VOID box. If a completed or partially completed Form 1098, 1099, or 5498 is incorrect and you want to void it before submission to the IRS, enter an "X" in the "VOID" box at the top of the form. For example, if you make an error while typing or printing a form, you should void it. The return will then be disregarded during processing by the IRS. Go to the next form on the page, or to another page, and enter the correct information; but do not mark the "CORRECTED" box. Do not cut or separate the forms that are two or three to a page. Submit the entire page even if only one of the forms on the page is a good return.

J. Recipient Names and Taxpayer Identification Numbers (TINs)

Recipient name. Show the full name and address in the section provided on the information return. If payments have been made to more than one recipient or the account is in more than one name, show on the first name line the name of the recipient whose TIN is first shown on the return. You may show the names of any other individual recipients in the area below the first line, if desired. Form W-2G filers, see the Instructions for Forms W-2G and 5754.

Sole proprietors. You must show the individual's name on the first name line; on the second name line, you may enter the "doing business as (DBA)" name. You may not enter only the DBA name. For the TIN, enter either the individual's SSN or the EIN of the business (sole proprietorship). The IRS prefers that you enter the SSN.

Limited liability company (LLC). For a single-member LLC (including a foreign LLC with a U.S. owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the individual's name only on the first name line and the LLC's name on the second name line. For the TIN, enter the individual's SSN (or EIN, if applicable). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Bankruptcy estate. If an individual (the debtor) for whom you are required to file an information return is in Chapter 11

Filing Corrected Returns on Paper Forms

Identify the correction needed based on **Error Type 1 or 2**; then follow the steps to make the corrections and file the form(s). Also see **Corrected Returns on Paper Forms** on page GEN-6.

| Error Type 1 | Correction |
|---|---|
| Incorrect money amount(s), code, or checkbox, or Incorrect address, or Incorrect payee name, or | A. Form 1098, 1099, 5498, or W-2G 1. Prepare a new information return. 2. Enter an "X" in the "CORRECTED" box (and date (optional)) at the top of the form. 3. Correct any recipient information such as money amounts and address. Report other information as per original return. |
| A return was filed when one should not have been filed. These errors require only one return to make the correction. Caution: If you must correct a TIN and/or a name and address, follow the instructions under Error 2. | B. Form 1096 1. Prepare a new transmittal Form 1096. 2. Provide all requested information on the form as it applies to Part A, 1 and 2. 3. File Form 1096 and Copy A of the return with the appropriate service center. 4. Do not include a copy of the original return that was filed incorrectly. |

| Error Type 2 | Correction | | | | | |
|--|--|---|--|--|--|--|
| No payee TIN (SSN, EIN, QI-EIN, or ITIN), or Incorrect payee TIN, or Incorrect name and address or | Step 1. Identify incorrect return submitted. | Prepare a new information return. Enter an "X" in the "CORRECTED" box (and date (optional)) at the top of the form. Enter the payer, recipient, and account number information exactly as it appeared on the original incorrect return; however, enter 0 (zero) for all money amounts. | | | | |
| Original return filed using wrong type of return (for example, a Form 1099-DIV was filed when a Form 1099-INT should have been filed). Two separate returns are required to make the correction properly. Follow all instructions for both Steps 1 and 2. Note: You do not have to file a corrected return for an incorrect payer TIN and/or incorrect payer name and address. | Step 2. Report correct information. | A. Form 1098, 1099, 5498, or W-2G Prepare a new information return. Do not enter an "X" in the "CORRECTED" box at the top of the form. Prepare the new return as though it is an original. Include all the correct information on the form including the correct TIN, name, and address. B. Form 1096 Prepare a new transmittal Form 1096. Enter the words "Filed To Correct TIN," "Filed to Correct Name and Address," or "Filed to Correct Return" in the bottom margin of the form. Provide all requested information on the form as it applies to the returns prepared in Steps 1 and 2. File Form 1096 and Copy A of the return with the appropriate service center. Do not include a copy of the original return that was filed incorrectly. | | | | |

bankruptcy, and the debtor notified you of the bankruptcy estate's EIN, report post-petition gross income, gross proceeds, or other reportable payments on the applicable information return using the estate's name and EIN. The debtor should notify you when the bankruptcy is closed, dismissed, or converted, so that any subsequent information returns will be filed with the correct name and EIN. Different rules apply if the bankruptcy is converted to Chapter 7, 12, or 13 of the Bankruptcy Code. For additional guidance, see Notice 2006-83 which is on page 596 of Internal Revenue Bulletin 2006-40 available at www.irs.gov/pub/irs-irbs/irb06-40.pdf.

TINs. TINs are used to associate and verify amounts you report to the IRS with corresponding amounts on tax returns. Therefore, it is important that you furnish correct names, social security numbers (SSNs), individual taxpayer identification numbers (ITINs), or employer identification numbers (EINs) for recipients on the forms sent to the IRS.

Requesting a recipient's TIN. If the recipient is a U.S. person (including a U.S. resident alien), the IRS suggests that you request the recipient complete Form W-9, Request for Taxpayer Identification Number and Certification, (or Form W-9S, Request for Student's or Borrower's Taxpayer Identification Number and Certification, if appropriate). See the Instructions for the Requester of Form W-9 for more information on how to request a TIN.

If the recipient is a foreign person, the IRS suggests that you request the recipient complete the appropriate Form W-8. See the Instructions for the Requester of Forms W-8BEN, W-8ECI, W-8EXP, and W-8IMY.



U.S. resident aliens who rely on a "saving clause" of a tax treaty are to complete Form W-9, not Form W-8BEN. CAUTION See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens.

You may be subject to a penalty for an incorrect or missing TIN on an information return. See part O on page GEN-12. You are required to maintain the confidentiality of information obtained on a Form W-9/W-9S relating to the taxpayer's identity (including SSNs, EINs, and ITINs), and you may use such information only to comply with the tax laws.



If the recipient does not provide a TIN, leave the box for the recipient's TIN blank on the Form 1098, 1099, 5498, or W-2G. Only one recipient TIN can be entered on the

form. Backup withholding may apply; see part N on page

The TIN for individual recipients of information returns is the SSN. See the information about sole proprietors on page GEN-6. For other recipients, including corporations, partnerships, and estates, the TIN is the EIN. Income reportable after the death of an individual must reflect the TIN of the payee, that is of the estate or of the surviving joint owner. For more information, see Personal Representative in Pub. 559 Survivors, Executors, and Administrators. For LLCs, see the information on LLC on page GEN-6.

SSNs have nine digits separated by two hyphens (000-00-0000), and EINs have nine digits separated by only one hyphen (00-0000000).

Electronic submission of Forms W-9. Requesters may establish a system for payees and payees' agents to submit Forms W-9 electronically, including by fax. A requester is anyone required to file an information return. A payee is anyone required to provide a TIN to the requester.

Payee's agent. A payee's agent can be an investment advisor (corporation, partnership, or individual) or an introducing broker. An investment advisor must be registered with the Securities Exchange Commission (SEC) under the Investment Advisers Act of 1940. The introducing broker is a broker-dealer that is regulated by the SEC and the National Association of Securities Dealers, Inc., and that is not a payer. Except for a broker who acts as a payee's agent for "readily tradable instruments," the advisor or broker must show in writing to the payer that the payee authorized the advisor or broker to transmit the Form W-9 to the payer.

Generally, the electronic system must:

 Ensure the information received is the information sent and document all occasions of user access that result in the submission.

- 2. Make reasonably certain the person accessing the system and submitting the form is the person identified on Form W-9.
 - 3. Provide the same information as the paper Form W-9.

4. Be able to supply a hard copy of the electronic Form W-9 if the IRS requests it.

5. Require as the final entry in the submission an electronic signature by the payee whose name is on Form W-9 that authenticates and verifies the submission. The electronic signature must be under penalties of perjury and the perjury statement must contain the language of the paper Form W-9.



For Forms W-9 that are not required to be signed, the electronic system need not provide for an electronic signature or a perjury statement.

Additional requirements may apply. See Announcement 98-27 that is available on page 30 of Internal Revenue Bulletin 1998-15 at www.irs.gov/pub/irs-irbs/irb98-15.pdf and Announcement 2001-91, which is available on page 221 of Internal Revenue Bulletin 2001-36 at www.irs.gov/pub/irs-irbs/ irb01-36.pdf.

Electronic submission of Forms W-9S. See the Instructions for Forms 1098-E and 1098-T.

K. Filer's Name, Identification Number, and Address

The TIN for filers of information returns, including sole proprietors and nominees/middlemen, is the federal EIN. However, sole proprietors and nominees/middlemen who are not otherwise required to have an EIN should use their SSNs. A sole proprietor is not required to have an EIN unless he or she has a Keogh plan or must file excise or employment tax returns. See Pub. 583, Starting a Business and Keeping Records.

The filer's name and TIN should be consistent with the name and TIN used on the filer's other tax returns. The name of the filer's paying agent or service bureau must not be used in place of the name of the filer.

If you do not have an EIN, you may apply for one online. Go to the IRS website www.irs.gov/businesses/small and click on the link for EINs. You may also apply by calling 1-800-829-4933 or by faxing or mailing Form SS-4, Application for Employer Identification Number, to the IRS. See the Instructions for Form SS-4 for more information.

Enter your street address including the room, suite, or other unit number on the forms.

L. Account Number Box on Forms

Use the account number box, when provided, on Forms 1099. 1098, and 5498 for an account number designation. The account number is required if you have multiple accounts for a recipient for whom you are filing more than one information return of the same type. Additionally, the IRS encourages you to include the recipient's account number on paper forms if your system of records uses the account number rather than the name or TIN for identification purposes. Also, the IRS will include the account number in future notices to you about backup withholding. If you are filing electronically or magnetically, see Pub. 1220.

The account number may be a checking account number, savings account number, serial number, or any other number you assign to the payee that is unique and will distinguish the specific account. This number must not appear anywhere else on the form, and this box may not be used for any other item unless the separate instructions indicate otherwise. Using unique account numbers ensures that corrected information returns will be processed accurately.

If you are using window envelopes to mail statements to recipients and using reduced rate mail, be sure the account number does not appear in the window. The Postal Service may not accept these for reduced rate mail.

M. Statements to Recipients (Borrowers, Debtors, Donors, Insureds, Participants, Payers/Borrowers, Policyholders, Students, Transferors, or Winners on Certain Forms)

If you are required to file Forms 1099, 1098, 5498, or W-2G, you must also furnish statements to recipients containing the information furnished to the IRS and, in some cases, additional information. Be sure that the statements you provide to recipients are clear and legible.

Substitute statements. If you are not using the official IRS form to furnish statements to recipients, see Pub. 1179 for specific rules about providing "substitute" statements to recipients. Generally, a substitute is any statement other than Copy B of the official form. You may develop them yourself or buy them from a private printer. However, the substitutes must comply with the format and content requirements specified in Pub. 1179 that is available on the IRS website at www.irs.gov.

Telephone number. You are required to include the telephone number of a person to contact on the following statements to recipients: W-2G, 1098, 1098-C, 1098-E, 1098-T, 1099-A, 1099-B, 1099-CAP, 1099-DIV, 1099-G (excluding state and local income tax refunds), 1099-H, 1099-INT, 1099-LTC 1099-MISC (excluding fishing boat proceeds), 1099-OID, 1099-PATR, 1099-Q, and 1099-S. You may include the telephone number in any conspicuous place on the statements. This number must provide direct access to an individual who can answer questions about the statement. Although not required, if you report on other Forms 1099 and 5498, you are encouraged to furnish telephone numbers.

Rules for furnishing statements. Different rules apply to furnishing statements to recipients depending on the type of payment (or other information) you are reporting and the form you are filing.



If you are reporting a payment that includes noncash property, show the fair market value of the property at the time of payment. Although, generally, you are not

required to report payments smaller than the minimum described for a form, you may prefer, for economy and your own convenience, to file Copies A for all payments. The IRS encourages this.

Report the type of payment information as described below for: (a) Dividend, interest, and royalty payments; (b) Real estate transactions; and (c) Other information.

Dividend, interest, and royalty payments. For payments of dividends under section 6042 (reported on Form 1099-DIV) or patronage dividends under section 6044 (reported on Form 1099-PATR), interest (including original issue discount and tax-exempt interest) under section 6049 (reported on Form 1099-INT or 1099-OID), or royalties under section 6050N (reported on Form 1099-MISC or 1099-S), you are required to furnish an official IRS Form 1099 or an acceptable substitute Form 1099 to a recipient either in person, by First-Class Mail to the recipient's last known address, or electronically (see Electronic recipient statements on page GEN-10). Statements may be sent by intraoffice mail if you use intraoffice mail to send account information and other correspondence to the

Statement mailing requirements for Forms 1099-DIV, 1099-INT, 1099-OID, and 1099-PATR, and forms reporting royalties only. The following statement mailing requirements apply only to Forms 1099-DIV (except for section 404(k) dividends), 1099-INT (except for interest reportable in the course of your trade or business under section 6041), 1099-OID, 1099-PATR, and timber royalties reported under section 6050N (on Form 1099-MISC or 1099-S). The mailing must contain the official IRS Form 1099 or an acceptable substitute and may also contain the following enclosures: (a) Form W-2, applicable Form W-8, Form W-9, or other Forms W-2G, 1098, 1099, and 5498 statements; (b) a check from the account being reported; (c) a letter explaining why no check is enclosed; (d) a statement of the person's account shown on Forms 1099, 1098, or 5498; and (e) a letter explaining the tax

consequences of the information shown on the recipient

A statement of the person's account (year-end account summary) that you are permitted to enclose in a statement mailing may include information similar to the following: (a) the part of a mutual fund distribution that is interest on U.S. Treasury obligations; (b) accrued interest expense on the purchase of a debt obligation; and (c) the cost or other basis of securities and the gain/loss on the sale of securities.

No additional enclosures, such as advertising, promotional material, or a quarterly or annual report, are permitted. Even a sentence or two on the year-end statement describing new services offered by the payer is not permitted. Logos are permitted on the envelope and on any nontax enclosures. See Notice 96-62 which is available on page 8 of Internal Revenue Bulletin 1996-49 at www.irs.gov/pub/irs-irbs/irb96-49.pdf.



Until further guidance is issued regarding the use of certain logos and identifying slogans on substitute returns that are subject to the statement mailing

requirements, the IRS will not assess penalties for the use of a logo (including the name of the payer in any typeface, font, or stylized fashion and/or a symbolic icon) or slogan on a statement to a recipient if the logo or slogan is used by the payer in the ordinary course of its trade or business. In addition, use of the logo or slogan must not make it less likely that a reasonable payee will recognize the importance of the statement for tax reporting purposes.

A recipient statement may be perforated to a check or to a statement of the recipient's specific account. The check or account statement to which the recipient statement is perforated must contain, in bold and conspicuous type, the legend "Important Tax Return Document Attached.

The legend "Important Tax Return Document Enclosed" must appear in a bold and conspicuous manner on the outside of the envelope and on each letter explaining why no check is enclosed, or on each check or account statement that is not perforated to the recipient statement. The legend is not required on any tax form, tax statement, or permitted letter of tax consequences included in a statement mailing. Further, you need not pluralize the word "document" in the legend simply because more than one recipient statement is enclosed.



If you provide recipient statements in a "separate mailing" that contains only recipient statements, Forms W-8 and W-9, and a letter explaining the tax

consequences of the information shown on a recipient statement included in the envelope, you are not required to include the legend "Important Tax Return Document Enclosed" on the envelope.

Substitute forms. You may furnish to the recipient Copy B of the official IRS form, or you may use substitute Forms 1099-DIV, 1099-INT, 1099-OID, or 1099-PATR, if they contain the same language as the official IRS forms and they comply with the rules in Pub. 1179, relating to substitute Forms 1099. Applicable box titles and numbers must be clearly identified, using the same wording and numbering as the official IRS form. For information on substitute Forms 1099-MISC, see Other information on page GEN-10. For Forms 1099-S, see Real estate transactions below.



statement.

All substitute statements to recipients must contain the tax year, form number, and form name prominently displayed together in one area of the statement. For example, they could be shown in the upper right part of the

If you are using substitutes, the IRS encourages you to use boxes so that the substitute has the appearance of a form. The substitute form must contain the applicable instructions as on the front and back of Copy B (in the case of Form 1099-R, Copies B, C, and 2) of the official IRS form. See Pub. 1179 for additional requirements and certain "composite" statements that are permitted.

Real estate transactions. You must furnish a statement to the transferor containing the same information reported to the IRS on Form 1099-S. You may use Copy B of the official IRS Form 1099-S or a substitute form that complies with Pub. 1179 and Regulations section 1.6045-4(m). You may use a Uniform Settlement Statement (under RÉSPA) as the written statement

if it is conformed by including on the statement the legend shown on Form 1099-S and by designating which information is reported to the IRS on Form 1099-S. You may furnish the statement to the transferor in person, by mail, or electronically. Furnish the statement at or after closing but by January 31 of the following year.

The statement mailing requirements explained above do not apply to statements to transferors for proceeds from real estate transactions reported on Form 1099-S. However, the statement mailing requirements do apply to statements to transferors for timber royalties reportable under section 6050N on Form 1099-S.

Other information. Statements to recipients for Forms 1098. 1098-C, 1098-E, 1098-T, 1099-A, 1099-B, 1099-C, 1099-CAP, 1099-G, 1099-H, 1099-LTC, 1099-MISC, 1099-Q, 1099-R, 1099-SA, 5498, 5498-ESA, 5498-SA, W-2G, 1099-DIV only for section 404(k) dividends reportable under section 6047, 1099-INT only for interest reportable in the course of your trade or business under section 6041, or 1099-S only for royalties need not be, but can be, a copy of the official paper form filed with the IRS. If you do not use a copy of the paper form, the form number and title of your substitute must be the same as the official IRS form. All information required to be reported must be numbered and titled on your substitute in substantially the same manner as on the official IRS form. However, if you are reporting a payment as "Other income" in box 3 of Form 1099-MISC, you may substitute appropriate explanatory language for the box title. For example, for payments of accrued wages to a beneficiary of a deceased employee required to be reported on Form 1099-MISC, you might change the title of box 3 to "Beneficiary payments" or something similar.

Appropriate instructions to the recipient, similar to those on the official IRS form, must be provided to aid in the proper reporting of the items on the recipient's income tax return. For payments reported on Form 1099-B, rather than furnish appropriate instructions with each Form 1099-B statement, you may furnish to the recipient one set of instructions for all statements required to be furnished to a recipient in a calendar year.

Except for royalties reported on Form 1099-MISC, the statement mailing requirements explained earlier do not apply to statements to recipients for information reported on the forms listed under *Other information* above. You may combine the statements with other reports or financial or commercial notices, or expand them to include other information of interest to the recipient. Be sure that all copies of the forms are legible. See Pub. 1179 for certain "composite" statements that are permitted.

When to furnish forms or statements. Generally, you must furnish Forms 1098, 1099, and W-2G information by January 31, 2008. However, you may issue them earlier in some situations, as provided by the regulations. For example, you may furnish Form 1099-INT to the recipient on redemption of U.S. Savings Bonds at the time of redemption. Brokers and barter exchanges may furnish Form 1099-B anytime but not later than January 31, 2008.

Donee organizations required to issue Form 1098-C must furnish the acknowledgment to a donor within 30 days of the sale of the vehicle (if it is sold without material improvements or significant intervening use) or within 30 days of the contribution.

Trustees or issuers of traditional IRAs must furnish participants with a statement of the value of the participant's account, and RMD if applicable, by January 31, 2008. The fair market value of SEP IRAs must also be furnished to the participant by January 31, 2008. Traditional IRA, Roth IRA, SEP, or SIMPLE contribution information must be furnished to the participant by June 2, 2008. However, Coverdell ESA contribution information must be furnished to the beneficiary by April 30, 2008.

Trustees of a SIMPLE must furnish a statement of the account balance and the account activity by January 31, 2008.

Trustees and middlemen of a WHFIT must furnish the required statement by March 17, 2008.

For real estate transactions, you may furnish the statement to the transferor at closing or by mail on or before January 31, 2008.

Filers of Form 1099-G who report state or local income tax refunds, credits, or offsets must furnish the statements to recipients during January 2008.

See the *Guide to Information Returns* on pages GEN-16 and GEN-17 for the date other information returns are due to the recipient.

You will meet the requirement to furnish the statement if it is properly addressed and mailed, or posted to a website, on or before the due date. If the regular due date falls on a Saturday, Sunday, or legal holiday, the due date is the next business day. A business day is any day that is not a Saturday, Sunday, or legal holiday.

Electronic recipient statements. If you are required to furnish a written statement (Copy B or an acceptable substitute) to a recipient, then you may furnish the statement electronically instead of on paper. This includes furnishing the statement to recipients of Forms 1098, 1098-E, 1098-T, 1099-A, B, C, CAP, DIV, H, INT, G, LTC, MISC, OID, PATR, Q, R, S, SA, 5498, 5498-ESA, and 5498-SA. It also includes Form W-2G (except for horse and dog racing, jai alai, sweepstakes, wagering pools, and lotteries).



Until further guidance is issued to the contrary, Form 1098-C may not be furnished electronically.

If you meet the requirements listed below, you are treated as furnishing the statement timely.

Consent. The recipient must consent in the affirmative and not have withdrawn the consent before the statement is furnished. The consent by the recipient must be made electronically in a way that shows that he or she can access the statement in the electronic format in which it will be furnished.

You must notify the recipient of any hardware or software changes prior to furnishing the statement. A new consent to receive the statement electronically is required after the new hardware or software is put into service.

Prior to furnishing the statements electronically, you must provide the recipient a statement with the following statements prominently displayed.

- If the recipient does not consent to receive the statement electronically, a paper copy will be provided.
- The scope and duration of the consent. For example, whether the consent applies to every year the statement is furnished or only for the January 31 immediately following the date of the consent.
- How to obtain a paper copy after giving consent.
- How to withdraw the consent. The consent may be withdrawn at any time by furnishing the withdrawal in writing (electronically or on paper) to the person whose name appears on the statement. Confirmation of the withdrawal also will be in writing (electronically or on paper).
- Notice of termination. The notice must state under what conditions the statements will no longer be furnished to the recipient.
- Procedures to update the recipient's information.
- A description of the hardware and software required to access, print, and retain a statement, and a date the statement will no longer be available on the website.

Format, posting, and notification. Additionally, you must:

- Ensure the electronic format contains all the required information and complies with the applicable revenue procedure for substitute statements to recipients in Pub. 1179.
- Post, on or before the January 31 due date, the applicable statement on a website accessible to the recipient through October 15 of that year.
- Inform the recipient, electronically or by mail, of the posting and how to access and print the statement.

For more information, see Regulations section 31.6051-1. For electronic furnishing of Forms 1098-E and 1098-T, see Regulations section 1.6050S-2. For electronic furnishing of Forms 1099-R, 1099-SA, 1099-Q, 5498, 5498-ESA, and 5498-SA, see Notice 2004-10 that is on page 433 of Internal Revenue Bulletin 2004-6 at www.irs.gov/pub/irs-irbs/irb04-06.ndf

Extension. You may request an extension of time to provide the statements to recipients by sending a letter to Enterprise Computing Center—Martinsburg, Information Reporting

Program, Attn: Extension of Time Coordinator, 240 Murall Drive, Kearneysville, WV 25430. The letter must include (a) your name, (b) your TIN, (c) your address, (d) type of return, (e) a statement that your extension request is for providing statements to recipients, (f) reason for delay, and (g) the signature of the payer or authorized agent. Your request must be postmarked by the date on which the statements are due to the recipients. If your request for an extension is approved, generally you will be granted a maximum of 30 extra days to furnish the recipient statements.

N. Backup Withholding

Interest (including tax-exempt interest and exempt-interest dividends), dividends, rents, royalties, commissions, nonemployee compensation, and certain other payments (including broker and barter exchange transactions, reportable gross proceeds paid to attorneys, and certain payments made by fishing boat operators) may be subject to backup withholding at a 28% rate. To be subject to backup withholding, a payment must be a reportable interest (including tax-exempt interest and exempt-interest dividends) or a dividend payment under section 6049(a), 6042(a), or 6044 (if the patronage dividend is paid in money or qualified check), or an "other" reportable payment under section 6041, 6041A(a), 6045, 6050A, or 6050N. If the payment is one of these reportable payments, backup withholding will apply if:

- 1. The payee fails to furnish his or her taxpayer identification number (TIN) to you,
- For interest, dividend, and broker and barter exchange accounts opened or instruments acquired after 1983, the payee fails to certify, under penalties of perjury, that the TIN provided
- 3. The IRS notifies you to impose backup withholding because the payee furnished an incorrect TIN ("B" notice),
- 4. For interest and dividend accounts or instruments, you are notified that the payee is subject to backup withholding (under section 3406(a)(1)(C), "C" notice), or
- 5. For interest and dividend accounts opened or instruments acquired after 1983, the payee fails to certify to you, under penalties of perjury, that he or she is not subject to backup withholding under 4 above.

Except as explained in 2 above, reportable "other" payments are subject to backup withholding only if 1 or 3 above applies.



If you do not collect and pay over backup withholding from affected payees as required, you may become AUTION liable for any uncollected amount.

Some payees are exempt from backup withholding. For a list of exempt payees and other information, see Form W-9 and the separate Instructions for the Requester of Form W-9.

Examples of payments to which backup withholding does not apply include but are not limited to:

- Distributions from a pension, annuity, profit-sharing or stock bonus plan, any IRA, an owner-employee plan, or other deferred compensation plan.
- Distributions from a medical or health savings account and long-term care benefits.
- Certain surrenders of life insurance contracts.
- Distribution from qualified tuition programs or Coverdell
- Gambling winnings if regular gambling winnings withholding is required under section 3402(q). However, if regular gambling winnings withholding is not required under section 3402(q) backup withholding applies if the payee fails to furnish a TIN.
- Real estate transactions reportable under section 6045(e).
- Cancelled debts reportable under section 6050P.
- Fish purchases for cash reportable under section 6050R.
- Certain payment card transactions if the payment is made on or after January 1, 2005, by a qualified payment card agent (as described in Rev. Proc. 2004-42 and Regulations section 31.3406(g)-1(f) and if the requirements under Regulations section 31.3406(g)-1(f) are met. Rev. Proc. 2004-42 is available on page 121 of Internal Revenue Bulletin 2004-31 at www.irs. gov/pub/irs-irbs/irb04-31.pdf.

When to apply backup withholding. Generally, the period for which the 28% should be withheld is as follows.

1. Failure to furnish TIN in the manner required. Withhold on payments made until the TIN is furnished in the manner required. Special backup withholding rules may apply if the payee has applied for a TIN. The payee may certify to this on Form W-9 by noting "Applied For" in the TIN block and by signing the form. This form then becomes an "awaiting-TIN" certificate, and the payee has 60 days to obtain a TIN and furnish it to you. If you do not receive a TIN from the payee within 60 days and you have not already begun backup withholding, begin backup withholding and continue until the TIN is provided.



The 60-day exemption from backup withholding applies only to interest and dividend payments and certain payments made with respect to readily tradable instruments. Therefore, any other payment, such as nonemployee compensation, is subject to backup withholding even if the payee has applied for and is awaiting a TIN. For information about whether backup withholding applies during the 60-day period, see Regulations section 31.3406(g)-3.

2. Notice from the IRS that payee's TIN is incorrect ("B" **notice**). You may choose to withhold on any reportable payment made to the account(s) subject to backup withholding after receipt of the "B" notice, but you must withhold on any reportable payment made to the account more than 30 business days after you received the "B" notice. Stop withholding within 30 days after you receive a certified Form W-9 (or other form that requires the payee to certify under penalty of perjury).



Proc. 93-37, 1993-2 C.B. 477.

The IRS will furnish a notice to you, and you are required to promptly furnish a copy of such notice, or an acceptable substitute, to the payee. For further information, see Regulations section 31.3406(d)-5 and Rev.

If you receive two incorrect TIN notices within 3 years for the same account, follow the procedures in Regulations section 31.3406(d)-5(g) and Rev. Proc. 93-37.

3. Notice from the IRS that payee is subject to backup withholding due to notified payee underreporting ("C notice). You may choose to withhold on any reportable payment made to the account(s) subject to backup withholding after receipt of the "C" notice, but you must withhold on any reportable payment made to the account more than 30 business days after you receive the "C" notice. The IRS will notify you in writing when to stop withholding, or the payee may furnish you a written certification from the IRS stating when the withholding should stop. In most cases, the stop date will be January 1 of the year following the year of the notice.



You must notify the payee when withholding under this procedure starts. For further information, see Regulations section 31.3406(c)-1(d).

4. Payee failure to certify that he or she is not subject to backup withholding. Withhold on reportable interest and dividends until the certification has been received.

For exceptions to these general timing rules, see section 3406(e).



For special rules on backup withholding on gambling winnings, see the separate Instructions for Forms W-2G and 5754.

Reporting backup withholding. Report backup withholding on Form 945, Annual Return of Withheld Federal Income Tax. Also, report backup withholding and the amount of the payment on Forms W-2G, 1099-B, DIV, G, INT, MISC, OID, or PATR even if the amount of the payment is less than the amount for which an information return is normally required.

Form 945. Report backup withholding, voluntary withholding on certain government payments, and withholding from gambling winnings, pensions, annuities, IRAs, military retirement, and Indian gaming profits on Form 945. Generally, file Form 945 for 2007 by January 31, 2008. For more information, including the deposit requirements for Form 945, see the separate Instructions for Form 945 and Circular E, Employer's Tax Guide (Pub. 15).

Do not report on Form 945 any income tax withholding reported on the following forms.

• Form W-2 including withholding on distributions to plan participants from nonqualified plans that must be reported on Form 941, Employer's Quarterly Federal Tax Return.

 Form 1042-S must be reported on Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons.



Pub. 515 has more information on Form 1042 reporting, partnership withholding on effectively connected income, and dispositions of U.S. real property interests by a foreign person.

Additional information. For more information about backup withholding, see Pub. 1281, Backup Withholding for Missing and Incorrect Name/TIN(s).

O. Penalties

The following penalties generally apply to the person required to file information returns. The penalties apply to paper filers as well as to electronic/magnetic media filers.



For information on the penalty for failure to file electronically or magnetically, see Penalty on page GEN-5.

Failure To File Correct Information Returns by the Due Date (Section 6721)

If you fail to file a correct information return by the due date and you cannot show reasonable cause, you may be subject to a penalty. The penalty applies if you fail to file timely, you fail to include all information required to be shown on a return, or you include incorrect information on a return. The penalty also applies if you file on paper when you were required to file on magnetic media, you report an incorrect TIN or fail to report a TIN, or you fail to file paper forms that are machine readable.

The amount of the penalty is based on when you file the correct information return. The penalty is:

- \$15 per information return if you correctly file within 30 days (by March 30 if the due date is February 28); maximum penalty \$75,000 per year (\$25,000 for small businesses, defined below).
- \$30 per information return if you correctly file more than 30 days after the due date but by August 1; maximum penalty \$150,000 per year (\$50,000 for small businesses).
- \$50 per information return if you file after August 1 or you do not file required information returns; maximum penalty \$250,000 per year (\$100,000 for small businesses).



If you do not file corrections and you do not meet any of the exceptions to the penalty described on page GEN-5, the penalty is \$50 per information return.

Small businesses—lower maximum penalties. You are a small business if your average annual gross receipts for the 3 most recent tax years (or for the period you were in existence, if shorter) ending before the calendar year in which the information returns were due are \$5 million or less.

Exceptions to the penalty. The following are exceptions to the failure to file penalty.

- 1. The penalty will not apply to any failure that you can show was due to reasonable cause and not to willful neglect. In general, you must be able to show that your failure was due to an event beyond your control or due to significant mitigating factors. You must also be able to show that you acted in a responsible manner and took steps to avoid the failure.
- 2. An inconsequential error or omission is not considered a failure to include correct information. An inconsequential error or omission does not prevent or hinder the IRS from processing the return, from correlating the information required to be shown on the return with the information shown on the payee's tax return, or from otherwise putting the return to its intended use. Errors and omissions that are never inconsequential are those related to (a) a TIN, (b) a payee's surname, and (c) any money
- 3. De minimus rule for corrections. Even though you cannot show reasonable cause, the penalty for failure to file correct

information returns will not apply to a certain number of returns if you:

- Filed those information returns,
- b. Either failed to include all the information required on a return or included incorrect information, and
 - c. Filed corrections by August 1.

If you meet all the conditions in a, b, and c above, the penalty for filing incorrect returns (but not for filing late) will not apply to the greater of 10 information returns or ½ of 1% of the total number of information returns you are required to file for the calendar year.

Intentional disregard of filing requirements. If any failure to file a correct information return is due to intentional disregard of the filing or correct information requirements, the penalty is at least \$100 per information return with no maximum penalty.

Failure To Furnish Correct Payee Statements (Section 6722)

If you fail to provide correct payee statements and you cannot show reasonable cause, you may be subject to a penalty. The penalty applies if you fail to provide the statement by January 31 (see part M on page GEN-9), you fail to include all information required to be shown on the statement, or you include incorrect information on the statement. "Payee statement" has the same meaning as "statement to recipient" as used in part M on page GEN-9.

The penalty is \$50 per statement, no matter when the correct statement is furnished, with a maximum of \$100,000 per year. The penalty is not reduced for furnishing a correct statement by August 1.

Exception. An inconsequential error or omission is not considered a failure to include correct information. An inconsequential error or omission cannot reasonably be expected to prevent or hinder the payee from timely receiving correct information and reporting it on his or her income tax return or from otherwise putting the statement to its intended use. Errors and omissions that are never inconsequential are those relating to (a) a dollar amount, (b) a significant item in a payee's address, (c) the appropriate form for the information provided (that is, whether the form is an acceptable substitute for the official IRS form), and (d) whether the statement was furnished in person or by "statement mailing," when required.

Intentional disregard of payee statement requirements. If any failure to provide a correct payee statement is due to intentional disregard of the requirements to furnish a correct payee statement, the penalty is at least \$100 per payee statement with no maximum penalty.

Forms 1099-Q, 1099-SA, 5498, 5498-ESA, and 5498-SA (Section 6693)

The penalties under sections 6721 and 6722 do not apply to:

| Forms | Filed Under Code Section |
|---------------------|--------------------------|
| 1099-SA and 5498-SA | 220(h) and 223(h) |
| 5498 | 408(i) and 408(l) |
| 5498-ESA | 530(h) |
| 1099-Q | 529(d) and 530(h) |

The penalty for failure to timely file Forms 1099-SA, 5498-SA, 5498, 5498-ESA, or 1099-Q is \$50 per return with no maximum, unless the failure is due to reasonable cause. See section 6693.

Fraudulent Acknowledgments With Respect to Donations of Motor Vehicles, Boats, and Airplanes (Section 6720)

If you are required under section 170(f)(12)(A) to furnish a contemporaneous written acknowledgment to a donor and you knowingly furnish a false or fraudulent Form 1098-C, or knowingly fail to furnish a Form 1098-C within the applicable 30-day period, you may be subject to a penalty. See the 2007 Instructions for Form 1098-C for more detailed information.

Civil Damages for Fraudulent Filing of Information Returns (Section 7434)

If you willfully file a fraudulent information return for payments you claim you made to another person, that person may be able to sue you for damages. You may have to pay \$5,000 or more.

P. Payments to Corporations and **Partnerships**

Generally, payments to corporations are not reportable. However, you must report payments to corporations for the following.

- Medical and health care payments (Form 1099-MISC),
- Withheld federal income tax or foreign tax,
- Barter exchange transactions (Form 1099-B),
- Substitute payments in lieu of dividends and tax-exempt interest (Form 1099-MISC)
- Interest or original issue discount paid or accrued to a regular interest holder of a REMIC (Form 1099-INT or 1099-OID),
- Acquisitions or abandonments of secured property (Form
- Cancellation of debt (Form 1099-C),
- Payments of attorneys' fees and gross proceeds paid to attorneys (Form 1099-MISC),
- Fish purchases for cash (Form 1099-MISC),
- The credits for clean renewable energy bonds and for Gulf tax credit bonds treated as interest and reported on Form 1099-INT, and
- Federal executive agency payments for services (Form 1099-MISC). For additional reporting requirements, see Rev. Rul. 2003-66 on page 1115 of Internal Revenue Bulletin 2003-26 at www.irs.gov/pub/irs-irbs/irb03-26.pdf.

Reporting generally is required for all payments to partnerships. For example, payments of \$600 or more made in the course of your trade or business to an architectural firm that is a partnership are reportable on Form 1099-MISC. However, see Regulations section 1.6049-4(c)(1)(ii)(A).

Q. Earnings on any IRA, Coverdell ESA, Archer MSA, or HSA

Generally, income earned in any IRA, Coverdell ESA, Archer MSA, or HSA, such as interest or dividends, is not reported on Forms 1099. However, distributions must be reported on Form 1099-R, 1099-Q, or 1099-SA.

R. Certain Grantor Trusts

Certain grantor trusts (other than WHFITs) may choose to file Forms 1099 rather than a separate statement attached to Form 1041, U.S. Income Tax Return for Estates and Trusts. If you have filed Form 1041 for a grantor trust in the past and you want to choose the Form 1099 filing method for 2007, you must have filed a final Form 1041 for 2006. To change reporting method, see Regulations section 1.671-4(g) and the Instructions for Form 1041 and Schedules A, B, D, G, I, J, and

For more information on WHFITs, see Widely held fixed investment trusts (WHFITs) on page GEN-3.

S. Special Rules for Reporting Payments Made Through Foreign Intermediaries and Foreign Flow-Through Entities on Form 1099

If you are the payer and have received a Form W-8IMY, Certificate of Foreign Intermediary, Foreign Flow-Through Entity, or Certain U.S. Branches for United States Tax Withholding, from a foreign intermediary or flow-through entity, follow the instructions below for completing Form 1099. Definitions of the terms used in these instructions are on page GEN-14.

Presumption Rules



For additional information including details on the presumption rules, see the Instructions for the Requester of Forms W-8BEN, W-8ECI, W-8EXP, and W-8IMY and Pub. 515. To order, see How To Get Forms and Publications on page GEN-15.

If you are the payer and do not have a Form W-9, appropriate Form W-8, or other valid documentation, or you cannot allocate a payment to a specific payee, prior to payment, you are required to use certain presumption rules to determine the following.

- The status of the payee as a U.S. or foreign person and
- The classification of the payee as an individual, trust, estate, corporation, or partnership.

See Regulations sections 1.1441-1(b)(3), 1.1441-5(d) and (e), 1.6045-1(g)(3)(ii), and 1.6049-5(d).

Under these presumption rules, if you must presume that the payee is a U.S. nonexempt recipient subject to backup withholding, you must report the payment on a Form 1099. However, if before filing Form 1099 with the IRS the recipient is documented as foreign, then report the payment on a Form

On the other hand, if you must presume that the payee is a foreign recipient and prior to filing Form 1042-S with the IRS you discover that the payee is a U.S. nonexempt recipient based on documentation, then report all payments made to that payee during the calendar year on a Form 1099.

If you use the 90-day grace period rule to presume a payee is foreign, you must file a Form 1042-S to report all payments subject to withholding during the grace period. If you later discover that the payee is a U.S. nonexempt recipient subject to backup withholding, you must file a Form 1099 for all payments made to that payee after the discovery of the payee's U.S. status.

Rules for Payments Made to U.S. Nonexempt Recipients Through a QI, NQI, or FTE

If you are the payer making a payment through a QI, NQI, or FTE for a U.S. nonexempt recipient on whose behalf the QI, NQI, or FTE is acting, use the following rules to complete Form

Known recipient. If you know that a payee is a U.S. nonexempt recipient and have the payee's name, address, and TIN (if a TIN has been provided), you must complete the Form 1099 with that information. Also, on the second name line below the recipient's name enter "IMY" followed by the name of the QI, NQI, or FTE.

For payments made to multiple recipients: (a) enter the name of the recipient whose status you relied on to determine the applicable rate of withholding and (b) on the second name line, enter "IMY" followed by the name of the QI, NQI, or FTE. However, if the QI has assumed primary Form 1099 reporting or backup withholding responsibility, you are not required to issue the Form 1099 or to backup withhold. See Qualified intermediary (QI) on page GEN-14.

Unknown recipient. If you cannot reliably associate a payment with valid documentation and are required to presume a payee is a U.S. nonexempt recipient:

- 1. File a Form 1099 and enter "unknown recipient" on the first name line.
- 2. On the second name line, enter "IMY" followed by the name of the QI, NQI, or FTE
- 3. Enter the EIN of the QI, NQI, or FTE, if applicable, in the recipient's identification number box.
- 4. Furnish a copy of the Form 1099 with "unknown recipient" to the QI, NQI, or FTE who is acting on the recipient's behalf.



A payer that is required to report payments made to a U.S. nonexempt recipient account holder but does not receive the necessary allocation information cannot

report those payments on a pro rata basis. Report unallocated payments using the presumption rules above.

Rules for Non-U.S. Payers

Non-U.S. payers (foreign persons that are not U.S. payers) generally have the same reporting obligations as U.S. payers. A U.S. payer is anyone who is:

A U.S. person,Any U.S. governmental agency,

A controlled foreign corporation (CFC),

 A foreign partnership that has one or more U.S. partners who, in the aggregate hold more than 50 percent of the gross income derived from the conduct of a U.S. trade or business,

 A foreign person who owns 50 percent or more of the gross income that is effectively connected with a U.S. trade or business, or

 A U.S. branch of a foreign bank or a foreign insurance company.

For more information, see Regulations section 1.6049-5(c)(5).

Exceptions. The following payments are not subject to reporting by a non-U.S. payer.

1. A foreign source reportable payment paid outside the U.S. For example, see Regulations section 1.6049-5(b)(6).

2. Gross proceeds from a sale effected outside the U.S.,

see Regulations section 1.6045-1(a).

3. An NQI or QI that provides another payer all the information sufficient for that payer to complete Form 1099 reporting. For example, see Regulations section 1.6049-5(b)(14). However, if an NQI or QI does not provide sufficient information for another payer to report a payment on Form 1099, the intermediary must report the payment.

Rules for Reporting Payments Initially Reported on Form 1042-S

If an NQI or QI receives a Form 1042-S made out to an "unknown recipient" and the NQI or QI has actual knowledge that the payee of the income is a U.S. nonexempt recipient, it must file a Form 1099 even if the payment has been subject to withholding by another payer. The NQI or QI reports the amount withheld by the other payer on Form 1099 as federal income tax withheld.

Definitions

Foreign intermediary. A foreign intermediary is any person who is not a U.S. person and acts as a custodian, broker, nominee, or otherwise as an agent for another person, regardless of whether that other person is the beneficial owner of the amount paid, a flow-through entity, or another intermediary. The intermediary can be a qualified intermediary or a nonqualified intermediary.

Qualified intermediary (QI). A qualified intermediary is a person that is a party to a withholding agreement with the IRS and is:

- A foreign financial institution or a foreign clearing organization (other than a U.S. branch or U.S. office of the institution or organization),
- A foreign branch or office of a U.S. financial institution or a foreign branch or office of a U.S. clearing organization,
- A foreign corporation for purposes of presenting claims of benefits under an income tax treaty on behalf of its shareholders, or
- Any other person the IRS accepts as a qualified intermediary and who enters into a withholding agreement with the IRS.

For details on QI agreements, see:

- Rev. Proc. 2000-12 on page 387 of Internal Revenue Bulletin 2000-4 at www.irs.gov/pub/irs-irbs/irb00-4.pdf,
- Modified by Rev. Proc. 2003-64, Section 4A (Appendix 3), on page 306 of Internal Revenue Bulletin 2003-32 at www.irs.gov/ pub/irs-irbs/irb03-32.pdf,
- Further modified by Rev. Proc. 2004-21 on page 702 of Internal Revenue Bulletin 2004-14 at www.irs.gov/pub/irs-irbs/ irb04-14.pdf; and
- Also see Rev. Proc. 2005-77 which amends the final withholding partnership and withholding foreign trust agreements by expanding the availability of simplified documentation, reporting, and withholding procedures, further modifying Rev. Proc. 2003-64. Rev. Proc. 2005-77 is available on page 1176 of Internal Revenue Bulletin 2005-51 at www.irs. gov/pub/irs-irbs/irb05-51.pdf.



Generally, a branch of a financial institution may not operate as a QI after December 31, 2006, in a country that does not have approved know-your-customer (KYC)

rules. Branches of financial institutions that operate in non-KYC approved jurisdictions will be required to act as non-qualified intermediaries after December 31, 2006, or after December 31, 2007, if an extension to operate as a QI was approved by the IRS. For additional information, see Notice 2006-35 on page 708 of Internal Revenue Bulletin 2006-14 at www.irs.gov/pub/ irs-irbs/irb06-14.pdf.

Nonqualified intermediary (NQI). A nonqualified intermediary is any intermediary that is not a U.S. person and that is not a qualified intermediary.

Foreign flow-through entity (FTE). A flow-through entity is a foreign partnership (other than a withholding foreign partnership), a foreign simple trust or foreign grantor trust (other than a withholding foreign trust), or, for payments for which a reduced rate of withholding is claimed under an income tax treaty, any entity to the extent the entity is considered to be fiscally transparent under section 894 with respect to the payment by an interest holder's jurisdiction.

Withholding foreign partnership or withholding foreign *trust.* A withholding foreign partnership or withholding foreign trust is a foreign partnership or a foreign simple or grantor trust that has entered into a withholding agreement with the IRS in which it agrees to assume primary withholding responsibility for all payments that are made to it for its partners, beneficiaries, or owners. See Rev. Proc. 2003-64 as amended by Rev. Proc. 2004-21, for procedures for entering into a withholding foreign partnership or trust agreement.

Nonwithholding foreign partnership, simple trust, or grantor trust. A nonwithholding foreign partnership is any foreign partnership other than a withholding foreign partnership. A nonwithholding foreign simple trust is any foreign simple trust that is not a withholding foreign trust. A nonwithholding foreign grantor trust is any foreign grantor trust that is not a withholding foreign trust.

Fiscally transparent entity. An entity is treated as fiscally transparent with respect to an item of income to the extent that the interest holders in the entity must, on a current basis, take into account separately their shares of an item of income paid to the entity, whether or not distributed, and must determine the character of the items of income as if they were realized directly from the sources from which they were realized by the entity. For example, partnerships, common trust funds, and simple trusts or grantor trusts are generally considered to be fiscally transparent with respect to items of income received by them.

T. Need Help?

Information Reporting Customer Service Site

If you have questions about reporting on Forms 1096, 1098, 1099, 5498, W-2, W-2G, and W-3, you may call a toll-free number, 1-866-455-7438. You may still use the original telephone number, 304-263-8700 (not toll free). For TTY/TDD equipment, call 304-267-3367 (not toll free). The hours of operation for the call site are Monday through Friday from 8:30 a.m. to 4:30 p.m., Eastern time.

Other tax-related matters. For other tax information related to business returns or accounts, call 1-800-829-4933.

If you have access to TTY/TDD equipment, call 1-800-829-4059 to ask tax account questions or to order forms and publications.

Internal Revenue Bulletin

The Internal Revenue Bulletin (IRB), published weekly, contains newly issued regulations, notices, announcements, legislation, court decisions, and other items of general interest. You may find this publication useful to keep you up to date with current developments. See How To Get Forms and Publications on page GEN-15.

Unresolved Tax Issues

If you have attempted to deal with an IRS problem unsuccessfully, you should contact the Taxpayer Advocate. The Taxpayer Advocate independently represents your interests and concerns within the IRS by protecting your rights and

resolving problems that have not been fixed through normal channels.

While Taxpayer Advocates cannot change the tax law or make a technical decision, they can clear up problems that resulted from previous contacts and ensure that your case is given a complete and impartial review.

Your assigned personal advocate will listen to your point of view and will work with you to address your concerns. You can expect the advocate to provide:

- A "fresh look" at a new or ongoing problem.
- Timely acknowledgment.
- The name and phone number of the individual assigned to your case.
- Updates on progress.
- Timeframes for action.
- Speedy resolution.
- Courteous service.

When contacting the Taxpayer Advocate, you should provide the following information.

- Your name, address, and employer identification number
- The name and telephone number of an authorized contact person and the hours he or she can be reached.
- The type of tax return and year(s).
- A detailed description of the problem.
- Previous attempts to solve the problem and the office that had been contacted.
- A description of the hardship you are facing and supporting documentation (if applicable).

You may contact a Taxpayer Advocate by calling a toll-free number, 1-877-777-4778. Persons who have access to TTY/ TDD equipment may call 1-800-829-4059 and ask for Taxpayer Advocate assistance. If you prefer, you may call, write, or fax the Taxpayer Advocate office for your area. See Pub. 1546, The Taxpayer Advocate Service – How to Get Help With Unresolved Tax Problems, for a list of addresses and fax numbers. You may visit the website at www.irs.gov/advocate.

How To Get Forms and Publications



Because the IRS processes paper forms by machine (optical character recognition equipment), you cannot file with the IRS Form 1096 or Copy A of Forms 1098, 1099, or 5498 that you print from the IRS website or the CD.

Personal computer. You can access the IRS website 24 hours a day, 7 days a week, at www.irs.gov to:

- Access commercial tax preparation and e-file services.
- Download forms, instructions, and publications.
- Order IRS products online.
- Research your tax question online.
- Search publications online by topic or keyword.
- Sign up to receive local and national tax news by email.

IRS Tax Products CD. You can order Pub. 1796. IRS Federal Tax Products CD, and obtain:

- Current-year forms, instructions, and publications
- Prior-year forms, instructions, and publications
- Bonus: Historical Tax Products DVD Ships with the final release
- Tax Map: An electronic research tool and finding aid
- Tax Law frequently asked questions (FAQs)
- Tax Topics from the IRS telephone response system
- Fill-in, print, and save features for most tax forms
- Internal Revenue Bulletins
- Toll-free and email technical support
- The CD is released twice during the year
 - The first release will ship the beginning of January
 - The final release will ship the beginning of March

Purchase the CD from National Technical Information Service at www.irs.gov/cdorders for \$35 (no handling fee) or call 1-877-CDFORMS (1-877-233-6767) toll-free to buy the CD for \$35 (plus a \$5 handling fee). Price is subject to change.

By phone and in person. You can order forms and publications weekdays from 7:00 a.m. to 10:00 p.m. local time, by calling 1-800-TAX-FORM (1-800-829-3676). You can pick up some of the most requested forms and publications at many IRS offices, post offices, and libraries.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on these forms to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to figure and collect the right

Sections 170(f)(12),199, 220(h), 223, 408, 408A, 529, 530, 6041, 6041A, 6042, 6043, 6044, 6045, 6047, 6049, 6050A, 6050B, 6050D, 6050E, 6050H, 6050J, 6050N, 6050P, 6050C, 6050R, 6050S, 6050T, and their regulations require you to file an information return with the IRS and furnish a statement to recipients. Section 6109 and its regulations require you to provide your taxpayer identification number on what you file.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. If you fail to provide this information in a timely manner, you may be subject to penalties.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file the following forms will vary depending on individual circumstances. The estimated average times are:

| 1096 | 13 minutes |
|-----------|------------------------|
| 1098 | 7 minutes |
| 1098-C | 15 minutes |
| 1098-E | 7 minutes |
| 1098-T | 13 minutes |
| 1099-A | 9 minutes |
| 1099-B | 20 minutes |
| 1099-C | 10 minutes |
| 1099-CAP | 11 minutes |
| 1099-DIV | 18 minutes |
| 1099-G | 11 minutes |
| 1099-H | 18 minutes |
| 1099-INT | 13 minutes |
| 1099-LTC | 13 minutes |
| 1099-MISC | 16 minutes |
| 1099-OID | 12 minutes |
| 1099-PATR | 15 minutes |
| 1099-Q | 11 minutes |
| 1099-R | 18 minutes |
| 1099-S | 8 minutes 8 minutes |
| 5498 | 12 minutes |
| 5498-ESA | 7 minutes |
| 5498-SA | 10 minutes |
| W-2G | 18 minutes |
| W 20 | 10 minutes |

If you have comments concerning the accuracy of these time estimates or suggestions for making these forms simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send these forms to this address. Instead, see Where To File on page GEN-4.

Guide to Information Returns (If any date shown falls on a Saturday, Sunday, or legal holiday, the due date is the next business day.)

| Form | Title | What to Report | Amounts to Report | To IRS | To Recipient (unless indicated otherwise) |
|-----------|--|---|--|--------------|---|
| 1042-S | Foreign Person's U.S. Source Income Subject to Withholding | Payments subject to withholding under Chapter 3 of the Code, including interest, dividends, royalties, pensions and annuities, gambling winnings, compensation for personal services, and distributions by publicly traded partnerships of income effectively connected with the conduct of a U.S. trade or business. | All amounts, except \$10 or more for interest on U.S. deposits paid to Canadian nonresident aliens | March 15 | March 15 |
| 1098 | Mortgage Interest Statement | Mortgage interest (including points) and certain mortgage insurance premiums you received in the course of your trade or business from individuals and reimbursements of overpaid interest. | \$600 or more | February 28* | (To Payer/ Borrower) January 31 |
| 1098-C | Contributions of Motor Vehicles, Boats, and Airplanes | planes | | February 28* | (To Donor) 30 days from date of sale or contribution |
| 1098-E | Student Loan Interest Statement | Student loan interest received in the course of your trade or business. | \$600 or more | February 28* | January 31 |
| 1098-T | Tuition Statement | Qualified tuition and related expenses, reimbursements or refunds, and scholarships or grants (optional). | See instructions | February 28* | January 31 |
| 1099-A | Acquisition or Abandonment of Secured Property | Information about the acquisition or abandonment of property that is security for a debt for which you are the lender. | All amounts | February 28* | (To Borrower) January 31 |
| 1099-B | Proceeds From Broker and Barter Exchange Transactions | Sales or redemptions of securities, futures transactions, commodities, and barter exchange transactions. | All amounts | February 28* | January 31** |
| 1099-C | Cancellation of Debt | Cancellation of a debt owed to a financial institution, the Federal Government, a credit union, RTC, FDIC, NCUA, a military department, the U.S. Postal Service, the Postal Rate Commission, or any organization having a significant trade or business of lending money. | \$600 or more | February 28* | January 31 |
| 1099-CAP | Changes in Corporate Control and Capital Structure | Information about cash, stock, or other property from an acquisition of control or the substantial change in capital structure of a corporation. | Amounts of stock or property valued at \$100 million or more | February 28* | (To Shareholders January 31 |
| 1099-DIV | Dividends and Distributions | Distributions, such as dividends, capital gain distributions, or nontaxable distributions, that were paid on stock and liquidation distributions. | \$10 or more, except \$600 or more for liquidations | February 28* | January 31** |
| 1099-G | Certain Government Payments | Unemployment compensation, state and local income tax refunds, agricultural payments, and taxable grants. | \$10 or more for refunds and unemployment | February 28* | January 31 |
| 1099-H | Health Coverage Tax Credit (HCTC) Advance Payments | Health insurance premiums paid on behalf of certain individuals. | All amounts | February 28* | January 31 |
| 1099-INT | Interest Income | Interest income. | \$10 or more (\$600 or more in some cases) | February 28* | January 31** |
| 1099-LTC | Long-Term Care and Accelerated Death Benefits | Payments under a long-term care insurance contract and accelerated death benefits paid under a life insurance contract or by a viatical settlement provider. | All amounts | February 28* | January 31 |
| 1099-MISC | Miscellaneous Income | Rent or royalty payments; prizes and awards that are not for services, such as winnings on TV or radio shows. | \$600 or more, except \$10 or more for royalties | | |
| | (Also, use to report direct sales of \$5,000 or more of consumer goods for resale.) | Payments to crew members by owners or operators of fishing boats including payments of proceeds from sale of catch. | All amounts | | |
| | | Section 409A deferrals and income from nonqualified deferred compensation plans. | All amounts (\$600 or more if deferrals) | | |
| | | Payments to a physician, physicians' corporation, or other supplier of health and medical services. Issued mainly by medical assistance programs or health and accident insurance plans. | \$600 or more | February 28* | January 31** |
| | | Payments for services performed for a trade or business by people not treated as its employees. Examples: fees to subcontractors or directors and golden parachute payments. | \$600 or more | | |
| | | Fish purchases paid in cash for resale. | \$600 or more | | |
| | | Substitute dividends and tax-exempt interest payments reportable by brokers. | \$10 or more | | |
| | | Crop insurance proceeds. | \$600 or more | | |
| | | Gross proceeds paid to attorneys. | \$600 or more | | |
| 1099-OID | Original Issue Discount | Original issue discount. | \$10 or more | February 28* | January 31** |
| 1099-PATR | Taxable Distributions Received From Cooperatives | Distributions from cooperatives to their patrons. | \$10 or more | February 28* | January 31 |

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Guide to Information Returns (Continued)

| | | | | Due Date | | | |
|-------------------------------|--|---|--|--|--|--|--|
| Form | Title | What to Report | Amounts to Report | To IRS | To Recipient (unless indicated otherwise) | | |
| 1099-Q | Payments From Qualified Education Programs (Under Sections 529 and 530) | Earnings from qualified tuition programs and Coverdell ESAs. | All amounts | February 28* | January 31 | | |
| 1099-R | Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. | Distributions from retirement or profit-sharing plans, any IRA, insurance contracts, and IRA recharacterizations. | \$10 or more | February 28* | January 31 | | |
| 1099-S | Proceeds From Real Estate Transactions | Gross proceeds from the sale or exchange of real estate and certain royalty payments. | Generally, \$600 or more | February 28* | January 31 | | |
| 1099-SA | Distributions From an HSA, Archer MSA, or Medicare Advantage MSA | Distributions from an HSA, Archer MSA, or Medicare Advantage MSA. | All amounts | February 28* | January 31 | | |
| 5471 | Information Return of U.S. Person With Respect To Certain Foreign Corporations | U.S. persons who are officers, directors, or shareholders in certain foreign corporations report information as required by sections 6038 and 6046 and to report income from controlled foreign corporations under sections 951–965. | See form instructions | Due date of income tax return | None | | |
| 5472 | Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business | Reportable transactions that occur during the tax year of a reporting corporation with a foreign or domestic related party. | | | None | | |
| 5498 | IRA Contribution Information | Contributions (including rollover contributions) to any individual retirement arrangement (IRA) including a SEP, SIMPLE, and Roth IRA; Roth conversions; IRA recharacterizations; and the fair market value (FMV) of the account. | All amounts | May 31 | (To Participant) For FMV/RMD Jan 31; For contributions, May 31 | | |
| 5498-ESA | Coverdell ESA Contribution Information | Contributions (including rollover contributions) to a Coverdell ESA. | All amounts | May 31 | April 30 | | |
| 5498-SA | HSA, Archer MSA, or Medicare Advantage MSA Information | Contributions to an HSA (including transfers and rollovers) or Archer MSA and the fair market value of an HSA, Archer MSA, or Medicare Advantage MSA. | All amounts | May 31 | (To Participant) May 31 | | |
| 8027 | Employer's Annual Information Return of Tip Income and Allocated Tips | Receipts from large food or beverage operations, tips reported by employees, and allocated tips. | See separate instructions | Last day of February* | Allocated tips are shown on Form W-2 due January 31 | | |
| 8300 (IRS/ FinCen form) | Report of Cash Payments Over \$10,000 Received in a Trade or Business | Payments in cash (including certain monetary instruments) or foreign currency received in one transaction, or two or more related transactions, in the course of a trade or business. Does not apply to banks and financial institutions filing FinCen Form 104, and casinos that are required to report such transactions on FinCen Form 103 or, generally, to transactions outside the United States. | Over \$10,000 | 15 days after date of transaction | (To Payer) January 31 | | |
| 8308 | Report of a Sale or Exchange of Certain Partnership Interests | Sale or exchange of a partnership interest involving unrealized receivables or inventory items under section 751(a). | (Transaction only) | Generally, attach to Form 1065 or 1065-B | (To Transferor and Transferee) January 31 | | |
| W-2G | Certain Gambling Winnings | Gambling winnings from horse racing, dog racing, jai alai, lotteries, keno, bingo, slot machines, sweepstakes, wagering pools, etc. | Generally, \$600 or more; \$1,200 or more from bingo or slot machines; \$1,500 or more from keno | February 28* | January 31 | | |
| 104 (FinCen form) | Currency Transaction Report | Each deposit, withdrawal, exchange of currency, or other payment or transfer by, through, or to financial institutions (other than casinos). | Over \$10,000 | 15 days after date of transaction | Not required | | |
| 926 | Return by a U.S. Transferor of Property to a Foreign Corporation | Certain transfers of tangible and intangible property to a foreign corporation as required by section 6038B. | See form instructions | Attach to tax return | None | | |
| W-2 | Wage and Tax Statement | Wages, tips, other compensation; social security, Medicare, withheld income taxes; and advance earned income credit (EIC) payments. Include | Saa senerata | To SSA | To Recipient | | |
| | | bonuses, vacation allowances, severance pay, certain moving expense payments, some kinds of travel allowances, and third-party payments of sick pay. | See separate instructions | Last day of February* | January 31 | | |
| TD F 90-22.1 | | Financial interest in or signature or other authority over a foreign bank account, securities account, or other financial account. | Over \$10,000 | To Treasury Dept. | To Recipient | | |
| | The second of th | , colonial actions of out of marious doodants | | June 30 | None | | |

^{*}The due date is March 31 if filed electronically.

Types of Payments

Below is an alphabetic list of some payments and the forms to file and report them. However, it is not a complete list of all payments, and the absence of a payment from the list does not indicate that the payment is not reportable. For instructions on a specific type of payment, see the separate instructions in the form(s) listed.

| Type of Payment | Report on Form | Type of Payment | Report on Form |
|--|-------------------------|--|------------------------|
| Abandonment | 1099-A | Income tax refunds, state and local | 1099-G |
| Accelerated death benefits | 1099-LTC | Indian gaming profits paid to tribal members | 1099-MISC |
| Acquisition of control | 1099-CAP | Interest income | 1099-INT |
| Advance earned income credit | W-2 | Tax-exempt | 1099-INT |
| Advance health insurance payments | 1099-H | Interest, mortgage | 1098 |
| Agriculture payments | 1099-G W-2 | IRA contributions | 5498 1099-R |
| Allocated tips | 1099-G | Life insurance contract distributions | 1099-R, 1099-LTC |
| Annuities | 1099-R | Liquidation, distributions in | 1099-DIV |
| Archer MSAs: | | Loans, distribution from pension plan | 1099-R |
| Contributions | 5498-SA | Long-term care benefits | 1099-LTC |
| Distributions | 1099-SA | Medicare Advantage MSAs: | |
| Attorney, fees and gross proceeds | 1099-MISC | Contributions | 5498-SA |
| Auto reimbursements, employee Auto reimbursements, nonemployee | W-2 1099-MISC | Distributions | 1099-SA 1099-MISC |
| Awards, employee | W-2 | Mileage, employee | W-2 |
| Awards, nonemployee | 1099-MISC | Mileage, nonemployee | 1099-MISC |
| Barter exchange income | 1099-B | Military retirement | 1099-R |
| Bonuses, employee | W-2 | Mortgage insurance premiums | 1098 |
| Bonuses, nonemployee | 1099-MISC | Mortgage interest | 1098 |
| Broker transactions | 1099-B | Moving expense | W-2 |
| Cancellation of debt | 1099-C 1099-DIV | Nonemployee compensation | 1099-MISC |
| Car expense, employee | W-2 | Beneficiary | 1099-R |
| Car expense, nonemployee | 1099-MISC | Employee | W-2 |
| Changes in capital structure | 1099-CAP | Nonemployee | 1099-MISC |
| Charitable gift annuities | 1099-R | Original issue discount (OID) | 1099-OID |
| Commissions, employee | W-2 | Patronage dividends | 1099-PATR |
| Commissions, nonemployee | 1099-MISC 1099-B | Pensions | 1099-R 1098 |
| Compensation, employee | W-2 | Points | W-2 |
| Compensation, nonemployee | 1099-MISC | Prizes, nonemployee | 1099-MISC |
| Contributions of motor vehicles, boats, and | | Profit-sharing plan | 1099-R |
| airplanes | 1098-C | Punitive damages | 1099-MISC |
| Cost of current life insurance protection | 1099-R | Qualified plan distributions | 1099-R |
| Coverdell ESA contributions | 5498-ESA | Qualified tuition program payments | 1099-Q |
| Coverdell ESA distributions | 1099-Q 1099-MISC | Real estate transactions | 1099-S 1099-R, 5498 |
| Damages | 1099-MISC | Refund, state and local tax | 1099-H, 5490 |
| Death benefits | 1099-R | Rents | 1099-MISC |
| Accelerated | 1099-LTC | Retirement | 1099-R |
| Debt cancellation | 1099-C | Roth conversion IRA contributions | 5498 |
| Dependent care payments | W-2 | Roth conversion IRA distributions | 1099-R |
| Direct rollovers | 1099-Q, 1099-R, 5498 | Roth IRA contributions | 5498 1099-R |
| Direct sales of consumer products for resale | 1099-MISC | Royalties | 1099-MISC |
| Directors' fees | 1099-MISC | Timber, pay-as-cut contract | 1099-S |
| Discharge of indebtedness | 1099-C | Sales: | |
| Dividends | 1099-DIV | Real estate | 1099-S |
| Education loan interest | 1098-E | Securities | 1099-B |
| Employee business expense reimbursement Employee compensation | W-2 W-2 | Section 1035 exchange | 1099-R W-2, 5498 |
| Excess deferrals, excess contributions, | V V -Z | SEP distributions | 1099-R |
| distributions of | 1099-R | Severance pay | W-2 |
| Fees, employee | W-2 | Sick pay | W-2 |
| Fees, nonemployee | 1099-MISC | SIMPLE contributions | W-2, 5498 |
| Fishing boat crew members proceeds | 1099-MISC | SIMPLE distributions | 1099-R |
| Fish purchases for cash | 1099-MISC 1099-A | Student loan interest | 1098-E |
| Foreign persons' income | 1042-S | tax-exempt interest | 1099-MISC |
| 401(k) contributions | W-2 | Supplemental unemployment | W-2 |
| 404(k) dividend | 1099-DIV | Tax refunds, state and local | 1099-G |
| Gambling winnings | W-2G | Tips | W-2 |
| Golden parachute, employee | W-2 | Tuition | 1098-T |
| Golden parachute, nonemployee Grants, taxable | 1099-MISC 1099-G | Unemployment benefits | 1099-G W-2 |
| Health care services | 1099-MISC | Vacation allowance, employee | 1099-MISC |
| Health insurance advance payments | 1099-H | Wages | W-2 |
| Health savings accounts: | | - | |
| Contributions | 5498-SA | | |
| Distributions | 1099-SA | | |
| Income attributable to domestic production activities, deduction for | 1099-PATR | | |
| activities, acadelloff for | 1033-FAIN | | |

Index

| A Account number box | H Help | Q Qualified settlement funds |
|---|--|--|
| B Backup withholding | Information returns, other 3 | State and local tax departments 4 Statement mailing requirements 9, 10 |
| C Corporations, payments to | K Keeping copies | Statements to recipients |
| D Due dates | L Logos or substitute statements 9 | T Taxpayer identification number 6, 11 |
| E Electronic/magnetic media | MMagnetic media reporting4Mailing forms4 | Telephone numbers on statements 9 TIN Matching |
| reporting 4 Extension to file 4 Extension to furnish statements 10 | N Names, TINs, etc | V Void returns |
| F Filing returns 4 FIRE System 4 Foreign intermediaries, payments made through 13 Foreign person, payment to 3 Form 1096 2, 4 Form 945 11 Form W-9 8 Forms, how to get 15 | Nominee/middleman | W What's New |
| | | |

BEFORE YOU MAIL CHECK LIST



CORRECT TCC IS LISTED ON MEDIA LABEL, PAPERWORK



FILE FORMATTED ACCORDING TO CURRENT PUBLICATION 1220 (UPDATED ANNUALLY)



FORM 4804 FILLED OUT CORRECTLY, SIGNED AND PLACED IN PACKAGE WITH MEDIA



MEDIA IS WELL LABELED; SEE NOTICE 210 FOR INSTRUCTIONS



MEDIA IS BEING MAILED TO PROPER ADDRESS; SEE PART A PUBLICATION 1220



DO NOT SEND FORMS W-2 TO IRS. FILE FORMS W-2 WITH THE SOCIAL SECURITY ADMINISTRATION $% \left(1\right) =\left(1\right) \left(1\right) \left($

Form **4419** (Rev. 6-2007)

Department of the Treasury - Internal Revenue Service Application for Filing Information Returns **Electronically**

(Please type or print in black ink)

IRS Use Only OMB No. 1545-0387

| 1. Transmitter information | | | • | | |
|--|----------------------|------------------------|-------------------------------------|-------|----------------------------|
| Name | | | | | |
| Address | | | | | |
| City | State | | Zip | | |
| 2. Person to contact about this request | | | | | |
| Name | | | | | |
| Title | | | | | |
| Email address | Telephone num | per | | | |
| 3. Taxpayer Identification Number (TIN) 4. Foreign Transmitt Yes | er without a TIN | 5. Tax yea electronica | | h to | begin filing |
| 6. Will you be using your TCC only for transmitting requests for | r extension of tim | e to file? | Yes | | No |
| 7. Type of Return To Be Reported (Check all forms you wish to find Important: Form W-2 information is sent to the Social Secure request authorization to file this information electronically. 1-800-772-6270. | urity Administratio | | | | |
| Forms 1098, 1099, 5498 U.S. Source Incom Withholding | | Informa | 027, Emp ition Retu ocated Ti | ırn o | r's Annual f Tip Income |
| 8. Person responsible for preparation of tax reports | | | | | |
| Name (type or print) | | Title | | | |
| Signature | | Date | | | |
| | | | | | |

(See Instructions on back)

Form 4419 (Rev. 6-2007) Page **2**

General Instructions

Paperwork Reduction Act Notice. We ask for the information on these forms to carry out the Internal Revenue Laws of the United States. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to provide this information would vary depending on individual circumstances. The estimated average time is:

Preparing Form 4419 20 min.

If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. DO NOT SEND THE FORM TO THIS OFFICE. Instead, see the instructions below on where to file. When completing this form, please type or print clearly in BLACK ink.

Purpose of Form. File Form 4419 to request authorization to file any of the forms shown in Block 7 electronically. Please be sure to complete all appropriate blocks. If your application is approved, a five-character alpha-numeric Transmitter Control Code (TCC) will be assigned to your organization.

If any information on the form should change, please write to IRS/Enterprise Computing Center - Martinsburg so we can update our database. It is not necessary to submit a new Form 4419.

NOTE: Do **NOT** use Form 4419 to request authorization to file Forms W-2 electronically. **Contact SSA if you have any questions concerning the filing of Forms W-2 at 1-800-772-6270.**

Specific Instructions

Block 1

Enter the name and complete address of the person or organization that will submit the electronic files (transmitter).

Block 2

Enter the name, title, email address (if available) and telephone number (with area code) of the person to contact about this application if IRS needs additional information. This should be a person who is knowledgeable about electronic filing of information returns.

Block 3

Enter the Taxpayer Identification Number (TIN) of the organization transmitting the electronic files. A TIN can be either an Employer Identification Number (EIN) or a Social Security Number (SSN).

Block 4

If you are a foreign transmitter who does not have a nine-digit Taxpayer Identification Number, check this box.

Block 5

Enter the tax year that you wish to start filing electronically.

Block 6

Indicate if you are requesting this Transmitter Control Code solely for filing electronic requests for an extension of time to file information returns.

Block 7

Check the box next to all of the returns you will file with IRS electronically.

A separate TCC will be assigned for each box checked in Block 7. Please make sure you submit your electronic files using the correct TCC.

Thereafter, if you need to add any of the forms identified in Block 7, it will be necessary to submit another Form 4419 to IRS so another TCC can be assigned.

Block 8

The form must be signed and dated by an official of the company or organization requesting authorization to report electronically.

Mailing Address:

Send your Form 4419 to the address below:

Internal Revenue Service
Enterprise Computing Center - Martinsburg
Information Reporting Program
230 Murall Drive
Kearneysville, WV 25430

In order to ensure timely filing, submit Form 4419 at least 30 days before the due date of the return. If you prefer, the Form 4419 can be faxed to (304) 264-5602, but do not do both (faxing and mailing).

If your application is approved, IRS will assign a TCC to your organization. We will not issue your TCC without a signed Form 4419, and we will not issue a TCC over the phone or by email. If you do not receive a reply from IRS within 30 days, contact us at the telephone number shown below. Do not submit any files until you receive your TCC. For further information concerning the filing of information returns with IRS electronically, you may access www.irs.gov for Publication 1220 for the current tax year. If you do not have internet access, you may contact the IRS Enterprise Computing Center - Martinsburg toll-free at (866) 455-7438 between 8:30 a.m. and 4:30 p.m. Eastern Standard Time.

OMB No. Department of the Treasury - Internal Revenue Service IRS Use Only 1545-0367 Transmittal of Information Returns Form **4804 Reported Magnetically** (Rev. May 2002) Please type or print in **BLACK** ink (Use a separate Form 4804 for each file.) 1. Type of file represented by this transmittal 2. Tax year for which media is Original □ Test submitted Replacement ☐ Correction 3. Transmitter Control Code (TCC) (Required) 4. Name of transmitter (Owner of TCC) 5. Name/address of company and name/title of person who should receive correspondence on problem files (should be the same information as in 'T' record) Company Name_____ City _____ State ____ Zip ____ Contact Person Telephone Number () E-mail Address 6. Forms 1098, 1099, 5498. 7. Form 1042-S 8. Form 8027 Total number of 9. Transmitter in-house Total number of 'Q' W-2G Combined total of payee establishment(s) reported media number(s) 'B' records records **Affidavit** Under penalties of perjury, I declare that I have examined this transmittal, including accompanying documents, and, to the best of my knowledge and belief, it is correct and complete. (Normally, the payer must sign the affidavit above. The authorized agent of the payer may sign if all conditions are met as stated on the back.) SIGNATURE (Required) IRS Use Only Title Date

General Instructions

Paperwork Reduction Act Notice. We ask for the information on these forms to carry out the Internal Revenue Laws of the United States. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to provide this information would vary depending on individual circumstances. The estimated average time is:

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.

DO NOT SEND THE FORMS TO THIS OFFICE. Instead, see the instructions below on where to file. When completing this form, please type or print clearly in <u>BLACK</u> ink.

Purpose of Form. Use Form 4804 when submitting the following types of information returns magnetically: Form 1098, 1099, 5498, W-2G, 1042-S, and 8027. You must include Form 4804 with all magnetic media you submit to the Internal Revenue Service.

NOTE: A separate Form 4804 must be submitted for each file.

Specific Instructions

Block 1

Indicate whether the data in this shipment is an original, correction, replacement or test file by checking the appropriate box. Check 'Replacement' only if you are sending media in response to a specific request from IRS/MCC and you have a Form 9267 attached.

Definitions

Correction: A correction is an information return submitted by the payer to correct erroneous information previously sent to and processed by IRS/MCC.

Replacement: A replacement is an information return file sent by the filer at **the request of IRS/MCC** because of errors encountered while processing the filer's original return. Your replacement file may be submitted electronically even if the original file was sent on magnetic media.

Block 2

Indicate the tax year for which media is being submitted.

Block 3

Enter the five-character alpha/numeric Transmitter Control Code assigned by IRS. TCCs for Form 1042-S filing begin with the numbers 22. TCCs for Form 8027 filing begin with the numbers 21.

Block 4

Enter the name of the transmitter. (Reference Affidavit Requirements below.)

Block 5

Enter the name and address of the company, along with the name/title of the person to whom correspondence concerning problem media in need of replacement should be sent. This information should match the information that appears in the Transmitter 'T' Record in your file. Please include an email address if available

NOTE: IRS no longer returns media in need of replacement.

Block 6,7,8

Use only the boxes appropriate to the forms you are reporting. A separate Form 4804 is required for the information returns in box 6, 1042-S Forms in box 7, and 8027 Forms in box 8.

Block 6

Enter the combined number of all payee 'B' records on the media sent with this Form 4804.

Block 7

If reporting Form 1042-S, enter the total number Recipient 'Q' records.

Block 8

If reporting Form 8027, enter the number of establishments reported.

Block 9

If your organization uses an in-house numbering system to identify media, indicate the media number(s) in the appropriate block.

Mailing Address:

Send your media with transmittal Form(s) 4804 to the address below:

IRS, Martinsburg Computing Center Information Reporting Program 230 Murall Drive Kearneysville, WV 25430

NOTE: Form 4802, Transmittal of Information Returns Reported Magnetically/Electronically (Continuation) is obsolete.

Affidavit Requirement

A transmitter, service bureau, paying agent, or disbursing agent (all hereafter referred to as "agent") may sign Form 4804 on behalf of the payer (or other person required to file), if the conditions in items 1 and 2 are met:

- 1. The agent has the authority to sign the form under an agency agreement (oral, written, or implied) that is valid under state law.
- 2. The agent signs the form and adds the caption "For: (Name of payer or other person required to file)". he authorized agent's signing of the affidavit on the payer's behalf does not relieve the payer of the responsibility for filing a correct, complete, and timely Form 4804, with attachments, and will not relieve the payer of any penalties for not complying with those requirements.

Form 8508

(Rev. 9-2005) Internal Revenue Service Department of the Treasury

Request for Waiver From Filing Information Returns Electronically/Magnetically

(Forms W-2, W-2G, 1042-S, 1098 Series, 1099 Series, 5498 Series, and 8027)

(Please type or print in **black ink** when completing this form - see instructions on back.)

OMB Number 1545-0957

Note: Only the person required to file electronically/magnetically can file Form 8508. A transmitter cannot file Form 8508 for the payer, unless he or she has a power of attorney. If you have a power of attorney, attach a letter to the Form 8508 stating this fact. ☐ Reconsideration ☐ Original 1. Type of submission 4. Taxpayer Identification Number 3. Payer name, complete address, and contact person. (A separate Form 8508 2. Waiver requested must be filed for *each payer* requesting a waiver.) for tax year (Enter one year only) 5. Telephone number Address) _ State ZIP **Email Address** Contact Name **Enter the Number of Returns That: Enter the Number of Returns That:** 6. Waiver Waiver (a) You wish to file (b) You expect to (a) You wish to file (b) You expect to Requested for Requested for file next tax year file next tax year on paper on paper 1042-S 1099-PATR 1099-O 1098 1098-C 1099-R 1098-E 1099-S 1098-T 1099-SA 1099-A 5498 1099-B 5498-ESA 5498-SA 1099-C 1099-CAP 8027 1099-DIV W-2W-2AS 1099-G 1099-H W-2G 1099-INT W-2GU 1099-LTC W-2PR 1099-MISC W-2VI 1099-OID 7. Is this waiver requested for corrections ONLY? No Yes 8. Is this the first time you have requested a waiver from the electronic/magnetic media filing requirements for any of the forms listed in Block 6? Yes (Skip to signature line) No (Complete Block 9 if your request is due to undue hardship) 9. Enter **two current cost estimates** given to you by third parties for software, software upgrades or programming for your current system, or costs for preparing your files for you. Cost estimates for any reason other than the preparation of electronic/magnetic media files will not be acceptable. Attach these two written cost estimates to the Form 8508. Failure to provide current cost estimates and/or signature will result in denial of your waiver request. Under penalties of perjury, I declare that I have examined this document, including any accompanying statements, and, to the best of my knowledge and belief, it is true, correct, and complete. 10. Signature Title Date

General Instructions

Paperwork Reduction Act Notice. We ask for the information on these forms to carry out the Internal Revenue Laws of the United States. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to provide this information would vary depending on individual circumstances. The estimated average time is:

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224.

DO NOT SEND THE FORMS TO THIS OFFICE. Instead, see the instructions below on where to file. When completing this form, please type or print clearly in <u>BLACK</u> ink.

Purpose of Form. Use this form to request a waiver from filing Forms W-2, W-2AS, W-2G, W-2GU, W-2PR, W-2VI, 1042-S, 1098 Series, 1099 Series, 5498 Series, or 8027 electronically/magnetically for the tax year indicated in Block 2 of this form. Complete a Form 8508 for each Taxpayer Identification Number (TIN). You may use one Form 8508 for multiple types of forms. After evaluating your request, IRS will notify you as to whether your request is approved or denied. The chart below contains types of documents and the acceptable media for each form.

Specific Instructions

Block 1. --Indicate the type of submission by checking the appropriate box. An original submission is your first request for a waiver for the current year. A reconsideration indicates that you are submitting additional information to IRS that you feel may reverse a denial of an originally submitted request.

Block 2. --Enter the tax year for which you are requesting a waiver. Only waiver requests for the current tax year can be processed. If this block is not completed, the IRS will assume the request is for the current tax year.

Block 3. --Enter the name and complete address of the payer and person to contact if additional information is needed by IRS.

Block 4. --Enter the Taxpayer Identification Number (*TIN*) [Employer Identification Number (EIN) or the Social Security Number (*SSN*)] of the payer. The number must contain 9-digits.

Block 5. --Enter the telephone number and Email address of the contact person.

Block 6. --Check the box(es) beside the form(s) for which the waiver is being requested.

Block 6a. -For each type of information return checked, enter the total number of forms you plan to file.

Block 6b. --Provide an estimate of the total number of information returns you plan to file for the following tax year.

Block 7. --Indicate whether or not this waiver is requested for corrections only. If you request a waiver for original documents and it is approved, you will automatically receive a waiver for corrections. However, if you can submit your original returns electronically/magnetically, but not your corrections, a waiver must be requested for corrections only.

Block 8. --If this is the first time you have requested a waiver for any of the forms listed in Block 6, for any tax year, check "YES" and skip to Block 10. However, if you have requested a waiver in the past and check "NO," complete Block 9 to establish undue hardship. Waivers, after the first year, are granted only in case of undue hardship or catastrophic event. Note: Under Regulations Section 301.6011-2(c)(2), "The principal factor in determining hardship will be the amount, if any, by which the cost of filing the information returns in accordance with this section exceeds the cost of filing the returns on other media."

Block 9. --Enter the cost estimates from two service bureaus or other third parties. These cost estimates must reflect the total amount that each service bureau will charge for software, software upgrades or programming for your current system, or costs to produce your electronic/magnetic media file only. If you do not provide two written cost estimates from service bureaus or other third parties, we will automatically deny your request. Cost estimates from prior years will not be accepted. Note: If your request is not due to undue hardship, as defined above, attach a detailed explanation of why you need a waiver.

Block 10. --The waiver request must be signed by the payer or a person duly authorized to sign a return or other document on his behalf.

Filing Instructions

When to File. -- You should file Form 8508 at least 45 days before the due date of the returns for which you are requesting a waiver. See Publication 1220, Part A for the due dates. Waiver requests will be processed beginning January 1st of the calendar year the returns are due.

Where to File. --

Internal Revenue Service
Enterprise Computing Center -Martinsburg
Information Reporting Program
240 Murall Drive
Kearneysville, WV 25430

For further information concerning the filing of information returns to IRS ectronically/magnetically, contact the IRS Enterprise Computing Center at the address given above or by telephone toll-free at **866-455-743**8 between 8:30 a.m. and 4:30 p.m. Eastern Standard Time.

Penalty. --If you are required to file on magnetic media but fail to do so and you do not have an approved waiver on record, you may be subject to a penalty of \$50 per return unless you establish reasonable cause.

Filing Requirements and Acceptable Methods

If the total number of documents to be filed is below the 250 threshold, you are **not required** to file electronically/magnetically, and you **do not** need to submit Form 8508 to IRS.

| Type of Documents | Acceptable Methods | | | | |
|---|---------------------------------------|--|--|--|--|
| Forms 1098-series, 1099-series, W-2G, 5498-series | Electronic Filing and Tape Cartridges | | | | |
| Forms W-2, W-2AS, W-2GU, W-2PR, W-2VI * | Electronic Filing | | | | |
| Form 1042-S | Electronic Filing and Tape Cartridges | | | | |
| Form 8027 | Electronic Filing and Tape Cartridges | | | | |

^{*} To file these Forms electronically/magnetically, contact the Social Security Administration (SSA) at 1-800-772-6270. For all other forms listed, contact IRS.

8809 **8809**

(Rev. May 2007)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Information Returns

(For Forms W-2 series, W-2G, 1042-S, 1098 series, 1099 series, 5498 series, and 8027)

▶ Send to Enterprise Computing Center-Martinsburg. See Where to file below.

OMB No. 1545-1081

| | | | extension of time to (1) pro (instead use Form 4868). | ovide statements | s to recipier | nts, | (2) f | ile Foi | rm 10 | 042 | |
|---------------------------|---------------------------------|----------------------|--|---|----------------|--|---------------------------|--|----------------------------|------------------------------|------------|
| Extension | 1 , , , | | r print clearly in black ink. | | | 2 Taxpayer identification number (Enter your nine-digit number. Do not enter hyphens.) | | | | | |
| Requested for Tax Year | Filer/Transmitter name | | | | | | | | , | | |
| 20 | Address | | | | | 1 | 1 | ı | 1 1 | ı | 1 1 |
| (Enter one year only.) | | | | | | | ransn | nitter C | ontrol | Code | (TCC) |
| | Contact name | | Telephone number | () | | _ | | | | | |
| | Email address | | | | | | | | | | |
| • | | e Form 8809 | 5 If you are requesting an e one filer, enter the total n attach a list of names and numbers. Requests for m be filed electronically or r file below for details. ▶ | umber of filers and d taxpayer identificati ore than 50 filers mu | on st | el er re | lectro nter t ecord | tension onically/ the tota s in you | magne I numb ur exte | etically per of ension | only, |
| instruct | ions. 🕨 🗌 | | ed the automatic extension | n and you now | need an ad | ditic | onal | exten | sion. | See | |
| 8 Check t | ne box(es) that app | here | er the number of returns. Form | √ here | | Foi | rm | | | | here |
| | /-2 series | V Here | 5498 | V Here | | 802 | | | | | 11010 |
| | | | | | DEM | | | | | | |
| - | , 1099 series, W-2G | | 5498-ESA | | REM on Forr | ns 1 | 099- | -INŤ o | r | | |
| | 1042-S | | 5498-SA | | 109 | 9-0 | ID o | nly | | | |
| | | | e in detail why you nee . If you need more spa | | | | | ne. Y | ou m | nust | give a |
| Under penalties complete. | of perjury, I declare that I ha | ave examined this fo | orm, including any accompanying s | statements, and, to the | best of my kno | owled | ge an | nd belief | , it is tr | rue, coi | rrect, and |
| Signature ▶ | | | Title ▶ | | | | | Date | • | | |

General Instructions

Purpose of form. Use this form to request an extension of time to file any forms shown in line 8.

Who may file. Filers of returns submitted on paper, on magnetic media, or electronically may request an extension of time to file on this form.

Where to file. Send Form 8809 to Enterprise Computing Center–Martinsburg, Information Reporting Program, Attn: Extension of Time Coordinator, 240 Murall Dr., Kearneysville, WV 25430. To avoid delays, be sure the attention line is included on all envelopes and packages containing Form 8809.

How to file. When you request extensions of time to file for more than 50 filers for the forms shown in line 8, except Form 8027, you must submit the extension requests electronically or magnetically. For 10–50 filers, you are encouraged to submit the extension request electronically or magnetically.

If filing on paper with 50 or less filers, you must attach a list of the filers' names and taxpayer identification numbers. If you are filing the extension request electronically or magnetically, you do not have to provide a list.

Also, see Pub. 1220, Specifications for Filing Forms 1098, 1099, 5498, and W-2G Electronically or Magnetically and Pub. 1187, Specifications for Filing Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, Electronically or Magnetically.

Note. Specifications for filing Forms W-2, Wage and Tax Statement, electronically are only available from the Social Security Administration (SSA). Call 1-800-SSA-6270 for more information or visit the SSA website at *www.socialsecurity.gov*.

When to file. File Form 8809 as soon as you know an extension of time to file is necessary. However, Form 8809 must be filed

Form 8809 (Rev. 5-2007) Page **2**

by the due date of the returns. See the chart below that shows the due dates for filing this form on paper, magnetically, or electronically. IRS will respond in writing beginning in January. Filers and transmitters of Form W-2 whose business has terminated, should follow the procedures in the Instructions for Forms W-2 and W-3 to request an extension.

If you are requesting an extension of time to file several types of forms, you may use one Form 8809, but you must file Form 8809 by the earliest due date. For example, if you are requesting an extension of time to file both 1099 series and 5498 series forms, you must file Form 8809 by February 28 (March 31 if you file electronically). You may complete more than one Form 8809 to avoid this problem. An extension cannot be granted if a request is filed after the due date of the original returns

The due dates for filing Form 8809 are shown below.

| IF you file Form | MAGNETICALLY or on PAPER, then the due date is | ELECTRONICALLY, then the due date is |
|------------------|--|--------------------------------------|
| W-2 Series | Last day of February | March 31 |
| W-2G | February 28 | March 31 |
| 1042-S | March 15 | March 15 |
| 1098 Series | February 28 | March 31 |
| 1099 Series | February 28 | March 31 |
| 5498 Series | May 31 | May 31 |
| 8027 | Last day of February | March 31 |

If any due date falls on a Saturday, Sunday, or legal holiday, file by the next business day.

Caution: You do not have to wait for a response before filing your returns. File your returns as soon as they are ready. For all forms shown in line 8, except Form 8027, if you have received a response, do not send a copy of the letter or Form 8809 with your returns. If you have not received a response by the end of the extension period, file your returns. When filing Form 8027 on paper only, attach a copy of your approval letter. If an approval letter has not been received, attach a copy of your timely filed Form 8809.

Extension period. The automatic extension is 30 days from the original due date. You may request one additional extension of not more than 30 days by submitting a second Form 8809 before the end of the first extension period (see *Line 7* below). Requests for an additional extension of time to file information returns are not automatically granted. Generally requests for additional time are granted only in cases of extreme hardship or catastrophic event. The IRS will send you a letter of explanation approving or denying your request for an additional extension.

Note. The automatic and any approved additional request will only extend the due date for filing the returns. It will not extend the due date for furnishing statements to recipients.

Penalty. If you file required information returns late and you have not applied for and received an approved extension of time to file, you may be subject to a late filing penalty. The amount of the penalty is based on when you file the correct information return. For more information on penalties, see part O in the General Instructions for Forms 1099, 1098, 5498, and W-2G, and *Penalties* in the Instructions for Form 1042-S, the Instructions for Form 8027, and the Instructions for Forms W-2 and W-3.

Specific Instructions

Tax year. You may request an extension for only 1 tax year on Form 8809. If no tax year is shown, the IRS will assume you are requesting an extension for the returns currently due to be filed.

Line 1. Enter the name and complete mailing address, including room or suite number of the filer or transmitter requesting the extension of time. Use the name and address where you want the response sent. For example, if you are a preparer and want to receive the response, enter your client's complete name, care of (c/o) your firm, and your complete mailing address.

Caution: The name and taxpayer identification number (TIN) must be consistent with the name and TIN used on your other returns. Do not use abbreviations.

Enter the name of someone who is familiar with this request whom the IRS can contact if additional information is required. Please provide your telephone number and email address. If you act as transmitter for a group of filers, enter your name and address here, and see *How to file* on page 1.

Note. Approval or denial notification will be sent only to the person who requested the extension (filer or transmitter).

Line 2. Enter your nine-digit employer identification number (EIN) or qualified intermediary employer identification number (QI-EIN). If you are not required to have an EIN or QI-EIN, enter your social security number. Do not enter hyphens. Failure to provide this number, and the list of numbers if you are acting as a transmitter as explained under line 1, will result in automatic denial of the extension request.

Line 3. For electronic or magnetic media only. If you filed Form 4419, Application for Filing Information Returns Magnetically/Electronically, to file Forms 1042-S, 1098, 1099, 5498, W-2G, or 8027, and it was approved, the Enterprise Computing Center–Martinsburg assigned you a five-character Transmitter Control Code (TCC). Enter that TCC here. Leave this line blank if you (1) are requesting an extension to file any Forms W-2, (2) are requesting an extension to file forms on paper, or (3) have not yet received your TCC.

Line 7. Check this box if you have already received the automatic 30-day extension, but you need an additional extension for the same year and for the same forms. Do not check this box unless you received an original extension.

If you check this box, be sure to complete line 9. Then, sign and date the request.

Signature. No signature is required for the automatic 30-day extension. For an additional extension, Form 8809 must be signed by you or a person who is duly authorized to sign a return, statement, or other document.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8809 is provided by the IRS to request an extension of time to file information returns. Regulations section 1.6081-1 requires you to provide the requested information if you desire an extension of time for filing an information return. If you do not provide the requested information, an extension of time for filing an information return may not be granted. Section 6109 requires you to provide your taxpayer identification number (TIN). Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, or to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: Recordkeeping, 2 hrs., 10 min.; Learning about the law or the form, 36 min.; Preparing and sending the form to the IRS, 28 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on page 1.

Notice 210 (Rev. July 2002)

Preparation Instructions for Media Label

OMB Clearance No. 1545-0295

Media label, Form 5064, has been obsoleted. It is no longer necessary to use special labels from IRS for your media. Any pressure sensitive label can now be used as long as it contains the following information:

Type of filing: Indicate whether data is Original, Replacement, Test or Correction.

Tax Year: Indicate tax year for which media is submitted.

IRS TCC: (Transmitter Control Code): Provide TCC assigned to the transmitter.

Transmitter's name

Operating system/Hardware:

For 3-1/2 inch diskette files, indicate the type of personal computer operating system, and software package used to create the media (for example: IBM.PC/AT-MSD/DOS, Apple MacIntosh/MacWrite V2.2).

Recommended label format:

| Type of filing | | | | | |
|------------------------------|---------|--|--|--|--|
| Tax Year | IRS TCC | | | | |
| Transmitter name | | | | | |
| Operating system/Hardware | | | | | |
| Number of payees | | | | | |
| Transmitter number for media | | | | | |
| Media sequence | of | | | | |

For tape cartridge, indicate operating system, either EBCDIC or ASCII, and either 18, 36, 128 or 256-track.

Number of payees: Indicate the total number of Payee "B" Records, Recipient "Q" Records for Form 1042S, or total number of establishments for Form 8027 reported on the media.

Transmitter number for media: If available, provide the in-house number assigned by your organization to the tapes, tape cartridges or diskettes.

Media sequence: Indicate sequence number of media and total number of media in file (for example: Media sequence 1 or 3, 2 of 3, 3 of 3).

Please affix external label to appropriate area on magnetic media. Do not hinder the ability to process media when affixing label.

Paperwork Reduction Act Notice

We ask for the information in Notice 210 to carry out the Internal Revenue laws of the United States. You are required to give us the information. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The time needed to provide this information would vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.

Notice 210 (Rev. 7-2002)

Catalog Number 45625J

IRS-Enterprise Computing Center - MTB
Information Reporting Program
230 Murall Drive

Kearneysville, WV 25430

Official Business

Penalty for Private Use, \$300



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