

Accountant's

1099 PAYER/FILER INFORMATION

Account #

Payer #

FORM TYPE CODE

STATE CODE

I.D. TYPE CODE

1 = EIN
2 = SSN

1 = CALIFORNIA
98 = FOREIGN ENTITY
99 = OTHER STATES

CALIFORNIA ACCT. NUMBER
FORM 1099-R AND 1099-NEC

PAYEE NAMES MUST BE REPORTED CONSISTENTLY

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

FINAL RETURN

X = FINAL

MAIL PAYEE COPIES

X = AccuPay to mail payee copies.

REPRO ONLY

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

CONFIDENTIAL HANDLING

E = Confid E-File Rpts
C = Confid Pkg & Rpts (No PrintBack)

RED 1099

R = Print RED forms in lieu of electronic

PAYEE LABELS

X = Print sheet of labels

PRINT-BACK

S = Std

MASK SSN

M = Mask SSN

SHIP METHOD OVERRIDE (8 char.)

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

Area Code and Phone number

Extension

EMAIL

PAYER NAME (28 CHARACTERS)

TRADE NAME (40 CHARACTERS)

ADDRESS

NUMBER & STREET (30 CHARACTERS)

CITY (20 CHARACTERS)

STATE

ZIP CODE

Ext. ZIP

CALIFORNIA DE-542 CONTRACTOR REPORTING - 1099-NEC ONLY

No. of BLANK forms wanted:

Print DE542 for ALL payees with non-employee compensation (or SELECT individual contractors on Data Sheet N99, column 109).

A = List All

Print option: C = Continuous (up to 3 payees/form)

REPROCESSES ONLY - Selected Print Option

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

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

Please complete the following if you FAX this return:

Contact:

Phone:

Number of pages in this return:

APY USE

94 95 96 97