

## Rev. Proc. 2000-25

Use this Revenue Procedure to prepare Tax Year 2000 and prior year information returns for submission to Internal Revenue Service (IRS) using any of the following:

- Magnetic Tape
- Tape Cartridge
- 8mm, 4mm, and Quarter Inch Cartridges (QIC)
- 3 1/2-Inch Diskette
- Electronic Filing

### Caution to filers:

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

**Beginning in calendar year 2002 for Tax Year 2001, IRS/MCC will no longer return problem media in need of replacement. See Part A, Sec. 2.03 (a) for details.**

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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  
Martinsburg Computing Center  
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 magnetically or electronically, which includes 1/2-inch magnetic tape; IBM 3480, 3490 or AS400 compatible tape cartridges (including 4mm, 8mm & QIC); or 3 1/2-inch diskette with IRS. **IRS/MCC has discontinued processing 8-inch, 5 1/4-inch diskette, and the mainframe electronic filing system. The previously used IRP-BBS (Bulletin Board System) has also been replaced.** *The new electronic filing system is known as FIRE (Filing Information Returns Electronically.)* This Revenue Procedure must be used for the preparation of Tax Year 2000 information returns and information returns for tax years prior to 2000 that are required to be filed. This Revenue Procedure must be used to prepare current and prior year information returns **filed beginning January 1, 2001, and received by IRS/MCC or postmarked by December 15, 2001.** Specifications for filing the following forms are contained in this Revenue Procedure.

- (a) Form 1098, Mortgage Interest Statement
- (b) Form 1098-E, Student Loan Interest Statement
- (c) Form 1098-T, Tuition Payments Statement
- (d) Form 1099-A, Acquisition or Abandonment of Secured Property
- (e) Form 1099-B, Proceeds From Broker and Barter Exchange Transactions
- (f) Form 1099-C, Cancellation of Debt
- (g) Form 1099-DIV, Dividends and Distributions
- (h) Form 1099-G, Certain Government and Qualified State Tuition Program Payments
- (i) Form 1099-INT, Interest Income
- (j) Form 1099-LTC, Long-Term Care and Accelerated Death Benefits
- (k) Form 1099-MISC, Miscellaneous Income
- (l) Form 1099-MSA, Distributions From an MSA or Medicare+Choice MSA
- (m) Form 1099-OID, Original Issue Discount
- (n) Form 1099-PATR, Taxable Distributions Received From Cooperatives
- (o) Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
- (p) Form 1099-S, Proceeds From Real Estate Transactions
- (q) Form 5498, IRA Contribution Information
- (r) Form 5498-MSA, MSA or Medicare+Choice MSA Information
- (s) Form W-2G, Certain Gambling Winnings

**.02** Specifications for filing Forms W-2, Wage and Tax Statements, magnetically/electronically are available from the Social Security Administration (SSA) **only**. Filers can call 1-800-SSA-6270 to obtain the phone number of the SSA Employer Service Liaison Officer for their area.

**.03** IRS/MCC does **not** process Forms W-2. Paper **and/or** magnetic media for Forms W-2 must be sent to SSA. IRS/MCC does, however, process waiver requests (Form 8508) and extension of time to file requests (Form 8809) for Forms W-2 and requests for an extension of time to provide the employee copies of Forms W-2.

**.04** Generally, the box numbers on the paper forms correspond with the amount codes used to file magnetically/electronically; however, if discrepancies occur, the instructions in this Revenue Procedure govern.

**.05** This Revenue Procedure also provides the requirements and specifications for magnetic media or electronic filing under the Combined Federal/State Filing Program.

**.06** The following Revenue Procedures and publications provide more detailed filing procedures for certain information returns:

- (a) 2000 "General Instructions for Forms 1099, 1098, 5498, and W-2G" and individual Form instructions.
- (b) Publication 1179, Rules and Specifications for Private Printing of Substitute Forms 1096, 1098, 1099, 5498, and W-2G
- (c) Publication 1239, Specifications for Filing Form 8027, Employer's Annual Information Return of Tip Income and Allocated Tips, Magnetically or Electronically
- (d) Publication 1187, Specifications for Filing Form 1042-S, Foreign Person's U.S. Source Income Subject to Withholding, Magnetically or Electronically
- (e) Publication 1245, Specifications for Filing Form W-4, Employee's Withholding Allowance Certificate, Magnetically or Electronically.

- .07 This Revenue Procedure supersedes Rev. Proc. 99-29 published as Publication 1220 (Rev. 8-99), Specifications for Filing Forms 1098, 1099, 5498, and W-2G, Magnetically or Electronically.
- .08 Refer to Part A, Sec. 17, for definitions of terms used in this publication.

## Sec. 2. Nature of Changes—Current Year (Tax Year 2000)

.01 In this publication, all pertinent changes for Tax Year 2000 are emphasized by the use of *italics*. Portions of text that require special attention have been **bolded**. Filers are always encouraged to read the publication in its entirety.

### .02 Programming Changes

#### (a) General

1. The state of Oregon has withdrawn from the Combined/Federal State Filing Program.
2. The testing period when using the FIRE system is from November 1st to February 15th. The testing period using magnetic media remains November 1st to December 31st - also see Part A, Sec. 8.

#### (b) Programming Changes - Transmitter "T" Record

1. For all forms, Payment Year, Field Positions 2-5, must be incremented to reflect the four-digit report year (1999 to 2000), unless reporting prior year data.

#### (c) Programming Changes - Payer "A" Record

1. For all forms, Payment Year, Field Positions 2-5, must be incremented to reflect the four-digit year (1999 to 2000), unless reporting prior year data.
2. For Form 1098-E, the title of Amount Code 1 was changed to "Student loan interest received by lender."
3. For Amount Codes for Form 1099-R, the title of Amount Code A was changed to Traditional IRA/SEP/SIMPLE distribution or Roth conversion. Note 4: Form 1099-R now includes information about Roth conversion.

#### (d) Programming Changes — Payee "B" Record



1. For all forms, Payment Year, Field Positions 2-5, must be incremented to reflect the four-digit reporting year (1999 to 2000), unless reporting prior year data.
2. The IRA/SEP/SIMPLE indicator, position 548 for Form 1099-R, of the Payee "B" record, should also be used to indicate a Roth conversion.

### .03 Editorial Changes

- (a) **BEGINNING IN CALENDAR YEAR 2002 FOR TAX YEAR 2001, IRS/MCC WILL NO LONGER RETURN PROBLEM MEDIA IN NEED OF REPLACEMENT.** Filers will continue to receive a tracking form, listing and letter detailing the reason(s) their media could not be processed. Filers will be expected to send in replacement media within the prescribed time frame. This makes it **imperative** that filers maintain backup copies and/or recreate capabilities for their information return files.
- (b) Most references to faxing forms were removed from the publication. While it is acceptable to send us fax copies of forms, IRS/MCC **discourages faxing** forms, especially on or near due dates, due to the high volume of transmissions during these times. Mailing forms postmarked by the required date to the appropriate address is sufficient; see Part E. The exception to this recommendation is Form 8809, Request for Extension of Time to File Information Returns. If you file your extension request **electronically**, you must fax your Form 8809 the same day as the transmission. See Part D, Sec. 1.04.
- (c) A file format diagram is located at the end of Part E, Miscellaneous Information, just before the mail labels. This visual representation of a file layout may be helpful in understanding IRS/MCC's definition of a file.



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

.01 All information returns filed magnetically or electronically are processed at IRS/MCC. Files containing information returns and requests for IRS magnetic media and electronic filing information should be sent to the following address:

If by Postal Service, truck or air freight:  

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

.02 Send a magnetically filed extension of time request, undue hardship waivers, and requests for extensions of time to file returns or to furnish the statements to recipients to the following address:

If by Postal Service, truck or air freight:  

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

.03 The telephone numbers for magnetic media inquiries or electronic submissions are:

304-263-8700 - Call Site - Part A, Sec 3.09

304-267-3367 - TDD

(Telecommunication Device for the Deaf)

304-264-5602 - Fax Machine

Electronic Filing – FIRE system

304-262-2400

\*\*\*\*\*(These are not toll-free telephone numbers.)\*\*\*\*\*

TO OBTAIN FORMS:

1-800-TAX-FORM (1-800-829-3676)

[www.irs.gov](http://www.irs.gov) - INTERNET access to forms (See Note.)

☛ **Note: Because the IRS processes paper forms by machine (optical character recognition equipment), you cannot file the IRS Form 1096 or Copy A of Forms 1098, 1099, or 5498 printed from the IRS's Internet Web Site or the CD-ROM.**

.04 The 2000 “*General Instructions for Forms 1099, 1098, 5498, and W-2G*” and the individual Forms instructions have been included in the Publication 1220 for your convenience. The 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 Requests for paper Forms 1096, 1098, 1099, 5498, and W-2G, and publications related to magnetic media/electronic filing should be made by calling the IRS toll-free number **1-800-TAX-FORM (1-800-829-3676)** or by using the IRS's Internet Web Site at [www.irs.gov](http://www.irs.gov).

.06 Questions pertaining to magnetic media filing of Forms W-2 **must** be directed to the Social Security Administration (SSA). Filers can call 1-800-SSA-6270 to obtain the phone number of the SSA Employer Service Liaison Officer for their area.

.07 Payers **should not** contact IRS/MCC 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 phone number for contact purposes; or, the payer may be instructed to respond in writing to the address provided. IRS/MCC does **not** issue penalty notices and **does not** have the authority to abate penalties. For penalty information, refer to the Penalty section of the 2000 “*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 or Transcript of Tax Form, to IRS. This form may be obtained by calling **1-800-TAX-FORM (1-800-829-3676)**. For any questions regarding this form, call 1-800-829-1040.

.09 The Information Reporting Program Call Site answers both magnetic media and tax law questions relating to the filing of information returns (Forms 1042-S, 1096, 1098, 1099, 5498, 8027, W-2G, and W-4). The Call Site also answers tax law and paper filing related questions about Forms W-2 and W-3, as well as handling inquiries dealing with backup withholding and reasonable cause requirements due to missing and incorrect taxpayer identification numbers. The Call Site is located at IRS/MCC and operates in conjunction with the Information Reporting Program. The Call Site provides service to the payer community (financial institutions, employers, and other transmitters of information returns). Recipients of information returns (payees) should continue to contact 1-800-829-1040 or other numbers specified in the tax return instructions with any questions on how to report information on their tax returns. The Call Site accepts calls from all areas of the country. The number to call is **304-263-8700** or Telecommunications Device for the Deaf (TDD) **304-267-3367**. These are toll calls. Hours of operation for the Call Site are Monday through Friday, 8:30 a.m. to 4:30 p.m. Eastern time. The Call Site is in operation throughout the year to handle the questions of payers, transmitters, and employers. Due to the high demand for assistance at the end of January and February, it is advisable to call as soon as possible to avoid these peak filing seasons.

#### 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 magnetically/electronically. **The 250\* or more requirement applies separately for each type of return and separately to each type of corrected return.**

**\*Even though filers with less than 250 information returns are not required to submit the information returns magnetically or electronically and may submit them on paper, IRS encourages filers to transmit those information returns magnetically or electronically.**

**.02** All filing requirements that follow apply individually to each reporting entity as defined by its separate taxpayer identification number (TIN) [social security number (SSN), employer identification number (EIN), individual taxpayer identification number (ITIN) or adoption taxpayer identification number (ATIN)]. 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 *April 2, 2001*, are considered to have satisfied the magnetic media filing requirements.

**.04** IRS/MCC has one method for filing information returns electronically; see Part C.

**.05** The following requirements apply separately to both originals and corrections filed magnetically/electronically:

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|           |   |
|-----------|---|
| 1098      | <b>250 or more of any</b> of these forms require magnetic media     |
| 1098-E*   | or electronic filing with IRS. These are stand alone documents      |
| 1098-T*   | and are not to be aggregated for purposes of determining the        |
| 1099-A    | 250 threshold. For example, if you must file 100 Forms 1099-B       |
| 1099-B    | and 300 Forms 1099-INT, Forms 1099-B need not be filed              |
| 1099-C    | magnetically or electronically since they do not meet the threshold |
| 1099-DIV  | of 250. However, Forms 1099-INT must be filed magnetically or       |
| 1099-G    | electronically since they meet the threshold of 250.                |
| 1099-INT  |   |
| 1099-LTC  |   |
| 1099-MISC |   |
| 1099-MSA  |   |
| 1099-OID  |   |
| 1099-PATR |   |
| 1099-R    |   |
| 1099-S    |   |
| 5498      |   |
| 5498-MSA  |   |
| W-2G      |   |

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\*For Tax Year 2000, Forms 1098-E and 1098-T may be reported on paper regardless of the 250 threshold.

**.06** The above requirements do not apply if the payer establishes hardship (see Part A, Sec. 5).

## **Sec. 5. Form 8508, Request for Waiver From Filing Information Returns on Magnetic Media**

**.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 2000 *“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 a hardship, they may request a waiver from these filing requirements by submitting Form 8508, Request for Waiver From Filing Information Returns on Magnetic Media, to IRS/MCC.

**.03** Even though a payer may submit as many as 249 corrections on paper, IRS encourages magnetically or electronically submitted corrections. Once the 250 threshold has been met, filers are required to submit any returns of 250 or more magnetically or electronically. However, if a waiver for original documents is approved, any corrections for the same type of returns will be covered under this waiver.

**.04** Generally, only the payer may sign the 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 the 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 the Form 8508 must be provided to IRS for the request to be processed.

**.07** The waiver, if approved, will provide exemption from magnetic media filing 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/MCC at least 45 days before the due date of the returns.

**.10 File Form 8508 for the W-2 series of forms with IRS/MCC, not SSA.**

**.11** 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/MCC to respond to a waiver request.

**.12** If a waiver request is approved, the transmitter should keep the approval letter on file. **The transmitter should not send a copy of the approved waiver to the service center where the paper returns are filed.**

**.13 An approved waiver from filing information returns on magnetic media does not provide exemption from all filing.** The payer must timely file information returns on acceptable paper forms with the appropriate service center.

## Sec. 6. Vendor List

**.01** IRS/MCC prepares a list of vendors who support magnetic media or electronic filing. The Vendor List (Pub. 1582) contains the names of service bureaus that will produce files on the prescribed types of magnetic media or via electronic filing. It also contains the names of vendors who provide software packages for payers who wish to produce magnetic media or electronic files on their own computer systems. This list is compiled as a courtesy and in no way implies IRS/MCC approval or endorsement.

**.02 If filers meeting the filing requirements engage a service bureau to prepare media on their behalf, the filers should be careful not to report duplicate data, which may cause penalty notices to be generated.**

**.03** The Vendor List, Publication 1582, may be updated in print every other year. The most recently printed copy will be available by contacting IRS/MCC at (304) 263-8700 or by letter (see Part A, Sec. 3). The Vendor List is also available on the IRS's Internet Web Site **www.irs.gov**.

**.04** A vendor who offers a software package, has the ability to produce magnetic media for customers, or has the capability to electronically file information returns, and would like to be included on the list must submit a written request to IRS/MCC. The request should include:

- (a) Company name
- (b) Address (include city, state, and ZIP code)
- (c) Telephone number (include area code)
- (d) Contact person
- (e) Type(s) of service provided (e.g., service bureau and/or software)
- (f) Type(s) of media offered (e.g., magnetic tape, tape cartridge, 3 1/2-inch diskette, or electronic filing)
- (g) Type(s) of return(s)

## Sec. 7. Form 4419, Application for Filing Information Returns Magnetically/Electronically

**.01** Transmitters are required to submit Form 4419, Application for Filing Information Returns Magnetically/ Electronically, to request authorization to file information returns with IRS/MCC. A single Form 4419 should be filed no matter how many types of returns the transmitter will be submitting magnetically/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) is to be filed, the transmitter does not need to submit a new Form 4419.

### EXCEPTIONS

**An additional Form 4419 is required for filing each of the following types of returns:  
Forms 1042-S, 8027, and W-4**

| <b>FORM</b> | <b>TITLE</b>  | <b>EXPLANATION</b>   |
|-------------|---|--|
| 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 and compensation for personal services. |
| 8027        | Employer's Annual Information Return of Tip Income and Allocated Tips | Receipts from operations where tipping is customary. Used by the employers to report employees' tips or allocated tips.  |

## EXCEPTIONS (Continued)

|                   |   |   |
|-------------------|---|---|
| W-4<br>(See Note) | Employee's Withholding<br>Allowance Certificate | Forms received during the quarter from employees still employed at the end of the quarter who claim the following:<br>(a) More than 10 withholding allowances or<br>(b) Exempt status and wages normally would be more than \$200 a week. |
|-------------------|---|---|

☛ **Note: Employers are not required to send other Forms W-4 unless notified to do so by the IRS.**

**.02** Magnetic tape, tape cartridge, diskette, and electronically-filed returns may not be submitted to IRS/MCC until the application has been approved. Please read the instructions on the back of Form 4419 carefully. A 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's Internet Web Site at [www.irs.gov](http://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. If a transmitter uses more than one TCC to file, each TCC must be reported on separate media or in separate transmissions if filing electronically.

**.04** Annually, a Publication 1220 containing the current Revenue Procedure, forms, and instructions will be sent to the attention of the contact person indicated on Form 4419.

**.05** If **any** of the information (name, TIN or address) on the Form 4419 changes, please notify IRS/MCC in writing so the IRS/MCC database can be updated. However, a change in the method by which information returns are being submitted is not information which needs to be updated (e.g., tape to disk). The transmitter should include the TCC in all correspondence.

**.06** Form 4419 may be submitted anytime during the year; however, it **must** be submitted to IRS/MCC at least 30 days before the due date of the return(s) for current year processing. This will allow IRS/MCC the minimum amount of time necessary to process and respond to applications. In the event that computer equipment or software is not compatible with IRS/MCC, a waiver may be requested to file returns on paper documents.

**.07** IRS/MCC encourages transmitters who file for multiple payers to submit one application and to use the assigned TCC for all payers.

**.08** 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 on the media, and send it to IRS/MCC for the payer. Other service bureaus will prepare magnetic media and return the media to the payer for submission to IRS/MCC. These service bureaus may require the payer to obtain a TCC to be coded in the Transmitter "T" Record. Payers should contact their service bureaus for further information.

**.09** Once a transmitter is approved to file magnetically or electronically, it is not necessary to reapply each year **unless**:

(a) The payer has discontinued filing magnetically or electronically for two consecutive years; the payer's TCC may have been reassigned by IRS/MCC. Payers who are aware the TCC assigned will no longer be used are requested to notify IRS/MCC so these numbers may be reassigned; **or**

(b) The payer's magnetic media 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/MCC and wishes to prepare his or her own files. The payer must request a TCC by filing Form 4419.

**.10** One Form 4419 may be submitted regardless of how many types of media or methods are used to file the return. **Multiple TCCs will only be issued to payers with multiple TINs. Only one TCC will be issued per TIN unless the filer has checked the application for the following forms in addition to the Forms 1098, 1099, 5498 or W-2G: Forms 1042-S, 8027, and/or W-4. A separate TCC will be assigned for each of these forms.**

**.11** In accordance with Regulations section 1.60417(b), payments by separate departments of a health care carrier to providers of medical and health care services may be reported on separate returns on magnetic media. 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 on magnetic media should be submitted. One TCC may be used for all departments.

**.12** Approval to file does not imply endorsement by IRS/MCC of any computer software or of the quality of tax preparation services provided by a service bureau or software vendor.



## Sec. 8. Test Files

**.01** IRS/MCC does not require test files, **except** for filers wishing to participate in the Combined Federal/State Filing Program. See Part A, Sec. 16, for further information concerning the Combined Federal/State Filing Program.

**.02** IRS/MCC encourages first-time magnetic media or electronic filers to submit a test. The test file must consist of a sample of each type of record:

- (a) Transmitter "T" Record (all fields marked required must include transmitter information)
  - (b) Payer "A" Record (must not be fictitious data)
  - (c) Multiple Payee "B" Records (**at least 11 "B" Records per each "A" Record**)
  - (d) End of Payer "C" Record
  - (e) State Totals "K" Record, if participating in the Combined Federal/State Filing Program
  - (f) End of Transmission "F" Record
- (See Part B for record formats.)

**.03** Use the Test Indicator "T" in Field Position 28 of the "T" Record to show this is a test file.

**.04** IRS/MCC will check the file to ensure it meets the specifications of this Revenue Procedure. For current filers, sending a test file will provide the opportunity to ensure their software reflects any programming changes.

**.05** Tests should be sent to IRS/MCC between November 1 and December 15. **Tests submitted on magnetic media must be received at MCC by December 15 in order to be processed.** Magnetic media filers may begin submitting test tapes and diskettes after October 1; however, the data will not be processed until on or after November 1.

**Only tests submitted electronically may be submitted and resubmitted through February 15, 2001.**

**.06** For tests filed electronically, the transmitter must send the signed Form 4804, Transmittal of Information Returns Reported Magnetically/Electronically, the same day the transmission is made. Electronic tests may be submitted November 1, 2000, through *February 15, 2001*. For tests filed on magnetic tape, tape cartridge, 8mm, 4mm, and quarter inch cartridge, and 3 1/4-inch diskette, the transmitter must include the signed Form 4804 in the same package with the corresponding magnetic media. Mark the "TEST" box in Block 1 on the form. Also, mark "TEST" on the external media label.

**.07** IRS/MCC will send a letter of acknowledgment to indicate the test results for magnetic media only. Unacceptable magnetic media files, along with documentation identifying the errors, will be returned. Resubmission of magnetic media test files must be received by IRS/MCC no later than December 15. See Part C, Sec. 5.03 for information on electronic test results.

**.08** Successfully processed media will not be returned to filers.

## Sec. 9. Filing of Information Returns Magnetically/Electronically and Retention Requirements

**.01** Form 4804, Transmittal of Information Returns Reported Magnetically/Electronically, Form 4802, Transmittal of Information Returns Reported Magnetically/Electronically (Continuation), or a computer-generated substitute, must accompany all magnetic media shipments. For electronic transmissions, the Form 4804 and Form 4802, if applicable, must be postmarked by the due date of the return. Form 4802, is a continuation of Form 4804 and should only be used if the filer is reporting more than five types of returns and/or more than five payers. Form 4802 is not a stand-alone form; it can only accompany Form 4804.

**.02** IRS/MCC allows for the use of computer-generated substitutes for Form 4804/4802. The substitutes must contain all information requested on the original forms including the affidavit and signature line. Photocopies are acceptable but an original signature is required. **When using computer-generated forms, be sure to mark very clearly which tax year is being reported. This will eliminate a phone communication from IRS/MCC to question the tax year.**

**.03** A transmitter may report for any combination of payers and/or documents in a submission. Each file must begin with a "T" Record and end with an "F" record for the end of a transmission. For example, if reporting Forms 1099-INT for Bank A, Forms 1099-DIV for Bank B, and Forms 1098 for Bank C, three separate tapes or diskettes need not be created. All three banks and all types of documents can be coded within a single file on one tape or diskette as long as each bank or type of return has a separate "A" Record. Multiple tapes or diskettes can be sent in one package. For each separate type of media, the first record on the file must be the Transmitter "T" Record. **A Form 4804, Transmittal of Information Returns Reported Magnetically/Electronically, must be submitted for every Transmitter "T" Record. Filers must include Form 4804, 4802, or computer-generated substitute with their shipment.**

**.04** Multiple types of media may be submitted in a shipment. However, submit a separate Form 4804 for each type of media.

**.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/MCC no earlier than January 1 of the year the return is due.

**.07 Do not report duplicate information. If a filer submits returns magnetically/electronically, identical paper documents must not be filed. This may result in erroneous penalty notices.**

**.08** 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 being returned unprocessed.** An agent may sign the 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)."

**.09** Although an authorized agent may sign the affidavit, the payer is responsible for the accuracy of the Form 4804 and the returns filed. The payer will be liable for penalties for failure to comply with filing requirements.

**.10 A self-adhesive external media label, created by the filer, must be affixed to each piece of magnetic media. (IRS no longer provides self-adhesive labels for this purpose.)** For instructions on how to prepare an external media label, refer to Notice 210 in the forms section of this publication. If diskettes are used, be certain that only MS-DOS compatible operating systems were used to prepare the diskettes. **Non-MS-DOS diskettes are no longer acceptable at IRS/MCC.**

**.11** On the outside of the shipping container, affix or attach a label which reads “**IRB Box \_\_\_of\_\_\_**” reflecting the number of containers in the shipment. (Filers can create a label with this information or cut out one of the labels on the special label page provided in this publication.) If there is only one container, mark the outside as Box 1 of 1. For multiple containers, include the sequence (for example, Box 1 of 3, 2 of 3, 3 of 3).

**.12** When submitting files include the following:

- (a) A **signed** Form 4804;
- (b) Form 4802, if applicable;
- (c) External media label (created by filer) affixed to magnetic media;
- (d) IRB Box \_\_\_\_\_ of \_\_\_\_\_ outside label.

☛ **Note: See Part C for Electronic Filing Specifications.**

**.13 Do not use special shipping containers for mailing media to IRS/MCC. Shipping containers will not be returned.**

**.14** If returns from different locations (using the same name and TIN) are submitted on the same file, IRS encourages the filer to consolidate each type of information return under one “A” Record. For example, all “B” Records for the same type of return should be together under one “A” Record and followed by the End of Payer “C” Record.

**.15** IRS/MCC 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.

**.16** 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, with the exception of Form 1099-C. 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. Whenever backup withholding is imposed, a 4-year retention is required.

## Sec. 10. Due Dates

**.01** The due dates for filing paper returns with IRS also apply to magnetic media. Filing of information returns is on a calendar-year basis, except for Forms 5498 and 5498-MSA, 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 2000:

### Due Dates

| Electronic Filing (See Note)                            | Magnetic Filing                   |
|---|-----------------------------------|
| Forms 1098, 1099, and W-2G                              | Forms 1098, 1099, and W-2G        |
| Recipient Copy - January 31, 2001                       | Recipient Copy - January 31, 2001 |
| IRS Copy ----- April 2, 2001*                           | IRS Copy ----- February 28, 2001  |
| *Normal due date of March 31, 2001 falls on a Saturday. |                                   |

☛ **Note:** Electronically filed Forms 1099, 1098, or W-2G are due to the IRS by April 2, 2001. The due date for magnetically filed Forms 1099, 1098, and W-2G remains unchanged (February 28, 2001).

Legislation amended Internal Revenue Code section 6071(b), which eliminates the necessity for electronic filers of Forms 1099, 1098, and W-2G to request an extension of the filing date from February 28 to March 31, effective for returns required to be filed after December 31, 1999.

**Electronic/Magnetic Filing**  
Forms 5498 and 5498-MSA  
Participant Copy - May 31, 2001\*  
IRS Copy ————— May 31, 2001

\* Participants' copy of Form 5498 for education IRA and all other  
Forms 5498 to furnish fair market value information -  
January 31, 2001

**.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** Information returns filed magnetically for Forms 1098, 1099, and W-2G must be submitted to IRS/MCC postmarked on or before *February 28, 2001*.

**.04** Electronically filed information returns for Forms 1098, 1099 and W-2G must be submitted to IRS/MCC no later than *April 2, 2001*, and will be considered timely filed if submitted by that date. Electronically filed information returns submitted after *April 2, 2000*, will be considered late unless an extension has been applied for and approved.

**.05** Magnetic media returns postmarked by the United States Postal Service (USPS) on or before February 28, 2001, and delivered by United States mail to the IRS/MCC after the due date, are treated as timely under the "timely mailing as timely filing" rule. A similar rule applies to items delivered by private delivery services (PDSs) designated by the IRS. A PDS must be designated by the IRS before it will qualify for the timely mailing rule. (See **Note**.) Notice 99-41, 1999-35 I.R.B. 1999 325, provides the list of designated PDSs. Designation is effective until the IRS issues a revised list. 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 PDS, the actual date of receipt by IRS/MCC will be used as the filing date. For items delivered by a designated PDS, but through a type of service not designated in Notice 99-41, the actual date of receipt by IRS/MCC 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 MCC, the Internal Revenue police officers will not accept media from PDSs or couriers from 3:00 p.m. to 11:00 p.m., seven days a week, and 11:00 p.m. to 7:00 a.m., Saturday and Sunday.

**.06** Statements to recipients must be furnished on or before *January 31, 2001*, for TY 2000. Form 5498 statements to the participants must be furnished on or before *January 31, 2001*, for TY 2000 for the fair market value of the account and for contributions to an education IRA and by *May 31, 2001*, for TY 2000 for contributions made to all other types of IRAs for the prior calendar year.

**.07** Forms 5498 and 5498-MSA filed magnetically or electronically must be filed with IRS/MCC on or before *May 31, 2001*, for TY 2000.

**.08** Use this Revenue Procedure to prepare information returns filed magnetically or electronically beginning *January 1, 2001*, and received by IRS/MCC no later than *December 15, 2001*.

## **Sec. 11. Extensions of Time**

**.01** An extension of time to file may be requested for Forms 1099, 1098, 5498, 5498-MSA, W-2G, W-2 series 8027 and 1042-S.

**.02** Form 8809, Request for Extension of Time To File Information Returns, should be submitted to IRS/MCC at the address listed in .06 of this section. This form may be used to request an extension of time to file information returns submitted on paper, magnetically or electronically.

**.03** Requesting an extension of time for multiple payers (50 or less) may be done by submitting Form 8809 and attaching a list of the payer names and associated TINs (EIN or SSN). **The listing must be attached to ensure an extension is recorded for all payers.** Form 8809 may be computer-generated or photocopied. Be sure that all the pertinent information is included. For Forms 1098, 1099 and W-2G that will be filed electronically, Form 8809 must be submitted on or before *April 2, 2001*.

**.04** Requests for an extension of time to file for more than 50 payers are required to be submitted magnetically or electronically. Requests for an extension of time for 10 to 50 payers are encouraged to be filed magnetically or electronically. (See Part D, Sec. 3, for the record format.) The request may be filed on tape, tape cartridge, 3 1/2-inch diskette, or electronically.

**.05** If a filer does not have an IRS/MCC assigned Transmitter Control Code (TCC), a Form 4419, Application for Filing Information Returns Magnetically/Electronically, **must** be submitted to obtain a TCC. This number must be used to submit an extension request magnetically/electronically.

**.06 All requests for an extension of time filed on Form 8809 or filed magnetically on tape, tape cartridge, or 3 1/2 inch diskette should be sent using the following address:**

If by Postal Service, truck or air freight:



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

**.07** Requests for extensions of time for multiple payers will be responded to with one approval letter, accompanied by a list of payers covered under that approval.

**.08 As soon as it is apparent** that a 30-day extension of time to file is needed, Form 8809 may be submitted. It will take a minimum of 30 days for IRS/MCC to respond to an extension request. Under certain circumstances, a request for an extension of time could be denied. When a denial letter is received, any additional or necessary information may be resubmitted within 20 days.

**.09** Form 8809 must be postmarked no later than the due date of the return for which an extension is requested. If requesting an extension of time to file several types of forms, use one Form 8809; however, the Form 8809 must be postmarked 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 postmarked on or before February 28, 2001. (See **Note**.) Complete more than one Form 8809 to avoid this problem.

**Note:** For Tax Year 2000, if you will be filing Forms 1098, 1099, or W-2G electronically, the Form 8809 is not required unless an extension is needed beyond April 2, 2001.

**.10** If an additional extension of time is needed, a second Form 8809 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 MCC's response to your second extension request.**

**.11** If an extension request is approved, the approval letter should be kept on file. The approval letter or copy of the approval letter for an extension of time should **not** be sent to IRS/MCC with the magnetic media file or to the service center where the paper returns are filed.

**.12** Request an extension for only one tax year.

**.13** The extension request must be signed by the payer or a person who is duly authorized to sign a return, statement or other document for the payer.

**.14** Failure to properly complete and sign the Form 8809 may cause delays in processing the request or result in a denial. Carefully read and follow the instructions on the back of the Form 8809.

**.15** Form 8809 may be obtained by calling **1-800-TAX-FORM (1-800-829-3676)**. The form is also available on the **IRS's Internet Web Site at [www.irs.gov](http://www.irs.gov)**. A copy of the Form 8809 is also provided in the back of Publication 1220.

**.16 Request an extension of time to furnish the statements to recipients of Forms 1098, 1099, 5498, W-2G, W-2 series, and 1042-S by submitting a letter to IRS/MCC at the address listed in .06 of this section. 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 person duly authorized.

Requests for an extension of time to furnish the statements to recipients for Forms 1098, 1099, 5498, 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 to furnish the statements to the recipients. The request must be postmarked by the date on which the statements are due to the recipients.

## **Sec. 12. Processing of Information Returns Magnetically/Electronically**

**.01** All data received at IRS/MCC for processing will be given the same protection as individual income tax returns (Form 1040). IRS/MCC will process the data and determine if the records are formatted and coded according to this Revenue Procedure.

**.02** If the data is formatted incorrectly, the magnetic media will be returned for replacement accompanied by a Media Tracking Slip (Form 9267). When media is returned, it is because IRS/MCC encountered errors (not limited to format) and was unable to process the media, therefore, requiring a replacement. Open all packages immediately. **Beginning in calendar year 2002 for Tax Year 2001, IRS/MCC will no longer return problem media in need of replacement. See Part A, Sec. 2.03(a) for details.**

**.03** Magnetic media files must be corrected and returned with the Media Tracking Slip (Form 9267) to IRS/MCC within 45 days from the date of the letter IRS/MCC included with the returned files. Refer to Part C, Sec. 6, for procedures for correcting files submitted electronically. A penalty for failure to file correct information returns by the due date will be assessed if the files are not corrected and returned within the 45 days **or if the incorrect files are returned by IRS/MCC for replacement more than two times.** A penalty for intentional disregard of filing requirements will be assessed if a replacement file is not received. (For penalty infor-

mation, refer to the Penalty section of the 2000 “General Instructions for Forms 1099, 1098, 5498, and W-2G.”)

.04 Sample records identifying errors encountered will be provided with the returned media. It is the responsibility of the transmitter to check the entire file for similar errors.

.05 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/MCC, but contained erroneous information.

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

- A **replacement** is an information return file that IRS/MCC has returned to the transmitter due to errors encountered during processing. After necessary changes have been made, the file must be returned for processing along with the Media Tracking Slip (Form 9267) which was included in the shipment from IRS/MCC. (See **Note 1**).

☛**Note 1:** Filers should never send anything to IRS/MCC marked “Replacement” unless IRS/MCC returned media to them.

☛**Note 2:** Beginning in calendar year 2002 for Tax Year 2001, IRS/MCC will no longer return problem media in need of replacement. Filers will continue to receive a tracking slip, listing and letter detailing the reason(s) their media could not be processed. Filers will be expected to send in replacement media within the prescribed time frame. This makes it **imperative** that filers maintain backup copies and/or recreate capabilities for their information return files.

.06 IRS/MCC will not return media after successful processing. Therefore, if the transmitter wants proof that IRS/MCC received a shipment, the transmitter should select a service with tracking capabilities or one that will provide proof of delivery. Do not use special shipping containers for transmitting data to IRS/MCC. Shipping containers will not be returned.

.07 IRS/MCC will work with filers as much as possible to assist with processing problems. **If the filer is contacted by IRS/MCC, a prompt response is important. IRS/MCC may have information that the filer needs to correct his or her file.**

.08 IRS/MCC contacts payers who have submitted payee data with missing TINs in an attempt to prevent errors that could result in penalties. Payers who submit data with missing TINs and have taken the required steps to obtain this information are encouraged to attach a letter of explanation to the required Form 4804. This will prevent unnecessary contact from IRS/MCC. This letter, however, will not prevent backup withholding notices (CP2100 or CP2100A Notices) or penalties for missing or incorrect TINs.

### Sec. 13. Corrected Returns

.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 magnetically or electronically because they meet the 250 threshold.        |
| M | If for some reason a payer cannot file the 300 corrections on magnetic           |
| P | media, 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 Penalty section of the 2000 “General Instructions for Forms 1099, 1098, 5498, and W-2G.”) However, if payers discover errors after August 1, they are still required to file corrections so they will not be subject to a penalty for intentional disregard of the filing requirements. Failure to correct information returns may result in penalties for failure to provide correct information. **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.

.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 Corrected returns may be included on the same medium as original returns; however, separate “A” Records are required. Corrected returns must be identified on the 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.**

.05 If a payer discovers errors for prior years that affect a large number of payees, in addition to sending IRS the corrected returns and notifying the payees, a letter containing the following information should be sent to IRS/MCC:

- (a) Name and address of payer
- (b) Type of error (please explain clearly)
- (c) Tax year

- (d) Payer TIN
- (e) TCC
- (f) Type of return
- (g) Number of payees

This information will be forwarded to the appropriate office in an attempt to prevent erroneous notices from being sent to the payees. The correction must be submitted on an actual information return document or filed magnetically/electronically. Provide the correct tax year in Block 2 of the Form 4804 and on the external media label.

**.06** Prior year data, original and corrected, **must** be filed according to the requirements of this Revenue Procedure. If submitting prior year corrections, use the record format for the current year and submit on separate media. However, use the actual year designation of the correction in Field Positions 2-5 of the “T”, “A”, and “B” Records. If filing electronically, a separate transmission must be made for each tax year.

**.07** 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].

**.08** All paper returns, whether original or corrected, must be filed with the appropriate service center.

**.09** Form 4804 and Form 4802 (if applicable), must be submitted with corrected files submitted magnetically or electronically.

**.10** The “B” Record provides a 20-position field for the Payer’s Account Number for the Payee. 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.

**.11** The record sequence for filing corrections is the same as for original returns.

**.12** Review the chart that follows. Errors normally fall under one of the two categories listed. Next to each type of error made is a list of instructions on how to file the corrected return.

### Guidelines for Filing Corrected Returns Magnetically/Electronically

| Error Made on the Original Return   | How To File the Corrected Return   |
|---|--|
| <b>Two (2) separate transactions are required to make the following corrections properly. Follow the directions for both Transactions 1 and 2. (See Note 1.)</b>  |  |
| <p><b>1.</b> Original return was filed with one or more of the following errors:</p> <ul style="list-style-type: none"> <li>(a) No payee TIN (SSN, ITIN, ATIN or EIN)</li> <li>(b) Incorrect payee TIN</li> <li>(c) Incorrect payee name</li> <li>(d) Wrong type of return indicator</li> </ul> | <p><b>Transaction 1:</b> Identify incorrect returns</p> <ul style="list-style-type: none"> <li><b>A.</b> Prepare a new Form 4804/4802 that includes information related to this new file.</li> <li><b>B.</b> Mark “Correction” in Block 1 of Form 4804.</li> <li><b>C.</b> Prepare a new file. The first record on the file will be the Transmitter “T” Record.</li> <li><b>D.</b> Make a separate “A” Record for each type of return and each payer being reported. The information in the “A” Record will be <b>exactly</b> the same as it was in the original submission with one exception; the Correction File Indicator (Field Position 50) will be set to “1” .</li> <li><b>E.</b> The Payee “B” Records must contain <b>exactly the same</b> information as submitted previously, except, insert a Corrected Return Indicator Code of “G” in Field Position 6 of the “B” Records, and for all payment amounts, enter “0” (zeros).</li> <li><b>F.</b> Corrected returns submitted to IRS/MCC using “G” coded “B” Records may be on the same file as those returns submitted with a “C” code; <b>however, separate “A” Records are required.</b></li> <li><b>G.</b> Prepare a separate “C” Record for each type of return and each payer being reported.</li> <li><b>H.</b> Continue with Transaction 2 to complete the correction.</li> </ul> <p><b>Transaction 2:</b> Report the correct information</p> |

## Guidelines for Filing Corrected Returns Magnetically/Electronically (continued)

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### Error Made on the Original Return

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### How To File the Corrected Return

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- A. Make a separate “A” Record for each type of return and each payer being reported. The Correction File Indicator (Field Position 50), must be set to “1” (one).
- 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/MCC 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 1: Payers who can show they have reasonable cause (defined in the regulations under section 6724 of the Internal Revenue Code) are not required to make corrections for returns filed with a missing or incorrect name and/or TIN. These payers should change their records in order to submit correct information in the future. Payers who cannot show reasonable cause are encouraged to make corrections for the current processing year by August 1 to reduce applicable penalties. Corrections filed by August 1 will reduce the \$50 per return penalty for filing returns with missing or incorrect information to \$30. The penalty is further reduced to \$15 per return if the corrections are filed within 30 days of the due date. (For penalty information, refer to the Penalty section of the 2000 “General Instructions for Forms 1099, 1098, 5498, and W-2G.”) Corrections filed after August 1 will not reduce the penalty but will allow IRS to update the payee’s records. The regulations for section 6724 are available in Publication 1586, Reasonable Cause Regulations and Requirements for Missing and Incorrect Name/TINs. The publication may be obtained by calling 1-800-TAX-FORM (1-800-829-3676) or from IRS’s Internet Web Site at [www.irs.gov](http://www.irs.gov).**

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**One transaction is required to make the following corrections properly (See Note 2).**

2. Original return was filed 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 the Payee “B” Record
- (d) Incorrect payee address
- (e) Incorrect Direct Sales Indicator

- A. Prepare a new Form 4804/4802 that includes with 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. Information in the “A” Record may be the same as it was in the original submission. However, the Correction File Indicator (Field Position 50) must be set to “1” (one).
- 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 submitted to IRS/MCC 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.

☛ **Note 2: If a filer is correcting the name and/or TIN in addition to any errors listed in item 2 of the chart, two transactions will be required. If a filer is reporting “G” coded, “C” coded, and/or “Non-coded” (original) returns on the same media, each category must be reported under separate “A” Records.**

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## Sec. 14. Taxpayer Identification Number (TIN)

**.01** Section 6109 of the Internal Revenue Code requires a person to furnish his/her TIN to the person obligated to file the information return.

**.02** The payees' TIN and name combination are used to associate information returns reported to IRS/MCC with corresponding information on payees' tax returns. It is imperative that **correct** Taxpayer Identification Numbers (TINs) for payees be provided to IRS/MCC. **Do not enter hyphens or alpha characters.** Entering all zeros, ones, twos, etc., will have the effect of an incorrect TIN.

**.03** The payer and payee names with associated TINs should be consistent with the names and TINs used on other tax returns.

Also, the name and TIN provided must belong to the owner of the account. If the account is recorded in more than one name, furnish the name and TIN of one of the owners of the account. The TIN provided **must** be associated with the name of the payee provided in the first name line of the "B" Record. For individuals, the payee TIN is generally the payee's Social Security Number (SSN). For other entities, the payee TIN is the payee's Employer Identification Number (EIN). The payee TIN may also refer to an Individual Taxpayer Identification Number (ITIN) or Adoption Taxpayer Identification Number (ATIN). For sole proprietors, the payee TIN may be either an SSN or EIN but **the sole proprietor's name** (not the business name) **must be used on the first name line and the SSN is preferred.**

**.04** Failure to provide the correct name and corresponding TIN could result in a penalty and/or backup withholding notice (sometimes referred to as a "B" Notice).

**.05** The following charts will help payers determine the TIN to be furnished to IRS/MCC for those persons for whom they are reporting information (payees).

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**Chart 1. Guidelines for Social Security Numbers**

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| For this type of account—   | In the Taxpayer Identification Number Field of the Payee "B" Record, enter the SSN of—     | In the First Payee Name Line of the Payee "B" Record, enter the name of—                          |
|---|--|---|
| 1. Individual   | The individual   | The individual  |
| 2. Joint account (Two or more individuals, including husband and wife)          | The actual owner of the account or, if combined funds, the first individual on the account | The individual whose SSN is entered   |
| 3. Custodian account of a minor (Uniform Gift, or Transfers, to Minors Act)     | The minor  | The minor   |
| 4. The usual revocable savings trust account (grantor is also trustee)          | The grantor-trustee  | The grantor-trustee   |
| 5. A so-called trust account that is not a legal or valid trust under state law | The actual owner   | The actual owner  |
| 6. Sole proprietorship  | The owner (An SSN or EIN)  | The owner, not the business name (The filer may enter the business name on the second name line.) |

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## Chart 2. Guidelines for Employer Identification Numbers

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| For this type of account-   | In the Taxpayer Identification Number Field of the Payee "B" Record, enter the EIN of- | In the First Payee Name Line of the Payee "B" Record, enter the name of-                          |
|---|--|---|
| <b>1.</b> A valid trust, estate, or pension trust   | The legal entity <sup>1</sup>  | The legal trust, estate, or pension trust   |
| <b>2.</b> Corporate   | The corporation  | The corporation   |
| <b>3.</b> Association, club, religious, charitable, educational, or other tax-exempt organization   | The organization   | The organization  |
| <b>4.</b> Partnership account held in the name of the business  | The partnership  | The partnership   |
| <b>5.</b> A broker or registered nominee/middleman  | The broker or nominee/middleman  | The broker or nominee/middleman   |
| <b>6.</b> Account with Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity  | The public entity   |
| <b>7.</b> Sole proprietorship   | The business<br>(An EIN or SSN)  | The owner, not the business name (The filer may enter the business name on the second name line.) |

<sup>1</sup> Do not furnish the identification number of the personal representative or trustee unless the name of the representative or trustee is used in the account title.

### Sec. 15. Effect on Paper Returns and Statements to Recipients

**.01** Magnetic/electronic 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/MCC for any forms filed on magnetic media or electronically.** 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 2000 "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, "Rules and Specifications for Private Printing of Substitute Forms 1096, 1098, 1099, 5498, and W-2G."

### Sec. 16. Combined Federal/State Filing Program

**.01** The Combined Federal/State Filing (CF/SF) Program was established to simplify information returns filing for the taxpayer. IRS/MCC will forward this information to participating states free of charge for approved filers. Separate reporting to those states is not necessary. 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 and Qualified State Tuition Program 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  |

The following information returns **may not** be filed under this program:

|                    |   |
|--------------------|---|
| Form 1098-----     | Mortgage Interest Statement                           |
| Form 1098-E-----   | Student Loan Interest Statement                       |
| Form 1098-T-----   | Tuition Payments Statement                            |
| Form 1099-A-----   | Acquisition or Abandonment of Secured Property        |
| Form 1099-B-----   | Proceeds From Broker and Barter Exchange Transactions |
| Form 1099-C-----   | Cancellation of Debt                                  |
| Form 1099-LTC----- | Long-Term Care and Accelerated Death Benefits         |
| Form 1099-MSA----- | Distributions From an MSA or Medicare+Choice MSA      |
| Form 1099-S-----   | Proceeds From Real Estate Transactions                |
| Form 5498-MSA----- | MSA or Medicare+Choice MSA Information                |
| Form W-2G-----     | Certain Gambling Winnings                             |

**.02** To request approval to participate, a magnetic media test file coded for this program **must** be submitted to IRS/MCC between November 1, 2000, and December 15, 2000. Electronic test files coded for this program must be submitted between November 1, 2000, and *February 15, 2001*.

**.03** Attach a letter to the Form 4804 submitted with the test file to indicate a desire to participate in the Combined Federal/State Filing Program.

**.04** A test file is only required for the first year. Each record, both in the test and the actual data file, must conform to this Revenue Procedure.

**.05** If the test file is acceptable, IRS/MCC will send the filer an approval letter, and a Form 6847, Consent for Internal Revenue Service to Release Tax Information, which the payer **must** complete, sign, and return to IRS/MCC before any tax information can be released to the state. Filers must write their TCC on Form 6847.

**.06** If the test file is not acceptable, IRS/MCC will return the media with a letter indicating the problems. The new test file must be returned to IRS/MCC no later than December 15 or February 15 for 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 computer-generated as long as it includes all information that is on the original form or it may be photocopied. If the 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** Some participating states require separate notification that the payer is filing in this manner. Since IRS/MCC acts as a forwarding agent only, **it is the payer's responsibility to contact the appropriate states for further information.**

**.10** All corrections properly coded for the Combined Federal/State Filing Program will be forwarded to the participating states.

**.11** 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.**

**.12** To simplify filing, some of the participating states have provided their information return reporting requirements (see Table 2). **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 the criteria provided in this table.**

**.13** Upon submission of the actual files, the transmitter must be sure of the following:

- (a) All records should be coded exactly as required by this Revenue Procedure.
- (b) The "C" Record **must be** followed by a State Totals "K" Record for each state being reported.
- (c) Payment amount totals and the valid participating state code must be included in the State Totals "K" Record.
- (d) The last "K" Record **must be** 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   | Idaho         | 16   | Missouri       | 29   |
| Arizona              | 04   | Indiana       | 18   | Montana        | 30   |
| Arkansas             | 05   | Iowa          | 19   | New Jersey     | 34   |
| California           | 06   | Kansas        | 20   | New Mexico     | 35   |
| Delaware             | 10   | Maine         | 23   | North Dakota   | 38   |
| District of Columbia | 11   | Massachusetts | 25   | South Carolina | 45   |
| Georgia              | 13   | Minnesota     | 27   | Tennessee      | 47   |
| Hawaii               | 15   | Mississippi   | 28   | Wisconsin      | 55   |

**Table 2. Dollar Criteria for State Reporting**

| STATE                             | 1099-DIV | 1099-G       | 1099-INT | 1099-MISC         | 1099-OID | 1099-PATR | 1099-R       | 5498         |
|-----------------------------------|----------|--------------|----------|-------------------|----------|-----------|--------------|--------------|
| Alabama                           | \$1500   | \$ NR        | \$1500   | \$1500            | \$1500   | \$1500    | \$1500       | NR           |
| Arkansas                          | 100      | 2500         | 100      | 2500              | 2500     | 2500      | 2500         | <sup>a</sup> |
| District of Columbia <sup>b</sup> | 600      | 600          | 600      | 600               | 600      | 600       | 600          | NR           |
| Hawaii                            | 10       | <sup>a</sup> | 10       | 600               | 10       | 10        | 600          | <sup>a</sup> |
| Idaho                             | NR       | NR           | NR       | 600               | NR       | NR        | <sup>a</sup> | <sup>a</sup> |
| Iowa                              | 10       | 10           | 10       | 600               | 10       | 10        | 10           | <sup>a</sup> |
| Minnesota                         | 10       | 10           | 10       | 600               | 10       | 10        | 600          | <sup>a</sup> |
| Mississippi                       | 600      | 600          | 600      | 600               | 600      | 600       | 600          | NR           |
| Missouri                          | NR       | NR           | NR       | 1200 <sup>c</sup> | NR       | NR        | NR           | NR           |
| Montana                           | 10       | 10           | 10       | 600               | 10       | 10        | 600          | <sup>a</sup> |
| New Jersey                        | 1000     | 1000         | 1000     | 1000              | 1000     | 1000      | 1000         | NR           |
| Tennessee                         | 100      | NR           | 100      | NR                | NR       | NR        | NR           | NR           |
| Wisconsin                         | NR       | NR           | NR       | 600               | NR       | NR        | 600          | NR           |

The preceding list is for information purposes only. The state filing requirements are subject to change by the states. For complete information on state filing requirements, contact the appropriate state tax agencies.

Filing requirements for states in TABLE 1 not shown in TABLE 2 are the same as the federal requirement.

NR = No filing requirement.

Footnotes:

<sup>a</sup> All amounts are to be reported.

<sup>b</sup> Amounts are for aggregates of several types of income from the same payer.

<sup>c</sup> Missouri would prefer those returns filed with respect to nonMissouri residents to be sent directly to its state agency.

## Sec. 17. Definition of Terms

| Element                | Description   |
|------------------------|---|
| Asynchronous Protocols | This type of data transmission is most often used by microcomputers, PCs and some minicomputers. Asynchronous transmissions transfer data at arbitrary time intervals using the start-stop method. Each character transmitted has its own start bit and stop bit.                                     |
| ATIN                   | A temporary taxpayer identification number assigned to a child who has been placed by an authorized placement agency in the household of a prospective adoptive parent prior to adoption. When the adoption becomes final, the adoptive parent must apply for a social security number for the child. |
| <sup>b</sup>           | Denotes a blank position. Enter blank(s) when this symbol is used (do not enter the letter "b"). This appears in numerous areas throughout the record descriptions.   |
| Correction             | A correction is an information return submitted by the transmitter to correct an information return that was previously submitted to and processed by IRS/MCC, but contained erroneous information.   |

**Note:** A correction should not be confused with a replacement. Only media returned to the filer by IRS/MCC due to processing problems should be marked replacement.

| <b>Element</b>   | <b>Description</b>  |
|--|---|
| CUSIP Number   | A number developed by the Committee on Uniform Security Identification Procedures to serve as a common denominator in communications among users for security transactions and security information.  |
| Employer Identification Number (EIN)                     | A nine-digit number assigned by IRS for Federal tax reporting purposes.   |
| Electronic Filing  | Submission of information returns using switched telecommunications network circuits. These transmissions use modems, dial-up phone lines, and asynchronous protocols. See Parts A and C of this publication for specific information on electronic filing.   |
| File   | For purposes of this Revenue Procedure, a file consists of one Transmitter "T" Record at the beginning of the file, followed by a Payer "A" Record, Payee "B" Records, and an End of Payer "C" Record after each set of "B" Records. The last record on the file will be the End of Transmission "F" Record. Nothing should be reported after the End of Transmission "F" Record. <i>A file format diagram is located at the end of Part E, Miscellaneous Information just before the mail labels.</i>  |
| Filer  | Person (may be payer and/or transmitter) submitting information returns to IRS.   |
| Filing Year  | The actual year in which the information returns are being submitted to IRS.  |
| Golden Parachute Payment                                 | A payment made by a corporation to a certain officer, shareholder, or highly compensated individual when a change in the ownership or control of the corporation occurs or when a change in the ownership of a substantial part of the corporate assets occurs.   |
| Incorrect Taxpayer Identification Number (Incorrect TIN) | A TIN may be incorrect for several reasons: <ul style="list-style-type: none"> <li>(a) The payee provided a wrong number or name (e.g., the payee is listed as the only owner of an account but provided someone else's TIN).</li> <li>(b) A processing error (e.g., the number or name was typed incorrectly).</li> <li>(c) The payee's status changed (e.g., a payee name change was not reported to the IRS or SSA).</li> </ul>  |
| Individual Taxpayer Identification Number (ITIN)         | A nine-digit number issued by IRS to individuals who are required to have a U.S. taxpayer identification number but are not eligible to obtain a social security number (SSN).  |
| Information Return                                       | The vehicle for submitting required information about another person to IRS. Information returns are filed by financial institutions and by others who make certain types of payments as part of their trade or business. The information required to be reported on an information return includes interest, dividends, pensions, nonemployee compensation for personal services, stock transactions, sales of real estate, mortgage interest, and other types of information. For this Revenue Procedure, an information return is a Form 1098, 1098-E, 1098-T, 1099-A, 1099-B, 1099-C, 1099-DIV, 1099-G, 1099-INT, 1099-LTC, 1099-MISC, 1099-MSA, 1099-OID, 1099-PATR, 1099-R, 1099-S, 5498, 5498-MSA or W-2G. |
| ISDN - Integrated Services Digital Network               | ISDN's basic service is Basic Rate Interface (BRI) which is made up of two 64Kbps B channels and one 16Kbps D Channel. If both channels are combined into one, called bonding, the total data rate becomes 128KPBS and is 4 1/2 times the bandwidth of a 28.8 modem.  |
| Magnetic Media   | For this Revenue Procedure, the term "magnetic media" refers to 1/2-inch magnetic tape; IBM 3480/3490/3490E or AS400 compatible tape cartridge; 8mm, 4mm, and QIC (Quarter Inch Cartridge) cartridge or 3 1/2-inch diskette.  |
| Media Tracking Slip (Form 9267)                          | Form 9267 accompanies media that IRS/MCC has returned to the filer for replacement due to incorrect format or errors encountered when trying to process the media. <b>This must be returned with the replacement file.</b>  |

| Element   | Description   |
|---|---|
| Missing Taxpayer Identification Number  | The payee TIN on an information return is missing if: <ul style="list-style-type: none"> <li>(a) there is no entry in the TIN field, (Missing TIN)</li> <li>(b) includes one or more alpha characters (a character or symbol other than an Arabic number) as one of the nine digits, OR</li> <li>(c) payee TIN has less than nine digits.</li> </ul>  |
| PS 58 Costs   | The current cost of life insurance under a qualified plan taxable under section 72(m) and Regulations section 1.72-16(b). (See Part B, Sec.10(14) Payee "B" Record, Distribution Code, Category of Distribution, Code 9.)   |
| Payee   | Person or organization receiving payments from the payer, or for whom an information return must be filed. The payee also includes a student (Form 1098-T), borrower (Forms 1098, 1098-E, and 1099-A), a debtor (Form 1099-C), a policyholder or insured (Form 1099-LTC), any IRA plan participant (Form 5498) or MSA or Medicare+Choice MSA participant (Form 5498-MSA), and a gambling winner (Form W-2G). For Form 1099-S, the payee is the seller or other transferor.                                      |
| Payer   | Includes 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 reason to know that the property has been abandoned. The payer will be held responsible for the completeness, accuracy, and timely submission of magnetic/electronic files. |
| <p>☞<b>Note:</b> For Form 1098-T, the eligible educational institution that received qualified tuition and related expenses is considered the payer.</p>  |   |
| Replacement   | A replacement is an information return file that IRS/MCC has returned to the transmitter due to errors encountered during processing.   |
| <p>☞<b>Note 1:</b> Filers should never submit media to IRS/MCC marked "Replacement" unless IRS/MCC returned media to the filers. When sending "Replacement" media, be sure to include the Media Tracking Slip (Form 9267) which will accompany media returned by IRS/MCC. Media that has been incorrectly marked as Replacement may result in duplicate filing.</p> |   |
| <p>☞<b>Note 2:</b> Beginning in calendar year 2002 for Tax Year 2001, IRS/MCC will no longer return problem media in need of replacement.</p>   |   |
| Service Bureau  | Person or organization with whom the payer has a contract to prepare and/or submit information return files to IRS/MCC. A parent company submitting data for a subsidiary is not considered a service bureau.   |
| Social Security Number (SSN)  | A nine-digit number assigned by SSA to an individual for wage and tax reporting purposes.   |
| Special Character   | Any character that is <b>not</b> a numeric, an alpha, or a blank.   |
| SSA   | Social Security Administration.   |
| Taxpayer Identification Number (TIN)  | Refers to either an Employer Identification Number (EIN) Social Security Number (SSN), Individual Taxpayer Identification Number (ITIN), or Adoption Taxpayer Identification Number (ATIN).   |
| Tax Year  | Generally, the year in which payments were made by a payer to a payee.  |
| Transfer Agent  | The transfer agent, or paying agent, is the entity who has been contracted or authorized by the payer to perform the services of paying and reporting backup withholding (Form 945).  |
| Transmitter   | Refers to the person or organization submitting file(s) magnetically/electronically. The transmitter may be the payer or agent of the payer.  |

| Element                        | Description  |
|--------------------------------|--|
| Transmitter Control Code (TCC) | A five character alpha/numeric number assigned by IRS/MCC to the transmitter prior to actual filing magnetically or electronically. This number is inserted in the Transmitter "T" Record of the file and <b>must</b> be present before the file can be processed. An application Form 4419 must be filed with IRS/MCC to receive this number. |
| Vendor                         | Vendors include service bureaus that produce information return files on the prescribed types of magnetic media or via electronic filing for payers. Vendors also include companies who provide software for payers who wish to produce their own media or electronic files.   |

### Sec. 18. 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   | Ohio                  | OH   |
| Alaska                         | AK   | Louisiana                | LA   | Oklahoma              | OK   |
| American Samoa                 | AS   | Maine                    | ME   | Oregon                | OR   |
| Arizona                        | AZ   | Marshall Islands         | MH   | Pennsylvania          | PA   |
| Arkansas                       | AR   | Maryland                 | MD   | Puerto Rico           | PR   |
| California                     | CA   | Massachusetts            | MA   | Rhode Island          | RI   |
| Colorado                       | CO   | Michigan                 | MI   | South Carolina        | SC   |
| Connecticut                    | CT   | Minnesota                | MN   | South Dakota          | SD   |
| Delaware                       | DE   | Mississippi              | MS   | Tennessee             | TN   |
| District of Columbia           | DC   | Missouri                 | MO   | Texas                 | TX   |
| Federated States of Micronesia | FM   | Montana                  | MT   | Utah                  | UT   |
| Florida                        | FL   | Nebraska                 | NE   | Vermont               | VT   |
| Georgia                        | GA   | Nevada                   | NV   | Virginia              | VA   |
| Guam                           | GU   | New Hampshire            | NH   | (U.S.) Virgin Islands | VI   |
| Hawaii                         | HI   | New Jersey               | NJ   | Washington            | WA   |
| Idaho                          | ID   | New Mexico               | NM   | West Virginia         | WV   |
| Illinois                       | IL   | New York                 | NY   | Wisconsin             | WI   |
| Indiana                        | IN   | North Carolina           | NC   | Wyoming               | WY   |
| Iowa                           | IA   | North Dakota             | ND   |                       |      |
| Kansas                         | KS   | Northern Mariana Islands | MP   |                       |      |

**.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<br>167 Infantry REGT |
| Payee City      | APO (or FPO)                                |
| Payee State     | AE, AA, or AP*                              |
| Payee ZIP Code  | 098010100                                   |

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

### Sec. 19. Major Problems Encountered

IRS/MCC 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/MCC to return files for replacement. This may be important for those payers who have either had their files prepared by a service bureau or who have purchased preprogrammed 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 most frequently encountered problems with magnetic/electronic files submitted to IRS/MCC. These problems may result in media being returned for replacement. **Some of the problems resulted from not referring to this publication for instructions.**

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## 1. Incorrect Format

READ the Publication 1220 *carefully*.

- **No Transmitter "T" Record** - These files began with a Payer "A" Record. All files **must** begin with a Transmitter "T" Record.
- **Incorrect year format** - Date fields having the year/month/day are 8 characters (YYYYMMDD). Also, if the month and/or day is one position, i.e., January through September or 1 through 9 for the day of the month, precede the month and/or day with a zero. All date fields are numeric, therefore, blanks, alphas, or special characters are not acceptable.

**EXAMPLE:** January 2, 2000 (20000102)

- **Invalid record length** - Records not 750 Positions in length.
- **Multiple Files on diskettes** - Filers sending multiple files on diskettes. Please refer to Part B, Section 5. A file consists of one Transmitter "T" Record followed by a Payer "A" Record, Payee "B" Records, End of Payer "C" Record, State Totals "K" Record (if applicable for CF/SF Program), and the End of Transmission "F" Record. A file can contain multiple Payer "A" Records, but, only one Transmitter "T" Record. A file format diagram is located at the end of Part E, *Miscellaneous Information just before the mail labels*.

IRS/MCC continues to receive prior year data in prior year format instead of current year format. Never send prior year data in prior year format. Be sure to use **the current Revenue Procedure (Publication 1220)** for formatting data for prior years.

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

Each shipment of media sent to IRS/MCC must include a Form 4804. More than one type of media may be sent in the same shipment, (i.e., a tape, a diskette, or a tape cartridge) but must have a separate Form 4804 to accompany **each type of media**. In the following example, three separate Forms 4804 would be required in the total shipment. However, multiples of one type of media (i.e., 6 diskettes) may be covered by one Form 4804. For electronically transmitted information returns, the Form 4804 **must be post-marked by the due date of the return**. Often, electronic files are transmitted and no Form 4804 is sent to MCC.

### EXAMPLE:

A & B Company sends in one shipment of the following magnetic media:

- 1 Magnetic Tape = 1 Form 4804
- 2 Diskettes = 1 Form 4804 covers both diskettes
- 3 Tape Cartridges = 1 Form 4804 covers all three cartridges

Total Number of Forms 4804 for the above shipment = **3 Forms 4804**

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## 3. Discrepancy Between IRS/MCC Totals and Totals in Payer "C" Records

The "C" Record is a summary record for a type of return for a given payer as reported in the "B" Records. IRS balances the total number of payees and payment amounts and compares them with totals in the "C" Records. Filers should verify the accuracy of the records because imbalances may necessitate return of files for replacement.

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

If codes 2, 4, and 7 appear in the Amount Codes Field of the "A" Record, then the "B" Record must show payment amounts in only Payment Amount Fields 2, 4, and 7, rightjustified and unused positions **must be** zero (0) filled.

**EXAMPLE:** "A" RECORD 247 ~~00000000~~ (b' denotes a  
(Pos. 28-39) blank)

"B" RECORD 000000867599---(Payment Amount 2)  
(Pos. 67-78)

000000709097---(Payment Amount 4)  
(Pos. 91-102)

000000044985---(Payment Amount 7)  
(Pos. 127-138)

---

## 5. Blanks or Invalid Characters Appear in Payment Amount Fields in the “B” Record

Money amounts must be right-justified and zero (0) filled. **Do not use blanks.**

---

## 6. Incorrect TIN in Payer “A” Record

The Payer’s TIN reported in positions 12-20 of the “A” Record must be nine numeric characters (no alphas or special characters) in order for IRS/MCC to process the media. The TIN provided in the “A” Record must correspond with the name provided in the first payer name line.

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## 7. Incorrect Tax Year in the Transmitter “T” Record, Payer “A” Record and the Payee “B” Record

The tax year in the transmitter, payer and payee records should reflect the year of the information being reported. Filers need to check their files to ensure this information is correct.

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## 8. Incorrect Reporting of Form W-2 Information to IRS

Form W-2 information is submitted to SSA, and **not** to IRS/MCC. SSA has its own magnetic media reporting program and specifications for wage information, and the media containing Forms W-2 is submitted to SSA. **Any media received at IRS/MCC that contains Form W-2 information will be forwarded to SSA. The filer will be notified of this action by letter.** To inquire about filing Form W-2 information magnetically, call 1-800-SSA-6270.

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## 9. Excessive Withholding Credits

Generally, for most information returns, other than Forms 1099-MISC, 1099-R, and W-2G, Federal withholding amounts should **not** exceed 31 percent (backup withholding rate) of the income reported. Validate the total reported in the withholding field against the total income reported.

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## 10. Incorrect Format for TINs in the Payee “B” Record

A check of “B” records should be made to ensure the Taxpayer Identification Numbers (TINs) are formatted correctly. There should be nine numerics, **no alphas, hyphens, commas, or blanks.** Incorrect formatting of TINs may result in a penalty.

IRS/MCC contacts filers who have submitted payee data with missing TINs in an attempt to prevent errors that could result in penalties. Payers/transmitters who submit data with missing TINs, and have taken the required steps to obtain this information are encouraged to attach a letter of explanation to the required Form 4804. This will prevent unnecessary contact from IRS/MCC. This letter, however, will not prevent backup withholding notices (CP2100 and CP2100A Notices) or penalties for missing or incorrect TINs. For penalty information, refer to the Penalty section of the 2000 “*General Instructions for Forms 1099, 1098, 5498, and W-2G.*”

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## 11. Distribution Codes for Form 1099-R Reported Incorrectly

Distribution codes for Form 1099-R are being reported incorrectly or not being reported. See valid distribution codes for Form 1099-R in the Payee “B” Record Layout, Field Positions 545-546.

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## 12. Incorrect Record Totals Listed on Form 4804

The Combined Total Payee Records listed on the Form 4804 (Block 9) are used in the verification process of information returns. The figure in this block should be the total number of Payee “B” Records contained on the media submitted with the Form 4804. The figures on the Form 4804 are compared against the total number of Payee “B” Records processed on the media. Imbalances may necessitate the return of the files for replacement.

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## 13. Invalid Use of IRA/SEP/SIMPLE Indicator (Form 1099-R)

The IRA/SEP/SIMPLE indicator for Form 1099-R should be used for the reporting of a distribution from a traditional IRA/SEP/SIMPLE or a Roth conversion. It may be used at your option for a distribution from a Roth or Education IRA or for an IRA recharacterization. The total amount distributed from a traditional IRA/SEP/SIMPLE distribution or *Roth conversion* should be reported in Payment Amount Field A as well as Payment Amount Field 1.

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## 14. Failure To Identify the Rollover Contributions and/or Fair Market Value of the Account for Form 5498.

Rollover contributions (Amount Code 2 of the “A” Record) and/or fair market value of the account (Amount Code 4 of the “A” Record) for Form 5498 must be identified as an IRA (position 547 of the “B” Record), SEP (position 548 of the “B” Record), SIMPLE (position 549 of the “B” Record), Roth IRA (position 550 of the “B” Record), Recharacterization (position 551 of the “B” Record), or Education IRA (position 552 of the “B” Record).

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## 15. Media Received Without Data

Transmitters/filers should verify the presence of Form 1099 information returns on the media before sending the shipment to IRS/MCC.

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### Part B. Magnetic Media Specifications

#### Sec. 1. General

.01 The specifications contained in this part of the Revenue Procedure define the required format and contents of the records to be included in the magnetic media/electronic file.

.02 A provision is made in the "B" Records for entries which are optional. If the field is not utilized, enter blanks to maintain a fixed record length of 750 positions. Each field description explains the intended use of specific field positions.

.03 Transmitters should be consistent in the use of recording codes and density on files. If the media does not meet these specifications, it will be returned to the transmitter for replacement. Filers are encouraged to submit a test prior to submitting the actual file. Contact IRS/MCC for further information at 304-263-8700.

#### Sec. 2. Tape Specifications

.01 IRS/MCC can process most magnetic tape files if the following specifications are followed:

(a) 9 track EBCDIC (Extended Binary Coded Decimal Interchange Code) with:

(1) Odd parity.

(2) A density of 1600 or 6250 BPI.

(3) If transmitters use UNISYS Series 1100, they must submit an interchange tape.

(b) 9 track ASCII (American Standard Coded Information Interchange) with:

(1) Odd parity.

(2) A density of 1600 or 6250 BPI.

Transmitters should be consistent in the use of recording codes and density on files.

.02 All compatible tape files must have the following characteristics: Type of tape -1/2-inch (12.7 mm) wide, computer-grade magnetic tape on reels of up to 2,400 feet (731.52 m) within the following specifications:

(a) Tape thickness: 1.0 or 1.5 mils and

(b) Reel diameter: 10 1/2-inch (26.67 cm), 8 1/2-inch (21.59 cm), 7-inch (17.78 cm), or 6-inch.

.03 The tape 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 Labeled or unlabeled tapes may be submitted.

.05 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.

.06 IRS/MCC can only read one data file on a tape. A data file is a group of records which may or may not begin with a tapemark, but **must** end with a trailer label. Any data beyond the trailer label cannot be read by IRS programs.

#### Sec. 3. Tape Cartridge Specifications

.01 In most instances, IRS/MCC can process tape cartridges that meet the following specifications:

(a) Must be IBM 3480, 3490, 3490E, or AS400 compatible.

(b) Must meet American National Standard Institute (ANSI) standards, and have the following characteristics:

(1) Tape cartridges will be 1/2-inch tape contained in plastic cartridges which are approximately 4-inches by 5-inches by 1-inch in dimension.

(2) Magnetic tape will be chromium dioxide particle based 1/2-inch tape.

(3) Cartridges must be 18-track or 36-track parallel (See **Note**).

(4) Cartridges will contain 37,871 CPI or 75,742 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.
- .02 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.

.03 Tape cartridges may be labeled or unlabeled.

.04 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 and transmittal Form 4804 whether the cartridge is 18-track or 36-track.**

#### Sec. 4. 8mm, 4mm, and Quarter-Inch Cartridge Specifications

.01 In most instances, IRS/MCC can process 8mm tape cartridges that meet the following specifications:

- (a) Must meet American National Standard Institute (ANSI) standards, and have the following characteristics:
  - (1) Created from an AS400 operating system only.
  - (2) 8mm (.315-inch) tape cartridges will be 2 1/2-inch by 3 3/4-inch.
  - (3) The 8mm tape cartridges must meet the following specifications:

| Tracks | Density        | Capacity |
|--------|----------------|----------|
| 1      | 20 (43245 BPI) | 2.3 Gb   |
| 1      | 21 (45434 BPI) | 5 Gb     |

- (4) Mode will be full function.
  - (5) Compressed data is not acceptable.
  - (6) Either EBCDIC (Extended Binary Coded Decimal Interchange Code) or ASCII (American Standard Coded Information Interchange) may be used. However, IRS/MCC encourages the use of EBCDIC. This information must appear on the external media label affixed to the cartridge.
  - (7) A file may consist of more than one cartridge; however, no more than 250,000 documents may be transmitted per file or per cartridge. The filename, for example, IRSTAX, will contain a three digit extension. The extension will indicate the sequence of the cartridge within the file (e.g., 1 of 3, 2 of 3, and 3 of 3 will appear in the header label as IRSTAX.001, IRSTAX.002, and IRSTAX.003 on each cartridge of the file). The Transmitter "T" Record must only appear on the first cartridge. **The End of Transmission "F" Record should be placed only on the last cartridge for files containing multiple cartridges.**
- .02 The 8mm (.315-inch) 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) Various COPY commands have been successful; however, the **SAVE OBJECT COMMAND** is not acceptable.
  - (e) Extraneous data following the "F" Record will result in media being returned for replacement.
  - (f) Records may not span blocks.
  - (g) No more than 250,000 documents per cartridge and per file.

.03 For faster processing, IRS/MCC encourages transmitters to use header labeled cartridges. IRSTAX may be used as a suggested filename.

.04 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.

**.05** If extraneous data follows the End of Transmission “F” Record, the file will be returned for replacement. Therefore, IRS/MCC encourages transmitters to use blank tape cartridges, rather than cartridges previously used, in the preparation of data when submitting information returns.

**.06** IRS/MCC can only read one data file on a tape. A data file is a group of records which may or may not begin with a tapemark, but must end with a trailer label. Any data beyond the trailer label cannot be read by IRS programs.

**.07** 4mm (.157-inch) cassettes are now acceptable with the following specifications:

- (a) 4 mm cassettes will be 2 1/4-inch by 3-inch.
- (b) The tracks are 1 (one).
- (c) The density is 19 (61000 BPI).
- (d) The typical capacity is DDS (DAT data storage) at 1.3 Gb (60 meter) or 2 Gb (90 meter), or DDS-2 at 4Gb (120 meter).
- (e) The general specifications for 8mm cartridges also apply to the 4 mm cassettes.

**.08** Various Quarter-Inch Cartridges (QIC) (1/4-inch) are also acceptable.

- (a) QIC cartridges will be 4" by 6".
- (b) QIC cartridges must meet the following specifications:

| Size     | Tracks | Density        | Capacity       |
|----------|--------|----------------|----------------|
| QIC-24   | 8/9    | 5 (8000 BPI)   | 45Mb or 60Mb   |
| QIC-120  | 15     | 15 (10000 BPI) | 120Mb or 200Mb |
| QIC-150  | 18     | 16 (10000 BPI) | 150Mb or 250Mb |
| QIC-525  | 26     | 17 (16000 BPI) | 525Mb          |
| QIC-1000 | 30     | 21 (36000 BPI) | 1Gb            |
| QIC-2Gb  | 42     | 34 (40640 BPI) | 2Gb            |

- (c) The general specifications that apply to 8mm cartridges also apply to QIC cartridges.

☛ **Note:** *Advanced Metal Evaporated (AME) cartridges are not acceptable.*

## Sec. 5. 3 1/2-Inch Diskette Specifications

**IRS/MCC has discontinued processing 5 1/4-inch diskettes. Filers must use other methods by which to submit information returns magnetically/electronically.**

**.01** To be compatible, a diskette file must meet the following specifications:

- (a) 3 1/2-inches in diameter.
- (b) Data **must** be recorded in standard ASCII code.
- (c) Records must be a fixed length of 750 bytes per record.
- (d) Delimiter character commas (,) must not be used.
- (e) Positions 749 and 750 of each record have been reserved for use as carriage return/line feed (cr/lf) characters, if applicable.
- (f) Filename of IRSTAX must be used. Do not enter any other data in this field. If a file will consist of more than one diskette, the filename IRSTAX will contain a three-digit extension. This extension will indicate the sequence of the diskettes within the file. For example, if the file consists of three diskettes, the first diskette will be named IRSTAX.001, the second will be IRSTAX.002, and the third will be IRSTAX.003. The first diskette, IRSTAX.001 will begin with a “T” Record and the third diskette, IRSTAX.003 will have an “F” Record at the end of the file.
- (g) A diskette will not contain multiple files as defined in Part A, Section 17. A file may have only **ONE** Transmitter “T” Record.
- (h) Failure to comply with instructions will result in media being returned for replacement.
- (i) Diskettes must meet one of the following specifications:

| Capacity | Tracks | Sides/Density | Sector Size |
|----------|--------|---------------|-------------|
| 1.44 mb  | 96tpi  | hd            | 512         |
| 1.44 mb  | 135tpi | hd            | 512         |
| 1.2 mb   | 96tpi  | hd            | 512         |

**.02** IRS/MCC encourages transmitters to use blank or currently formatted diskettes when preparing files. If extraneous data follows the End of Transmission “F” Record, the file will be returned for replacement.

**.03** IRS/MCC will **only** accept 3 1/2-inch diskettes created using MS-DOS.

☛ **Notes:** *IRS/MCC has discontinued processing 5 1/4-inch diskettes.*

**IRS no longer has the capability to process non-MS-DOS compatible diskettes.**

**3 1/2-inch diskettes created on a System 36 or AS400 are not acceptable.**

**.04** Transmitters should check media for viruses before submitting it to IRS/MCC.

## **Sec. 6. Transmitter “T” Record - General Field Descriptions**

**.01** The Transmitter “T” Record identifies the entity transmitting the magnetic media/electronic file and contains information which is supplied on the Form 4804, Transmittal of Information Returns Reported Magnetically/Electronically. The “T” Record has been created to facilitate current magnetic/electronic processing of information returns at IRS/MCC.

**.02** The Transmitter “T” Record is the first record on each file and is followed by a Payer “A” Record. See Part A, Sec. 17, Definition of Terms, for the definition of file. *A file format diagram is located at the end of Part E, Miscellaneous Information, just before the mail labels.* A file will be returned to the transmitter for replacement if the “T” Record is not present. For transmitters with multiple diskettes, refer to Sec. 5, 3 1/2-Inch Diskette Specifications.

**.03** No money or payment amounts are reported in the Transmitter “T” Record.

**.04** 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.

**.05 All records must be a fixed length of 750 positions.**

**.06** The Transmitter “T” Record must be followed by the Payer “A” Record, which must be followed with Payee “B” Records; however, the initial record on each file must be a Transmitter “T” Record.

**.07** All alpha characters entered in the “T” Record must be upper-case.

**.08** When transmitting information on magnetic media or electronically, the Transmitter “T” Record must precede the first Payer “A” Record and reflect the person actually transmitting the information to IRS/MCC.

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### **Record Name: Transmitter “T” Record**

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| <b>Field Position</b> | <b>Field Title</b>          | <b>Length</b> | <b>Description and Remarks</b>   |
|-----------------------|-----------------------------|---------------|--|
| 1                     | Record Type                 | 1             | <b>Required.</b> Enter “T.”  |
| 2-5                   | Payment Year                | 4             | <b>Required.</b> Enter “2000” (unless reporting prior year data; report the year which applies [1997, 1998, etc.] and set the Prior Year Data Indicator in field position 6).  |
| 6                     | Prior Year Data Indicator   | 1             | <b>Required.</b> Enter “P” <b>only</b> if reporting prior year data; otherwise, <b>enter blank.</b> Do not enter a “P” if tax year is 2000.  |
| 7-15                  | Transmitter’s TIN           | 9             | <b>Required.</b> Enter the transmitter’s nine digit Tax Identification Number. May be an EIN, SSN or ITIN.   |
| 16-20                 | Transmitter Control Code    | 5             | <b>Required.</b> Enter the five character alpha/numeric Transmitter Control Code (TCC) assigned by IRS/MCC. A TCC must be obtained to file data within this program.   |
| 21-22                 | Replacement Alpha Character | 2             | <b>Required for replacement files only.</b> Enter the alpha/numeric character which appears immediately following the TCC number on the Media Tracking Slip (Form 9267). The Form 9267 accompanies media that has been returned by IRS/MCC due to processing problems. This field must be blank unless media has been returned. If the file is being replaced magnetically, information is required in this field. If the file was originally sent magnetically, but the replacement is being sent electronically, the information is required in this field. Otherwise, leave blank for electronic files. Left justify information and fill unused positions with blanks. If this is not a replacement file, <b>enter blanks.</b> |
| 23-27                 | Blank                       | 5             | <b>Enter blanks.</b>   |

**Record Name: Transmitter "T" Record (Continued)**

| Field Position  | Field Title                        | Length | Description and Remarks   |
|---|------------------------------------|--------|---|
| 28  | Test File Indicator                | 1      | <b>Required for test files only.</b> Enter a "T" if this is a test file; otherwise, <b>enter a blank.</b>   |
| 29  | Foreign Entity Indicator           | 1      | Enter a "1" (one) if the transmitter is a foreign entity. If the transmitter is not a foreign entity, <b>enter a blank.</b>   |
| 30-69   | Transmitter Name                   | 40     | <b>Required.</b> 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     | Enter any additional information that may be part of the name. Left justify information and fill unused positions with blanks.  |
| <b>Note: Any correspondence relating to problem media or electronic files will be sent to this address.</b> |                                    |        |   |
| 110-149   | Company Name                       | 40     | <b>Required.</b> Enter the name of the company to be associated with the address where correspondence should be sent or media should be returned due to processing problems.  |
| 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 or media should be returned due to processing problems.  |
| 190-229   | Company Mailing Address            | 40     | <b>Required.</b> Enter the mailing address where correspondence should be sent or media should be returned in the event IRS/MCC is unable to process.   |
| 230-269   | Company City                       | 40     | <b>Required.</b> Enter the city, town, or post office where correspondence should be sent or media should be returned in the event IRS/MCC is unable to process.  |
| 270-271   | Company State                      | 2      | <b>Required.</b> Enter the valid U. S. Postal Service state abbreviation. Refer to the chart of valid state codes in Part A, Sec.18.  |
| 272-280   | Company ZIP Code                   | 9      | <b>Required.</b> 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.   |
| 281-295   | Blank                              | 15     | <b>Enter blanks.</b>  |
| 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     | <b>Required.</b> Enter the name of the person to be contacted if IRS/MCC encounters problems with the the file or transmission.   |
| 344-358   | Contact's Phone Number & Extension | 15     | <b>Required.</b> Enter the telephonenumber of the person to contact regarding magnetic/electronic files. Omit hyphens. If no extension is available, left justify information and fill unused positions with blanks. For example, the IRS/MCC Call Site phone number of 304-263-8700 with an extension of 52345 would be 304263870052345. |
| 359-360   | Magnetic Tape File                 | 2      | <b>Required for magnetic tape/tape cartridge filers only.</b> Enter the letters "LS" (in uppercase only). Use of this   |

**Record Name: Transmitter "T" Record (Continued)**

| Field Position   | Field Title                                 | Length | Description and Remarks   |
|--|---|--------|---|
|  | Indicator                                   |        | field by filers using other types of media will be acceptable but is not required.  |
| 361-375  | Electronic File Name For a Replacement File | 15     | <b>Required</b> for a <i>rejected</i> original or electronic file for which a <b>replacement</b> is being sent. Enter the ORIGINAL or CORRECTION electronic file name assigned by the IRS electronic FIRE system. |
| <p><b>EXAMPLE: If you have sent an original file, the TCC is 44444 and it is your first original file, then the filename would be ORIG.44444.0001.</b></p> |   |        |   |
| <p align="right">If you are sending an original, correction or test file, then <b>enter blanks.</b></p>  |   |        |   |
| 376-748  | Blank                                       | 373    | <b>Enter blanks.</b>  |
| 749-750  | Blank                                       | 2      | <b>Enter blanks,</b> or carriage return/line feed (CR/LF) characters.   |

**Sec. 7. Transmitter "T" Record - Record Layout**

| Record Type                        | Payment Year                 | Prior Year Data Indicator                   | Transmitter's TIN               | Transmitter Control Code | Replacement Alpha Character | Blank        |
|------------------------------------|------------------------------|---|---------------------------------|--------------------------|-----------------------------|--------------|
| 1                                  | 2-5                          | 6   | 7-15                            | 16-20                    | 21-22                       | 23-27        |
| Test File Indicator                | Foreign Entity Indicator     | Transmitter Name                            | Transmitter Name (Continuation) | Company Name             | Company Name (Continuation) |              |
| 28                                 | 29                           | 30-69                                       | 70-109                          | 110-149                  | 150-189                     |              |
| Company Mailing Address            | Company City                 | Company State                               | Company ZIP Code                | Blank                    | Total Number of Payees      | Contact Name |
| 190-229                            | 230-269                      | 270-271                                     | 272-280                         | 281-295                  | 296-303                     | 304-343      |
| Contact's Phone Number & Extension | Magnetic Tape File Indicator | Electronic File Name For a Replacement File | Blank                           | Blank or CR/LF           |                             |              |
| 344-358                            | 359-360                      | 361-375                                     | 376-748                         | 749-750                  |                             |              |

**Sec. 8. 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 reason to know that the property has been abandoned. The payer will be held responsible for the completeness, accuracy, and timely submission of magnetic/electronic files. The Payer "A" Record also provides parameters for the succeeding Payee "B" Records. IRS computer programs rely on the absolute relationship between the parameters and data fields in the "A" Record and the data fields in the "B" Records to which they apply.

**.02** The number of "A" Records depends on the number of payers and the different types of returns being reported. The payment amounts for one payer and for one type of return should be consolidated under one "A" Record if submitted on the same file.

**.03** 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. For “B” Records that do not contain payment amounts for all three amount codes, enter zeros for those which have no payment to be reported.

**.04** When reporting Form 1098, Mortgage Interest Statement, and Form 1098-E, Student Loan Interest Statement, the “A” Record will reflect the name and TIN of the recipient of the interest payment, the filer of Forms 1098 and 1098-E (the payer). The “B” Record will reflect the individual paying the interest (the borrower/payer of record) and the amount paid. For Form 1099-S, Proceeds Form Real Estate Transactions, the “A” Record will reflect the person responsible for reporting the transaction (the filer of the Form 1099-S) and the “B” Record will reflect the seller/transferor. When reporting Form 1098-T, Tuition Payments statement, the “A” Record will reflect the name and TIN of the educational institution receiving tuition payments. The “B” Record will reflect the name and TIN of the student on whose behalf the tuition is being paid.

**.05** The second record on the file must be an “A” Record. A transmitter may include “B” Records for more than one payer on a tape or diskette. However, **each group** of “B” Records must be preceded by an “A” Record and followed by an End of Payer “C” Record. A single tape or diskette 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.

**.06 All records must be a fixed length of 750 positions.**

**.07** The initial record on a file must be a “T” Record followed by an “A” Record. IRS/MCC will accept an “A” Record after a “C” Record to report an additional payer or a different type of return. An “A” Record may be blocked with “B” Records. *A file format diagram is located at the end of Part E, Miscellaneous Information just before the mail labels.*

**.08** Do not begin any record at the end of a block or diskette and continue the same record into the next block or diskette.

**.09** All alpha characters entered in the “A” Record must be uppercase.

**.10** 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.

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**Record Name: Payer “A” Record**

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| Field Position | Field Title                                  | Length | Description and Remarks  |
|----------------|--|--------|--|
| 1              | Record Type                                  | 1      | <b>Required.</b> Enter “A.”  |
| 2-5            | Payment Year                                 | 4      | <b>Required.</b> Enter “2000” (unless reporting prior year data; report the year which applies [1998, 1999, etc.]).  |
| 6-11           | Blank  | 6      | <b>Enter blanks.</b>   |
| 12-20          | Payer’s Taxpayer Identification Number (TIN) | 9      | <b>Required.</b> Must be the valid nine-digit Taxpayer Identification Number assigned to the payer. <b>Do not enter blanks, hyphens, or alpha characters.</b> 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. To distinguish between Package 1099 and the Magnetic Media Reporting (MMR) Package, the Package 1099 contains Form 7018-C, Order Blank for Forms, and the mail label on the package contains a four (4) character name control. The MMR Package contains instructions for filing magnetically or electronically. 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 left justified, filling the unused positions with blanks. The mail label on the MMR Package <b>does not</b> contain a name control. If a Package 1099 has not been received or the Payer Name Control is unknown, this field must be blank filled. |
|-------|--------------------|---|--|

**Record Name: Payer "A" Record (Continued)**

| Field Position        | Field Title                        | Length | Description and Remarks   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
|-----------------------|------------------------------------|--------|---|-----------------------|-------------|------|---|--------|---|--------|---|--------|---|--------|---|--------|---|----------|---|--------|---|----------|---|----------|---|-----------|---|----------|---|----------|---|-----------|---|--------|---|--------|---|------|---|----------|---|------|---|
| 25                    | Last Filing Indicator              | 1      | Enter a "1" (one) if this is the <b>last year</b> the payer will file; otherwise, <b>enter blank</b> . Use this indicator if the payer will not be filing information returns under this payer name and TIN in the future either magnetically, electronically, or on paper.   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 26                    | Combined Federal/State Filer       | 1      | <b>Required for the Combined Federal/State Filing Program.</b> Enter "1" (one) if participating in the Combined Federal/State Filing Program; otherwise, <b>enter blank</b> . Refer to Part A, Sec. 16, for further information. <b>The only forms that may be filed under the Combined Federal /State Filing Program are: Forms 1099-DIV, 1099-G, 1099-INT, 1099-MISC, 1099-OID, 1099-PATR, 1099-R, and 5498.</b>  |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 27                    | Type of Return                     | 1      | <b>Required.</b> Enter the appropriate code from the table below:<br><table border="1" style="margin-left: 20px;"> <thead> <tr> <th><u>Type of Return</u></th> <th><u>Code</u></th> </tr> </thead> <tbody> <tr><td>1098</td><td>3</td></tr> <tr><td>1098-E</td><td>2</td></tr> <tr><td>1098-T</td><td>8</td></tr> <tr><td>1099-A</td><td>4</td></tr> <tr><td>1099-B</td><td>B</td></tr> <tr><td>1099-C</td><td>5</td></tr> <tr><td>1099-DIV</td><td>1</td></tr> <tr><td>1099-G</td><td>F</td></tr> <tr><td>1099-INT</td><td>6</td></tr> <tr><td>1099-LTC</td><td>T</td></tr> <tr><td>1099-MISC</td><td>A</td></tr> <tr><td>1099-MSA</td><td>M</td></tr> <tr><td>1099-OID</td><td>D</td></tr> <tr><td>1099-PATR</td><td>7</td></tr> <tr><td>1099-R</td><td>9</td></tr> <tr><td>1099-S</td><td>S</td></tr> <tr><td>5498</td><td>L</td></tr> <tr><td>5498-MSA</td><td>K</td></tr> <tr><td>W-2G</td><td>W</td></tr> </tbody> </table> | <u>Type of Return</u> | <u>Code</u> | 1098 | 3 | 1098-E | 2 | 1098-T | 8 | 1099-A | 4 | 1099-B | B | 1099-C | 5 | 1099-DIV | 1 | 1099-G | F | 1099-INT | 6 | 1099-LTC | T | 1099-MISC | A | 1099-MSA | M | 1099-OID | D | 1099-PATR | 7 | 1099-R | 9 | 1099-S | S | 5498 | L | 5498-MSA | K | W-2G | W |
| <u>Type of Return</u> | <u>Code</u>                        |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1098                  | 3                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1098-E                | 2                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1098-T                | 8                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-A                | 4                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-B                | B                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-C                | 5                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-DIV              | 1                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-G                | F                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-INT              | 6                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-LTC              | T                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-MISC             | A                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-MSA              | M                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-OID              | D                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-PATR             | 7                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-R                | 9                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 1099-S                | S                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 5498                  | L                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 5498-MSA              | K                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| W-2G                  | W                                  |        |   |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |
| 28-39                 | Amount Codes<br>(See <b>Note</b> ) | 12     | <b>Required.</b> Enter the appropriate amount codes for the type of return being reported. Generally, for each amount code entered in this field, a corresponding payment amount <b>must</b> appear in the Payee "B" Record.<br><b>In most cases, the box numbers on paper information returns correspond with the amount codes used to file magnetically/electronically. However, if discrepancies occur, this Revenue Procedure governs.</b>  |                       |             |      |   |        |   |        |   |        |   |        |   |        |   |          |   |        |   |          |   |          |   |           |   |          |   |          |   |           |   |        |   |        |   |      |   |          |   |      |   |

**Example of Amount Codes:**

If position 27 of the Payer "A" Record is "A" (for 1099-MISC) and positions 28-39 are "1247AC ~~00000~~", this indicates the payer is reporting any or all six payment amounts (1247AC) in all of the following "B" Records. **(In this example, "b" denotes blanks in the designated positions. Do not enter the letter "b".)**

- The first payment amount field (1)** will represent rents;
- the second payment amount field (2)** will represent royalties;
- the third payment amount field (3)** will be all "0" (zeros);
- the fourth payment amount field (4)** will represent Federal income tax withheld;
- the fifth and sixth payment amount fields (5 and 6)** will be all "0" (zeros);
- the seventh payment amount field (7)** will represent nonemployee compensation;
- the eighth and ninth payment amount fields (8 and 9)** will be all "0" (zeros);



**Record Name: Payer "A" Record (Continued)**

|          |             |        |                         |
|----------|-------------|--------|-------------------------|
| Field    |             |        |                         |
| Position | Field Title | Length | Description and Remarks |

**the tenth payment amount field (A)** will represent crop insurance proceeds;  
**the eleventh payment amount field (B)** will be all "0" (zeros); and  
**the twelfth payment amount field (C)** will represent gross proceeds paid to an attorney in connection with legal services.

Enter the amount codes in **ascending sequence** (i.e., 1247AC0000), left justify information, and fill unused positions with blanks. For further clarification of the amount codes, contact IRS/MCC.

⚡ **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.**

|   |  |
|---|--|
| Amount Codes <b>Form 1098 -</b><br>Mortgage Interest<br>Statement | For Reporting Mortgage Interest Received From Payers/Borrowers (Payer of Record) on Form 1098: |
|---|--|

| <u>Amount Code</u> | <u>Amount Type</u>                                   |
|--------------------|--|
| 1                  | Mortgage interest received from payer(s)/borrower(s) |
| 2                  | Points paid on purchase of principal residence       |
| 3                  | Refund (or credit) of overpaid interest              |
| 4                  | Blank (Filer's use) See <b>Note</b> .                |

⚡ **Note: The interest recipient may use this field to furnish other information, such as real estate taxes or insurance paid from escrow.**

|   |  |
|---|--|
| Amount Codes <b>Form 1098-E -</b><br>Student Loan Interest<br>Statement | For Reporting Interest on Student Loans on Form 1098-E |
|---|--|

| <u>Amount Code</u> | <u>Amount Type</u>                              |
|--------------------|---|
| 1                  | Student loan interest received <i>by lender</i> |

⚡ **Note: Until regulations are adopted, no penalties will be imposed under IRC sections 6721 or 6722 for failure to file or furnish correct Forms 1098-E if you made a good faith effort to file and furnish them.**

|  |   |
|--|---|
| Amount Codes <b>Form 1098-T -</b><br>Tuition Payments<br>Statement | For Reporting Tuition Payments on Form 1098-T (See <b>Note</b> .) |
|--|---|

| <u>Amount Code</u> | <u>Amount Type</u>                   |
|--------------------|--------------------------------------|
| 1                  | For filer's use (See <b>Notes</b> .) |
| 2                  | For filer's use (See <b>Notes</b> .) |

⚡ **Note: When reporting Form 1098-T, the filer must use Type of Return Code 8 in position 27, and Amount Codes 1 and 2 in positions 28 and 29 of the Payer "A" Record. However, if no money is being reported, the payment amount fields will contain zeros. There is no requirement for filers to report money amounts on Form 1098-T for Tax Year 2000.**

⚡ **Note: Until regulations are adopted, no penalties will be imposed under IRC sections 6721 or 6722 for failure to file or furnish correct Forms 1098-T if you made a good faith effort to file and furnish them.**

|   |   |
|---|---|
| Amount Codes <b>Form 1099-A -</b><br>Acquisition or Abandonment<br>of Secured Property<br>(See <b>Note</b> .) | For Reporting the Acquisition or Abandonment of Secured Property on Form 1099A: |
|---|---|

| <u>Amount Code</u> | <u>Amount Type</u>               |
|--------------------|----------------------------------|
| 2                  | Balance of principal outstanding |
| 4                  | Fair market value of property    |

⚡ **Note: If, in the same calendar year, a debt is canceled in connection with a foreclosure or abandonment of secured property for one debtor and the filer would be required to file both Forms 1099-A and 1099-C, Cancellation of Debt, the filer is**

**Record Name: Payer "A" Record (Continued)**

| Field Position  | Field Title         | Length        | Description and Remarks  |
|---|---------------------|---------------|--|
| <b>required to file Form 1099-C only. See the 2000 "Instructions for Forms 1099-A and 1099-C" for further information on coordination with Form 1099-C.</b> |                     |               |  |
| Amount Codes  | <b>Form 1099-B-</b> |               | For Reporting on Form 1099-B:  |
| Proceeds From   |                     |               |  |
| Broker and  |                     | <b>Amount</b> |  |
| Barter Exchange   |                     | <b>Code</b>   | <b>Amount Type</b>   |
| Transactions  |                     | 2             | Stocks, bonds, etc. (For forward contracts, see <b>Note 1.</b> )                   |
|   |                     | 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 2000 (See <b>Note 2.</b> )                            |
|   |                     | 7             | Unrealized profit (or loss) on open contracts-12/31/1999 (See <b>Note 2.</b> )     |
|   |                     | 8             | Unrealized profit (or loss) on open contracts-12/31/2000 (See <b>Note 2.</b> )     |
|   |                     | 9             | Aggregate profit (or loss) (See <b>Note 2.</b> )                                   |

☛ **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         | <b>Form 1099-C -</b> |               | For Reporting Cancellation of Debt on Form 1099-C:  |
| Cancellation of Debt |                      |               |   |
| (See Note 1.)        |                      | <b>Amount</b> |   |
|                      |                      | <b>Code</b>   | <b>Amount Type</b>                                  |
|                      |                      | 2             | Amount of debt canceled                             |
|                      |                      | 3             | Interest, if included in Amount Code 2              |
|                      |                      | 7             | Fair market value of property (See <b>Note 2.</b> ) |

☛ **Note 1:** If, in the same calendar year, a debt is canceled in connection with a foreclosure or abandonment of secured property for one debtor and the filer would be required to file both Forms 1099-C and 1099-A, Acquisition or Abandonment of Secured Property, the filer is required to file Form 1099-C only. See the 2000 "Instructions for Forms 1099-A and 1099-C" for further information on coordination with Form 1099-A.

☛ **Note 2:** Use Amount Code 7 only if a combined Form 1099-A and 1099-C is being filed.

|                             |                       |               |  |
|-----------------------------|-----------------------|---------------|--|
| Amount Codes                | <b>Form 1099-DIV-</b> |               | For Reporting Payments on Form 1099-DIV:         |
| Dividends and Distributions |                       |               |  |
|                             |                       | <b>Amount</b> |  |
|                             |                       | <b>Code</b>   | <b>Amount Type</b>                               |
|                             |                       | 1             | Ordinary dividends                               |
|                             |                       | 2             | Total capital gains distributions                |
|                             |                       | 3             | 28% rate gain                                    |
|                             |                       | 4             | Unrecaptured section 1250 gain                   |
|                             |                       | 5             | Section 1202 gain                                |
|                             |                       | 6             | Nontaxable distributions                         |
|                             |                       | 7             | Federal income tax withheld (backup withholding) |
|                             |                       | 8             | Investment expenses                              |
|                             |                       | 9             | Foreign tax paid                                 |
|                             |                       | A             | Cash liquidation distribution                    |

See the 2000 "Instructions for Form 1099-DIV" for further information.

**Record Name: Payer "A" Record (Continued)**

| Field Position | Field Title   | Length             | Description and Remarks  |
|----------------|---|--------------------|--|
|                |   |                    | B Noncash liquidation distribution   |
| Amount Codes   | <b>Form 1099-G-</b>   |                    | For Reporting Payments on Form 1099-G:   |
|                | Certain Government and Qualified State Tuition Program Payments |                    |  |
|                |   | <b>Amount Code</b> | <b>Amount Type</b>   |
|                |   | 1                  | Unemployment compensation  |
|                |   | 2                  | State or local income tax refunds, credits, or offsets   |
|                |   | 4                  | Federal income tax withheld (backupwithholding or voluntary withholding on unemployment compensation or Commodity Credit Corporation Loans, or certain crop disaster payments) |
|                |   | 5                  | Qualified state tuition program earnings   |
|                |   | 6                  | Taxable grants   |
|                |   | 7                  | Agriculture payments   |
| Amount Codes   | <b>Form 1099-INT-</b>   |                    | For Reporting Payments on Form 1099-INT:   |
|                | Interest Income   |                    |  |
|                |   | <b>Amount Code</b> | <b>Amount Type</b>   |
|                |   | 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 (backupwithholding)  |
|                |   | 5                  | Investment expenses  |
|                |   | 6                  | Foreign tax paid   |
| Amount Codes   | <b>Form 1099-LTC-</b>   |                    | For Reporting Payments on Form 1099-LTC:   |
|                | Long-Term Care and Accelerated Death Benefits                   |                    |  |
|                |   | <b>Amount Code</b> | <b>Amount Type</b>   |
|                |   | 1                  | Gross long-term care benefits paid   |
|                |   | 2                  | Accelerated death benefits paid  |
| Amount Codes   | <b>Form 1099-MISC-</b>  |                    | For Reporting Payments on Form 1099-MISC:  |
|                | Miscellaneous Income<br>(See <b>Note 1.</b> )                   |                    |  |
|                |   | <b>Amount Code</b> | <b>Amount Type</b>   |
|                |   | 1                  | Rents  |
|                |   | 2                  | Royalties (See <b>Note 2.</b> )  |
|                |   | 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   |
|                |   | A                  | Crop insurance proceeds  |
|                |   | B                  | Excess golden parachute payments   |
|                |   | C                  | Gross proceeds paid to an attorney in connection with legal services   |

**Record Name: Payer "A" Record (Continued)**

| Field Position | Field Title | Length | Description and Remarks |
|----------------|-------------|--------|-------------------------|
|----------------|-------------|--------|-------------------------|

☛ **Note 1: If reporting the Direct Sales Indicator only in position 547 of the Payee "B" Record, use Type of Return Code A for 1099-MISC in position 27, and Amount Code 1 in 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 <b>Form 1099-MSA-</b><br>Distributions From an MSA or<br>Medicare+Choice MSA | For Reporting Distributions from a Medical<br>Savings Account or Medicare+Choice MSA<br>on Form 1099-MSA:<br><b>Amount</b><br><u><b>Code</b></u> <u><b>Amount Type</b></u><br>1                                  Gross distribution<br>2                                  Earnings on excess contributions<br>4                                  Fair market value of the account on date of<br>death |
|---|---|

|   |  |
|---|--|
| Amount Codes <b>Form 1099-OID-</b><br>Original Issue Discount | For Reporting Payments on Form 1099OID:<br><b>Amount</b><br><u><b>Code</b></u> <u><b>Amount Type</b></u><br>1                                  Original issue discount for 2000<br>2                                  Other periodic interest<br>3                                  Early withdrawal penalty<br>4                                  Federal income tax withheld (backup withhold-<br>ing)<br>6                                  Original issue discount on U.S. Treasury oblig-<br>ations (See <b>Note</b> .)<br>7                                  Investment expenses (See <b>Note</b> .) |
|---|--|

☛ **Note: See the 2000 "Instructions for Forms 1099-INT and 1099-OID" for further reporting information.**

|   |  |
|---|--|
| Amount Codes <b>Form 1099-PATR -</b><br>Taxable Distributions Received From<br>Cooperatives | For Reporting Payments on Form 1099-PATR:<br><b>Amount</b><br><u><b>Code</b></u> <u><b>Amount Type</b></u><br>1                                  Patronage dividends<br>2                                  Nonpatronage distributions<br>3                                  Perunit retain allocations<br>4                                  Federal income tax withheld (backup withhold-<br>ing)<br>5                                  Redemption of nonqualified notices and retain<br>allocations<br><b>Pass-Through Credits (See Note.)</b><br>6                                  For filer's use for pass-through credits<br>7                                  Investment credit<br>8                                  Work opportunity credit<br>9                                  Patron's alternative minimum tax (AMT)<br>adjustment |
|---|--|

☛ **Note: Amount Codes 6, 7, 8, and 9 are reserved for the patron's share of unused credits that the cooperative is passing through to the patron. Other credits may be reported in Amount Code 6. The title of the credit reported in Amount Code 6 may be reported in the Special Data Entries Field in the Payee "B" Record. The amounts shown for Amount Codes 6, 7, 8, and 9 must be reported to the payee. These Amount Codes and the Special Data Entries Field are for the convenience of the filer. This information is not needed by IRS/MCC.**

**Record Name: Payer "A" Record (Continued)**

| Field Position            | Field Title          | Length        | Description and Remarks   |
|---------------------------|----------------------|---------------|---|
| Amount Codes              | <b>Form 1099-R -</b> |               | For Reporting Payments on Form 1099-R:  |
| Distributions From        |                      |               |   |
| Pensions, Annuities,      |                      |               |   |
| Retirement or Profit-     |                      |               |   |
| Sharing Plans, IRAs,      |                      |               |   |
| Insurance Contracts, etc. |                      |               |   |
|                           |                      | <b>Amount</b> |   |
|                           |                      | <b>Code</b>   | <b>Amount Type</b>  |
|                           |                      | 1             | Gross distribution (See <b>Note 1.</b> )  |
|                           |                      | 2             | Taxable amount (See <b>Note 2.</b> )  |
|                           |                      | 3             | Capital gain (included in Amount Code 2)  |
|                           |                      | 4             | Federal income tax withheld (See <b>Note 3.</b> )                                       |
|                           |                      | 5             | Employee contributions or insurance premiums  |
|                           |                      | 6             | Net unrealized appreciation in employer's securities                                    |
|                           |                      | 8             | Other   |
|                           |                      | 9             | Total employee contributions  |
|                           |                      | A             | Traditional IRA/SEP/SIMPLE distribution or <i>Roth conversion</i> (See <b>Note 4.</b> ) |

⚡ **Note 1:** If the payment shown for Amount Code 1 is a total distribution, enter a "1" (one) in position 549 of the "B" Record. An amount must be shown in Payment Amount Field 1 unless reporting an amount ONLY in Payment Amount Field 8. If a distribution is a loss, do not enter a negative amount. For example, if stock is distributed but the value is less than the employee's after-tax contributions, enter the value of the stock in Payment Amount Field 1, enter "0" (zero) in Payment Amount Field 2, and enter the employee's contributions in Payment Amount Field 5.

⚡ **Note 2:** If the taxable amount cannot be determined, enter a "1" (one) in position 547 of the "B" Record. For a traditional IRA, SEP, or SIMPLE distribution, generally enter in Payment Amount Field A the same amount entered in Payment Amount Field 1.

⚡ **Note 3:** See the 2000 "Instructions for Forms 1099-R and 5498" for information concerning Federal income tax withheld for Form 1099-R.

⚡ **Note 4:** 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*), Field Positions 163-174 of the Payee "B" Record, and generally, the same amount in Payment Amount Field 1 (Gross Distribution), Field Positions 55-66 of the Payee "B" Record. Amount Code A was created to identify the distribution as an IRA/SEP/SIMPLE or *Roth conversion*. The IRA/SEP/SIMPLE indicator should be set in Field Position 548 of the Payee "B" Record and the money should be reported in Payment Field A as well as Payment Field 1 of the Payee "B" Record; but, not in Payment Amount Field 2.

|               |                     |               |  |
|---------------|---------------------|---------------|--|
| Amount Codes  | <b>Form 1099-S-</b> |               | For Reporting Payments on Form 1099-S: |
| Proceeds From |                     |               |  |
| Real Estate   |                     |               |  |
| Transactions  |                     |               |  |
|               |                     | <b>Amount</b> |  |
|               |                     | <b>Code</b>   | <b>Amount Type</b>                     |
|               |                     | 2             | Gross proceeds (See <b>Note.</b> )     |
|               |                     | 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                 | <b>Form 5498-</b> |               | For Reporting Information on Form 5498:   |
| IRA Contribution Information |                   |               |   |
| (See <b>Note 1.</b> )        |                   |               |   |
|                              |                   | <b>Amount</b> |   |
|                              |                   | <b>Code</b>   | <b>Amount Type</b>  |
|                              |                   | 1             | IRA contributions (other than amounts in Amount Codes 2, 3, 7, 8, 9, and A) (See <b>Note 3.</b> ) |
|                              |                   | 2             | Rollover contributions  |
|                              |                   | 3             | Roth conversion amount  |

**Record Name: Payer "A" Record (Continued)**

| Field Position | Field Title | Length | Description and Remarks                       |
|----------------|-------------|--------|---|
|                |             | 4      | Fair market value of account                  |
|                |             | 5      | Life insurance cost included in Amount Code 1 |
|                |             | 7      | SEP contributions                             |
|                |             | 8      | SIMPLE contributions                          |
|                |             | 9      | Roth IRA contributions                        |
|                |             | A      | Education IRA contributions                   |

☛ **Note 1:** For information regarding Inherited IRAs, refer to the 2000 "Instructions for Forms 1099-R and 5498" and Rev. Proc. 89-52, 1989-2 C.B. 632. Beneficiary information must be given in the Payee Name Line Field of the "B" Record.

☛ **Note 2:** If reporting IRA contributions for a participant in a military operation see 2000 "Instructions for Forms 1099-R and 5498".

☛ **Note 3:** Also include employee contributions to an IRA under a SEP plan but not salary reduction contributions. **DO NOT include EMPLOYER contributions;** these are included in Amount Code 7.

Amount Codes **Form 5498-MSA-**  
MSA or Medicare+Choice MSA  
Information

For Reporting Information on 5498-MSA:

| <u>Amount Code</u> | <u>Amount Type</u>  |
|--------------------|---|
| 1                  | Employee or self-employed person's MSA contributions made in 2000 and 2001 for 2000 |
| 2                  | Total contributions made in 2000  |
| 3                  | Total MSA contributions made in 2001 for 2000                                       |
| 4                  | Rollover contributions (See <b>Note 1.</b> )  |
| 5                  | Fair market value of MSA or M+C MSA (See <b>Note 2.</b> )                           |

☛ **Note 1:** This is the amount of any rollover made to this MSA in 2000 after a distribution from another MSA. For detailed information on reporting, see the 2000 "Instructions for Forms 1099-R, 5498 and 5498-MSA."

☛ **Note 2:** This is the fair market value (FMV) of the account on December 31, 2000.

Amount Codes **Form W-2G-**  
Certain Gambling  
Winnings

For Reporting Payments on Form W-2G:

| <u>Amount Code</u> | <u>Amount Type</u>             |
|--------------------|--------------------------------|
| 1                  | Gross winnings                 |
| 2                  | Federal income tax withheld    |
| 7                  | Winnings from identical wagers |

|       |                            |   |   |
|-------|----------------------------|---|---|
| 40-47 | Blank                      | 8 | <b>Enter blanks.</b>  |
| 48    | Original File Indicator    | 1 | <b>Required for original files only.</b> Enter "1" (one) if the information is original data. Otherwise, <b>enter a blank.</b>  |
| 49    | Replacement File Indicator | 1 | <b>Required for replacement files only.</b> Enter "1" (one) if the purpose of this file is to replace a file that IRS/MCC returned to the transmitter due to errors encountered in processing. This is a file that has not been successfully processed by IRS. Otherwise, <b>enter a blank.</b> |

**If selecting the Replacement File Indicator in Position 49, Field Positions 48 and 50 must be blank. Only one indicator may be selected for each Payer "A" Record.**

**Record Name: Payer "A" Record (Continued)**

| Field Position  | Field Title   | Length | Description and Remarks  |             |                |   |   |          |   |
|---|---|--------|--|-------------|----------------|---|---|----------|---|
| 50  | Correction File Indicator   | 1      | <b>Required for correction files only.</b> Enter "1" (one) if the purpose of this file is to correct information which was previously submitted to IRS/MCC, was processed, but contained erroneous information. Do not submit original information as corrections. Any information return which was inadvertently omitted from a file must be submitted as original. Otherwise, <b>enter a blank.</b>  |             |                |   |   |          |   |
| 51  | Blank   | 1      | <b>Enter a blank.</b>  |             |                |   |   |          |   |
| 52  | Foreign Entity Indicator  | 1      | Enter a "1" (one) if the payer is a foreign entity and income is paid by the foreign entity to a U. S. resident. If the payer is not a foreign entity, <b>enter a blank .</b>  |             |                |   |   |          |   |
| 53-92   | First Payer Name Line   | 40     | <b>Required.</b> 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      | <b>Required.</b> Identifies the entity in the Second Payer Name Line Field. (See Part A, Sec. 17, for a definition of transfer agent.)   |             |                |   |   |          |   |
|   |   |        | <table border="0"> <thead> <tr> <th align="left"><u>Code</u></th> <th align="left"><u>Meaning</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>The entity in the Second Payer Name Line Field is the transfer (or paying) agent.</td> </tr> <tr> <td>0 (zero)</td> <td>The entity shown is <b>not</b> 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).</td> </tr> </tbody> </table> | <u>Code</u> | <u>Meaning</u> | 1 | The entity in the Second Payer Name Line Field is the transfer (or paying) agent. | 0 (zero) | The entity shown is <b>not</b> 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). |
| <u>Code</u>   | <u>Meaning</u>  |        |  |             |                |   |   |          |   |
| 1   | The entity in the Second Payer Name Line Field is the transfer (or paying) agent.   |        |  |             |                |   |   |          |   |
| 0 (zero)  | The entity shown is <b>not</b> 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). |        |  |             |                |   |   |          |   |
| 134-173   | Payer Shipping Address  | 40     | <b>Required.</b> 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 <b>actual</b> shipping address of the payer. The street address should include number, street, apartment or suite number (or P. O. Box if mail is not delivered to street address). Left justify information, and fill unused positions with blanks.   |             |                |   |   |          |   |
| <p><b>For U.S. addresses,</b> the payer city, state, and ZIP Code must be reported as a 40, 2, and 9 position field, respectively. <b>Filers must adhere to the correct format for the payer city, state, and ZIP Code.</b></p> <p><b>For foreign addresses,</b> 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).</p> |   |        |  |             |                |   |   |          |   |
| 174-213   | Payer City  | 40     | <b>Required.</b> 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,  |             |                |   |   |          |   |

**Record Name: Payer "A" Record (Continued)**

| Field Position | Field Title                      | Length | Description and Remarks   |
|----------------|----------------------------------|--------|---|
|                |                                  |        | 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      | <b>Required.</b> Enter the valid U.S. Postal Service state abbreviations. Refer to the chart of valid state abbreviations in Part A, Sec.18.  |
| 216-224        | Payer ZIP Code                   | 9      | <b>Required.</b> 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.   |
| 240-748        | Blank                            | 509    | <b>Enter blanks.</b>  |
| 749-750        | Blank                            | 2      | <b>Enter blanks</b> or carriage return/line feed (CR/LF) characters.  |

**Sec. 9. Payer "A" Record - Record Layout**

|                              |                          |                       |                          |                          |                            |                           |
|------------------------------|--------------------------|-----------------------|--------------------------|--------------------------|----------------------------|---------------------------|
| Record Type                  | Payment Year             | Blank                 | Payer's 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                    | Original File Indicator  | Replacement File Indicator | Correction File Indicator |
| 26                           | 27                       | 28-39                 | 40-47                    | 48                       | 49                         | 50                        |
| Blank                        | Foreign Entity Indicator | First Payer Name Line | Second Payer Name Line   | Transfer Agent Indicator | Payer Shipping Address     |                           |
| 51                           | 52                       | 53-92                 | 93 -132                  | 133                      | 134-173                    |                           |
| Payer City                   | Payer State              | Payer ZIP Code        | Payer's Phone Number and | Blank Extension          | Blank or CR/LF             |                           |
| 174-213                      | 214-215                  | 216-224               | 225-239                  | 240-748                  | 749-750                    |                           |

**Sec. 10. Payer "B" Record - General Field Descriptions and Record Layouts**

**.01** The "B" Record contains the payment information from the information returns. When filing information returns, the format for the "B" Records will remain constant and is a fixed length of 750 positions. 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 "A" Record, the amount codes that appear in field positions 28 through 39 will be left-justified and filled with blanks. In the "B" Record, the filer **must** allow for all twelve Payment Amount Fields. For those fields not used, enter "0s" (zeros). For example, a payer reporting on Form 1099-MISC should enter "A" in field position 27 of the "A" Record, Type of Return. If reporting payments for Amount Codes 1, 2, 4, 7, A and C, the payer would report field positions 28 through 39 of the "A" Record as "1247AC**0000**." (In this example, "b" denotes blanks. Do not enter the letter "b".) In the "B" Record:



**Positions 55 through 66 for Payment Amount 1** will represent rents.

**Positions 67-78 for Payment Amount 2** will represent royalties.

**Positions 79-90 for Payment Amount 3** will be "0's" (zeros).

**Positions 91-102 for Payment Amount 4** will represent Federal income tax withheld.

**Positions 103-126 for Payment Amounts 5 and 6** will be "0's" (zeros).

**Positions 127-138 for Payment Amount 7** will represent nonemployee compensation.

**Positions 139-162 for Payment Amounts 8 and 9** will be "0's" (zeros).

**Positions 163-174 for Payment Amount A** will represent crop insurance proceeds.

**Positions 175-186 for Payment Amount B** will be "0's" (zeros).

**Positions 187-198 for Payment Amount C** will represent gross proceeds paid to an attorney in connection with legal services.

**.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, only 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** See Part A, Sec. 14, for further information concerning Taxpayer Identification Numbers (TINs).

**.04** 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.

**.05 All records must be a fixed length of 750 positions.**

**.06** 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. This field will not affect the processing of the "B" Records.

**.07** 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/MCC.

**.08** Those payers participating in the Combined Federal/State Filing Program must adhere to all of the specifications in Part A, Sec. 16, to participate in this program. Filers may not file Forms 1098, 1098-E, 1098-T, 1099-A, 1099-B, 1099-C, 1099-LTC, 1099-MSA, 1099-S, 5498-MSA, and W-2G under the Combined Federal/State Filing Program.

**.09** All alpha characters in the "B" Record must be uppercase.

**.10 Do not** use decimal points (.) to indicate dollars and cents. Ten dollars must appear as 000000001000 in the payment amount field.

**.11** IRS strongly encourages transmitters to review the data for accuracy before submission to prevent issuance of erroneous notices. Transmitters should be especially careful that the names, TINs, account numbers, types of income, and income amounts are correct.

**.12** When reporting Form 1098, Mortgage Interest Statement and Form 1098-E, Student Loan Interest Statement, the "A" Record will reflect the name and TIN of the recipient of the interest or payment, the filer of the Forms 1098 and 1098-E (the payer). The "B" Record will reflect the individual paying the interest (borrower/payer of record) and the amount paid. For Form 1099-S, Proceeds From Real Estate Transactions, the "A" Record will reflect the person responsible for reporting the transaction (the filer of the Form 1099-S) and the "B" record will reflect the seller/transferor. When reporting Form 1098-T, Tuition Payments Statement, the "A" Record will reflect the name and TIN of the educational institution receiving tuition payments. The "B" Record will reflect the name and TIN of the student on whose behalf the tuition is being paid.

---

**Record Name: Payee "B" Record**

---

| Field Position | Field Title                | Length | Description and Remarks   |
|----------------|----------------------------|--------|---|
| 1              | Record Type                | 1      | <b>Required.</b> Enter "B."   |
| 2-5            | Payment Year               | 4      | <b>Required.</b> Enter "2000" (unless reporting prior year data; report the year which applies [1998, 1999, etc.]). |
| 6              | Corrected Return Indicator | 1      | <b>Required for corrections only.</b> Indicates a corrected return.   |

**Record Name: Payee “B” Record (Continued)**

| Field Position | Field Title         | Length | Description and Remarks |  |
|----------------|---------------------|--------|-------------------------|--|
|                | (See <b>Note.</b> ) |        | <b>Code</b>             | <b>Definition</b>  |
|                |                     |        | 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. 13, 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, <b>enter blanks</b> . 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 leftjustified, 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 part of the surname, e.g., for Van Elm, the name control would be VANE. <i>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 Payer Name Line.</i> |  |
|------|--------------|---|---|--|

☛ **Note: Imbedded blanks, extraneous words, titles, and special characters (i.e., Mr., Mrs., Dr., period [.] , apostrophe [‘]) should be removed from the Payee Name Lines. This information may be dropped during subsequent processing at IRS/MCC. A dash (-) and an ampersand (&) are the only acceptable special characters.**

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

| Individuals: | Name                        | Name Control |
|--------------|-----------------------------|--------------|
|              | Jane <b>Brown</b>           | BROW         |
|              | John A. <b>Lee</b>          | LEE*         |
|              | James P. <b>En</b> , Sr.    | EN*          |
|              | John <b>O’Neill</b>         | ONEI         |
|              | Mary <b>Van Buren</b>       | VANB         |
|              | Juan <b>De Jesus</b>        | DEJE         |
|              | Gloria A. <b>El-Roy</b>     | EL-R         |
|              | Mr. John <b>Smith</b>       | SMIT         |
|              | Joe <b>McCarthy</b>         | MCCA         |
|              | Pedro <b>Torres-Lopes</b>   | TORR         |
|              | Maria <b>Lopez</b> Moreno** | LOPE         |
|              | Binh To <b>La</b>           | LA*          |
|              | Nhat Thi <b>Pham</b>        | PHAM         |

**Record Name: Payee "B" Record (Continued)**

| Field Position          | Field Title                             | Length | Description and Remarks |
|-------------------------|---|--------|-------------------------|
|                         | Mark <b>D'Allesandro</b>                | DALL   |                         |
| Corporations:           |   |        |                         |
|                         | The <b>F</b> irst National Bank         | FIRS   |                         |
|                         | <b>The H</b> ideaway                    | THEH   |                         |
|                         | <b>A &amp; B</b> Cafe                   | A&BC   |                         |
|                         | <b>11TH</b> Street Inc.                 | 11TH   |                         |
| Sole Proprietor:        |   |        |                         |
|                         | Mark <b>Hem</b> lock                    |        |                         |
|                         | DBA The Sunshine Club                   | HEML   |                         |
| Partnership:            |   |        |                         |
|                         | Robert <b>A</b> spen                    |        |                         |
|                         | and Bess Willow                         | ASPE   |                         |
|                         | Harold <b>F</b> ir, Bruce Elm,          |        |                         |
|                         | and Joyce Spruce et al Ptr              | FIR*   |                         |
| Estate:                 |   |        |                         |
|                         | Frank <b>W</b> hite Estate              | WHIT   |                         |
|                         | Estate of Sheila <b>B</b> lue           | BLUE   |                         |
| Trusts and Fiduciaries: |   |        |                         |
|                         | <b>D</b> aisy Corporation Employee      |        |                         |
|                         | Benefit Trust                           | DAIS   |                         |
|                         | Trust FBO The <b>C</b> herryblossom     |        |                         |
|                         | Society                                 | CHER   |                         |
| Exempt Organization:    |   |        |                         |
|                         | <b>L</b> aborer's Union, AFL-CIO        | LABO   |                         |
|                         | <b>S</b> t. <b>B</b> ernard's Methodist |        |                         |
|                         | Church Bldg. Fund                       | STBE   |                         |

\*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:  |
|       |  | <b>Code</b> | <b>Type of TIN</b>  |
|       |  | 1           | EIN   |
|       |  | 2           | SSN   |
|       |  | 2           | ITIN  |
|       |  | 2           | ATIN  |
|       |  | Blank       | N/A   |
|       |  |             | <b>Type of Account</b>  |
|       |  |             | A business, organization, sole proprietor, or other entity  |
|       |  |             | An individual, including a sole proprietor  |
|       |  |             | or  |
|       |  |             | An individual required to have a taxpayer identification number, but who is not eligible to obtain an SSN   |
|       |  |             | or  |
|       |  |             | An adopted individual prior to the assignment of a social security number   |
|       |  |             | If the type of TIN is not determinable, enter a blank.  |
| 12-20 | Payee's Taxpayer Identification Number (TIN) | 9           | <b>Required.</b> 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, <b>enter blanks</b> . 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, <b>enter blanks</b> . (See <b>Note</b> .) |

**Record Name: Payee “B” Record (Continued)**

| Field Position   | Field Title   | Length | Description and Remarks   |
|--|---|--------|---|
| <p>☛ <b>Note: IRS/MCC contacts payers who have submitted payee data with missing TINs in an attempt to prevent errors that could result in penalties. Payers who submit data with missing TINs, and have taken the required steps to obtain this information are encouraged to attach a letter of explanation to the required Form 4804. This will prevent unnecessary contact from IRS/MCC. This letter, however, will not prevent backup withholding notices (CP2100 or CP2100A Notices) or penalties for missing or incorrect TINs.</b></p> |   |        |   |
| 21-40  | Payer’s Account Number For Payee                                  | 20     | Enter any number assigned by the payer to the payee (e.g., checking or savings account number). Filers are encouraged to use this field. This number helps to distinguish individual payee records and should be unique for each document. Do not use the payee’s TIN since this will not make each record unique. This information is particularly useful 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. Do not define data in this field in packed decimal format. 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, <b>enter blanks</b> . For payers with multiple locations, this field may be used to identify the location of the office submitting the information return. <i>This code will also appear on backup withholding notices.</i>  |
| 45-54  | Blank Payment Amount Fields (Must be numeric) (See <b>Note</b> .) | 10     | <b>Enter blanks. Required. Filers should allow for all payment amounts. For those not used, enter zeros.</b> For example: If position 27, Type of Return, of the “A” Record, is “A” (for 1099-MISC) and positions 28-39, Amount Codes, are “1247AC <b>bbbb</b> ”, this indicates the payer is reporting any or all six payment amounts in all of the following “B” Records. (In this example, “b” denotes blanks in the designated positions. Do not enter the letter “b”) Payment Amount 1 will represent rents; Payment Amount 2 will represent royalties; Payment Amount 3 will be all “0’s” (zeros); Payment Amount 4 will represent Federal income tax withheld; Payment Amounts 5 and 6 will be all “0’s” (zeros); Payment amount 7 will represent nonemployee compensation; Payment Amounts 8 and 9 will be all “0’s” (zeros); Payment Amount A will represent crop insurance proceeds; Payment Amount B will be all “0’s” (zeros); and Payment Amount C will represent gross proceeds paid to an attorney in connection with legal services. Each payment field must contain 12 numeric characters. Each payment amount must contain U.S. dollars and cents. The right-most two positions represent cents in the payment amount fields. Do not enter dollar signs, commas, decimal points, or negative payments, except those items that reflect a loss on Form 1099B. Positive and negative amounts are indicated by placing a “+” (plus) or “-” (minus) sign in the left-most |

**Record Name: Payee "B" Record (Continued)**

| Field Position  | Field Title                        | Length | Description and Remarks  |
|---|------------------------------------|--------|--|
|   |                                    |        | position of the payment amount field. A negative over punch in the units 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. <b>Federal income tax withheld cannot be reported as a negative amount on any form.</b> |
| <p>☛ <b>Note: Filers must enter numeric information in all payment fields when filing magnetically or electronically. However, when reporting information on the statement to the recipient, the payer may be instructed to leave a box blank. Follow the guidelines provided in the paper instructions for the statement to the recipient.</b></p> |                                    |        |  |
| 55-66   | Payment Amount 1*                  | 12     | The amount reported in this field represents payments for Amount Code 1 in the "A" Record.   |
| 67-78   | Payment Amount 2*                  | 12     | The amount reported in this field represents payments for Amount Code 2 in the "A" Record.   |
| 79-90   | Payment Amount 3*                  | 12     | The amount reported in this field represents payments for Amount Code 3 in the "A" Record.   |
| 91-102  | Payment Amount 4*                  | 12     | The amount reported in this field represents payments for Amount Code 4 in the "A" Record.   |
| 103-114   | Payment Amount 5*                  | 12     | The amount reported in this field represents payments for Amount Code 5 in the "A" Record.   |
| 115-126   | Payment Amount 6*                  | 12     | The amount reported in this field represents payments for Amount Code 6 in the "A" Record.   |
| 127-138   | Payment Amount 7*                  | 12     | The amount reported in this field represents payments for Amount Code 7 in the "A" Record.   |
| 139-150   | Payment Amount 8*                  | 12     | The amount reported in this field represents payments for Amount Code 8 in the "A" Record.   |
| 151-162   | Payment Amount 9*                  | 12     | The amount reported in this field represents payments for Amount Code 9 in the "A" Record.   |
| 163-174   | Payment Amount A*                  | 12     | The amount reported in this field represents payments for Amount Code A in the "A" Record.   |
| 175-186   | Payment Amount B*                  | 12     | The amount reported in this field represents payments for Amount Code B in the "A" Record.   |
| 187-198   | Payment Amount C*                  | 12     | The amount reported in this field represents payments for Amount Code C in the "A" Record.   |
| <p><b>*If there are discrepancies between the payment amount fields and the boxes on the paper forms, the instructions in this Revenue Procedure govern.</b></p>  |                                    |        |  |
| 199-246   | Reserved                           | 48     | <b>Enter blanks.</b>   |
| 247   | Foreign Country Indicator          | 1      | <b>If the address of the payee is in a foreign country, enter a "1" (one) in this field; otherwise, enter blank.</b> When filers use this indicator, they may use a free format for the payee city, state, and ZIP Code. Address information must not appear in the First or Second Payee Name Line.   |
| 248-287   | First Payee Name Line (See Notes.) | 40     | <b>Required.</b> Enter the name of the payee (preferably surname first) whose Taxpayer Identification Number (TIN) was provided in positions 12-20 of the "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. The names of any other payees  |

**Record Name: Payee “B” Record (Continued)**

| Field Position  | Field Title            | Length | Description and Remarks  |
|---|------------------------|--------|--|
|   |                        |        | may be entered in the Second Payee Name Line Field. If reporting information for a sole proprietor, the individual’s name must always be present, preferably 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. Do not split words.   |
| <p>☛ <b>Note 1: Extraneous words, titles, and special characters (i.e., Mr., Mrs., Dr., period, apostrophe) should be removed from the Payee Name Lines. This information may be dropped during subsequent processing at IRS/MCC. A dash and an ampersand are the only acceptable special characters.</b></p>   |                        |        |  |
| <p>☛ <b>Note 2: On Form 5498, for Inherited IRAs, enter the beneficiary’s name followed by the word “beneficiary.” For example, “Brian Young as beneficiary of Joan Smith” or something similar that signifies that the IRA was once owned by Joan Smith. Filers may abbreviate the word “beneficiary” as, for example, “benef.” Refer to the 2000 “Instructions for Forms 1099-R and 5498.” The beneficiary’s TIN must be reported in positions 12-20 of the “B” Record.</b></p> |                        |        |  |
| <p>☛ <b>Note 3: When reporting Form 1099-LTC, Long-Term Care and Accelerated Death Benefits, the Payee Name Line of the “B” Record will reflect the policyholder. The name of the insured will be reported in Field Positions 557-596 of the Payee “B” Record.</b></p>  |                        |        |  |
| 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. <b>Do not enter address information.</b> It is important that filers provide as much payee information to IRS/MCC as possible to identify the payee associated with the TIN. Left justify and fill unused positions with blanks. <b>Fill with blanks if no entries are present for this field.</b> |
| 328-367   | Blank                  | 40     | <b>Enter blanks.</b>   |
| 368-407   | Payee Mailing Address  | 40     | <b>Required.</b> Enter mailing address of payee. Street address should include number, street, apartment or suite number (or P.O. Box if mail is not delivered to street address). Left justify information and fill unused positions with blanks. This field <b>must not</b> contain any data other than the payee’s mailing address.   |
| <p><b>For U.S. addresses,</b> the payee city, state, and ZIP Code must be reported as a 40, 2, and 9 position field, respectively. <b>Filers must adhere to the correct format for the payee city, state, and ZIP code.</b></p>   |                        |        |  |
| <p><b>For foreign addresses,</b> filers may use the payee 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).</p>   |                        |        |  |
| 408-447   | Blank                  | 40     | <b>Enter blanks.</b>   |
| 448-487   | Payee City             | 40     | <b>Required.</b> 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      | <b>Required.</b> 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. 18.   |
| 490-498   | Payee ZIP Code         | 9      | <b>Required.</b> 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   |

**Record Name: Payee "B" Record (Continued)**

| Field Position | Field Title | Length | Description and Remarks  |
|----------------|-------------|--------|--|
|                |             |        | 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. |
| 499-543        | Blank       | 45     | <b>Enter blanks.</b>   |

**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 |
|-------------|--------------|----------------------------|--------------|-------------|-------------|------------------------|
| 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 | Reserved | Foreign Country Indicator | First Payee Name Line | Second Payee Name Line | Blank   |
|------------------|----------|---------------------------|-----------------------|------------------------|---------|
| 187-198          | 199-246  | 247                       | 248-287               | 288-327                | 328-367 |

| Payee Mailing Address | Blank   | Payee City | Payee State | Payee ZIP Code | Blank   |
|-----------------------|---------|------------|-------------|----------------|---------|
| 368-407               | 408-447 | 448-487    | 488-489     | 490-498        | 499-543 |

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

- (1) **Forms 1098, 1098-E**
- (2) **Form 1098-T**
- (3) **Form 1099-A**
- (4) **Form 1099-B**
- (5) **Form 1099-C**
- (6) **Form 1099-DIV\***
- (7) **Form 1099-G\***
- (8) **Form 1099-INT\***
- (9) **Form 1099-LTC**
- (10) **Form 1099-MISC\***
- (11) **Form 1099-MSA**
- (12) **Form 1099-OID\***
- (13) **Form 1099-PATR\***
- (14) **Form 1099-R\***
- (15) **Form 1099-S**
- (16) **Form 5498\***

**(17) Form 5498-MSA**

**(18) Form W-2G**

\*These forms may be filed through the Combined Federal/State Filing Program. IRS/MCC will forward these records to participating states for filers who have been approved for the program. See Part A, Sec. 16, for information about the program, including specific codes for the record layouts.

**(1) Payee "B" Record - Record Layout Positions 544-750 for Forms 1098 and 1098-E**

| Field Position | Field Title          | Length | Description and Remarks   |
|----------------|----------------------|--------|---|
| 544-662        | Blank                | 119    | <b>Enter blanks.</b>  |
| 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, <b>enter blanks.</b> |
| 723-748        | Blank                | 26     | <b>Enter blanks.</b>  |
| 749-750        | Blank                | 2      | <b>Enter blanks,</b> or carriage return/line feed (CR/LF) characters.   |

**Payee "B" Record Record Layout Positions 544-750  
Forms 1098 and 1098-E**

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

**Note:** Until regulations are adopted, no penalties will be imposed under IRC sections 6721 or 6722 for failure to file or furnish correct Forms 1098-E or 1098-T if you made a good faith effort to file and furnish them.

**(2) Payee "B" Record - Record Layout Positions 544-750 for Form 1098-T**

| Field Position | Field Title                 | Length | Description and Remarks   |
|----------------|-----------------------------|--------|---|
| 544-546        | Blank                       | 3      | <b>Enter blanks.</b>  |
| 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 2000. Otherwise, <b>enter a blank.</b>   |
| 548            | Graduate Student Indicator  | 1      | Enter "1" (one) if the student is enrolled exclusively in a graduate level program. Otherwise, <b>enter a blank.</b>  |
| 549-662        | Blank                       | 114    | <b>Enter blanks.</b>  |
| 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, <b>enter blanks.</b> |
| 723-748        | Blank                       | 26     | <b>Enter blanks</b>   |
| 749-750        | Blank                       | 2      | <b>Enter blanks</b> or carriage return/line feed (CR/LF) characters.  |



**Payee “B” Record Record Layout Positions 544-750  
Form 1098-T**

|         |                             |                            |         |                      |         |                |
|---------|-----------------------------|----------------------------|---------|----------------------|---------|----------------|
| Blank   | Half-time Student Indicator | Graduate Student Indicator | Blank   | Special Data Entries | Blank   | Blank or CR/LF |
| 544-546 | 547                         | 548                        | 549-662 | 663-722              | 723-748 | 749-750        |

**(3) Payee “B” Record - Record Layout Positions 544-750 for Form 1099A**

| Field Position   | Field Title   | Length | Description and Remarks  |                         |                     |   |   |       |   |
|--|---|--------|--|-------------------------|---------------------|---|---|-------|---|
| 544-546  | Blank   | 3      | <b>Enter blanks.</b>   |                         |                     |   |   |       |   |
| 547  | Personal Liability Indicator                                  | 1      | Enter the appropriate indicator from the table below:  |                         |                     |   |   |       |   |
|  |   |        | <table border="0"> <tr> <td align="center"><b><u>Indicator</u></b></td> <td align="center"><b><u>Usage</u></b></td> </tr> <tr> <td align="center">1</td> <td>Borrower was personally liable for repayment of the debt.</td> </tr> <tr> <td align="center">Blank</td> <td>Borrower was not personally liable for repayment of the debt.</td> </tr> </table>   | <b><u>Indicator</u></b> | <b><u>Usage</u></b> | 1 | Borrower was personally liable for repayment of the debt. | Blank | Borrower was not personally liable for repayment of the debt. |
| <b><u>Indicator</u></b>  | <b><u>Usage</u></b>   |        |  |                         |                     |   |   |       |   |
| 1  | 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 Acquisition or Knowledge of Abandonment      | 8      | Enter the acquisition date of the secured property or the date the lender first knew or had reason to know the property was abandoned, in the format YYYYMMDD (e.g., 20001022). <b>Do not enter hyphens or slashes.</b>  |                         |                     |   |   |       |   |
| <p>☛ For dates with one-digit months (i.e., January-September) or days (i.e., 1-9), enter a zero before the month or day. January 1, 2000, would be 20000101. Do not enter blanks, alphas or special characters.</p> |   |        |  |                         |                     |   |   |       |   |
| 556-594  | Description of Property                                       | 39     | Enter a brief description of the property. For real 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     | <b>Enter blanks.</b>   |                         |                     |   |   |       |   |
| 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, <b>enter blanks.</b>  |                         |                     |   |   |       |   |
| 723-748  | Blank   | 26     | <b>Enter blanks.</b>   |                         |                     |   |   |       |   |
| 749-750  | Blank   | 2      | <b>Enter blanks</b> , or carriage return/line feed (CR/LF) characters.   |                         |                     |   |   |       |   |

**Payee “B” Record Record Layout Positions 544-750  
Form 1099-A**

|       |  |  |                         |       |
|-------|--|--|-------------------------|-------|
| Blank | Personal Liability Indicator Abandonment | Date of Lender’s Acquisition or Knowledge of | 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

**(4) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-B**

| Field Position  | Field Title  | Length | Description and Remarks   |                         |                     |   |                |   |  |
|---|--|--------|---|-------------------------|---------------------|---|----------------|---|--|
| 544   | Second TIN Notice (Optional)                         | 1      | Enter “2” to indicate notification by IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination; otherwise, <b>enter a blank.</b>  |                         |                     |   |                |   |  |
| 545-546   | Blank  | 2      | <b>Enter blanks.</b>  |                         |                     |   |                |   |  |
| 547   | Gross Proceeds Indicator                             | 1      | Enter the appropriate indicator from the following table, to identify the amount reported in Amount Code 2; otherwise, <b>enter blanks.</b><br><br><table border="0"> <tr> <td><b><u>Indicator</u></b></td> <td><b><u>Usage</u></b></td> </tr> <tr> <td>1</td> <td>Gross proceeds</td> </tr> <tr> <td>3</td> <td>Gross proceeds less commissions and options premiums</td> </tr> </table> | <b><u>Indicator</u></b> | <b><u>Usage</u></b> | 1 | Gross proceeds | 3 | Gross proceeds less commissions and options premiums |
| <b><u>Indicator</u></b>   | <b><u>Usage</u></b>                                  |        |   |                         |                     |   |                |   |  |
| 1   | Gross proceeds                                       |        |   |                         |                     |   |                |   |  |
| 3   | Gross proceeds less commissions and options premiums |        |   |                         |                     |   |                |   |  |
| 548-555   | Date of Sale   | 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., 20001022). Enter blanks if this is an aggregate transaction. <b>Do not enter hyphens or slashes.</b>  |                         |                     |   |                |   |  |
| <p>☛ For dates with one-digit months (i.e., January-September) or days (i.e., 1-9), enter a zero before the month or day. January 2, 2000 would be 20000102. Do not enter blanks, alphas or special characters.</p> |  |        |   |                         |                     |   |                |   |  |
| 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.       |                         |                     |   |                |   |  |
| 608-662   | Blank  | 55     | <b>Enter blanks.</b>  |                         |                     |   |                |   |  |
| 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   |                         |                     |   |                |   |  |

**(4) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-B (Continued)**

| Field Position | Field Title               | Length | Description and Remarks   |
|----------------|---------------------------|--------|---|
|                |                           |        | state or local revenue departments for filing requirements. If this field is not utilized, <b>enter blanks.</b>   |
| 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      | <b>Enter blanks.</b>  |
| 749-750        | Blank                     | 2      | <b>Enter blanks,</b> or carriage return/line feed (CR/LF) characters.   |

**Payee “B” Record Record Layout Positions 544-750 for Form 1099-B**

| Second TIN Notice (Optional) | Blank Proceeds Indicator | Gross Sale                | Date of Number            | CUSIP   | Description    |
|------------------------------|--------------------------|---------------------------|---------------------------|---------|----------------|
| 544                          | 545-546                  | 547                       | 548-555                   | 556-568 | 569-607        |
| Blank                        | Special Data Entries     | State Income Tax Withheld | Local Income Tax Withheld | Blank   | Blank or CR/LF |
| 608-662                      | 663-722                  | 723-734                   | 735-746                   | 747-748 | 749-750        |

**(5) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-C**

| Field Position   | Field Title          | Length | Description and Remarks   |
|--|----------------------|--------|---|
| 544-546  | Blank                | 3      | <b>Enter blanks.</b>  |
| 547  | Bankruptcy Indicator | 1      | Enter “1” (one) to indicate the debt was discharged in bankruptcy, if known. Otherwise, <b>enter a blank.</b>   |
| 548-555  | Date Canceled        | 8      | Enter the date the debt was canceled in the format of YYYYMMDD (e.g., 20001022). <b>Do not enter hyphens or slashes.</b>  |
| ☛ For dates with one-digit months (i.e., January-September) or days (i.e., 1-9), enter a zero before the month or day. January 2, 2000 would be 20000102. Do not enter blanks, alphas or special characters. |                      |        |   |
| 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     | <b>Enter blanks.</b>  |
| 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                                       |

**(5) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-C (Continued)**

| Field Position | Field Title | Length | Description and Remarks   |
|----------------|-------------|--------|---|
|                |             |        | state or local revenue departments for filing requirements. If this field is not utilized, <b>enter blanks.</b> |
| 723-748        | Blank       | 26     | <b>Enter blanks.</b>  |
| 749-750        | Blank       | 2      | <b>Enter blanks,</b> or carriage return/line feed (CR/LF) characters.   |

**Payee “B” Record - Record Layout Positions 544-750 for Form 1099C**

| 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        |

**(6) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-DIV**

| Field Position | Field Title                        | Length | Description and Remarks   |
|----------------|------------------------------------|--------|---|
| 544            | Second TIN Notice (Optional)       | 1      | Enter “2” to indicate notification by IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination; otherwise, <b>enter a blank.</b>  |
| 545-546        | Blank                              | 2      | <b>Enter blanks.</b>  |
| 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 9) applies. Otherwise, <b>enter blanks.</b>   |
| 587-662        | Blank                              | 76     | <b>Enter blanks.</b>  |
| 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, <b>enter blanks.</b>   |
| 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. 16, Table 1. For those payers or states not participating in this pro-  |

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

| Field Position | Field Title | Length | Description and Remarks  |
|----------------|-------------|--------|--|
|                |             |        | gram, <b>enter blanks</b> .  |
| 749-750        | Blank       | 2      | <b>Enter blanks</b> , 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        |

**(7) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-G**

| Field Position | Field Title                 | Length | Description and Remarks  |
|----------------|-----------------------------|--------|--|
| 544-546        | Blank                       | 3      | <b>Enter blanks</b> .  |
| 547            | Trade or Business Indicator | 1      | Enter "1" (one) to indicate the state or local income tax refund, credit, or offset (Amount Code 2) is attributable to income tax that applies exclusively to income from a trade or business.<br><b>Indicator</b> <b>Usage</b><br>1                                      Income tax refund applies exclusively to a trade or business.<br>Blank                                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. <b>The tax year must reflect the year for which the payment was made, not the tax year of the Form 1099-G. The tax year must be in the four position format of YYYY (e.g., 1998).</b> The valid range of years for the refund is 1990 through 1999.   |
| 552-662        | Blank                       | 111    | <b>Enter blanks</b> .  |
| 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, <b>enter blanks</b> .   |
| 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.  |

**(7) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-G (Continued)**

| Field Position | Field Title                  | Length | Description and Remarks   |
|----------------|------------------------------|--------|---|
| 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. 16, Table 1. For those payers or states not participating in this program, <b>enter blanks.</b>   |
| 749-750        | Blank                        | 2      | <b>Enter blanks</b> , 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 |
| 735-746                   | 747-748                      | 749-750        |

**(8) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-INT**

| Field Position | Field Title                        | Length | Description and Remarks   |
|----------------|------------------------------------|--------|---|
| 544            | Second TIN Notice (Optional)       | 1      | Enter “2” to indicate notification by IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination; otherwise, <b>enter a blank.</b>  |
| 545-546        | Blank                              | 2      | <b>Enter blanks.</b>  |
| 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 9) applies. Otherwise, <b>enter blanks.</b>   |
| 587-662        | Blank                              | 76     | <b>Enter blanks.</b>  |
| 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, <b>enter blanks.</b> |
| 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.                   |

**(8) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-INT (Continued)**

| Field Position | Field Title                  | Length | Description and Remarks   |
|----------------|------------------------------|--------|---|
| 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. 16, Table 1. For those payers or states not participating in this program, <b>enter blanks</b> .   |
| 749-750        | Blank                        | 2      | <b>Enter blanks</b> , 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        |

**(9) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-LTC**

| Field Position   | Field Title                       | Length | Description and Remarks   |                  |              |   |          |   |                   |
|------------------|-----------------------------------|--------|---|------------------|--------------|---|----------|---|-------------------|
| 544-546          | Blank                             | 3      | <b>Enter blanks</b> .   |                  |              |   |          |   |                   |
| 547              | Type of Payment Indicator         | 1      | Enter the appropriate indicator from the following table; otherwise, <b>enter blanks</b> . <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th><u>Indicator</u></th> <th><u>Usage</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Per diem</td> </tr> <tr> <td>2</td> <td>Reimbursed amount</td> </tr> </tbody> </table> | <u>Indicator</u> | <u>Usage</u> | 1 | Per diem | 2 | Reimbursed amount |
| <u>Indicator</u> | <u>Usage</u>                      |        |   |                  |              |   |          |   |                   |
| 1                | Per diem                          |        |   |                  |              |   |          |   |                   |
| 2                | Reimbursed amount                 |        |   |                  |              |   |          |   |                   |
| 548-556          | Social Security Number of Insured | 9      | <b>Required.</b> Enter the Social Security Number of the insured.   |                  |              |   |          |   |                   |
| 557-596          | Name of Insured                   | 40     | <b>Required.</b> Enter the name of the insured.   |                  |              |   |          |   |                   |
| 597-636          | Address Insured                   | 40     | <b>Required.</b> Enter the address of the insured. Street address should include number, street, apartment or suite number (or P.O. Box if not delivered to street address). Left justify information and fill unused positions with blanks. This field <b>must not</b> contain any data other than payee's address.  |                  |              |   |          |   |                   |

**(9) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-LTC (Continued)**

| Field Position   | Field Title                            | Length | Description and Remarks   |                  |              |   |                 |   |                |
|------------------|--|--------|---|------------------|--------------|---|-----------------|---|----------------|
|                  |  |        | <b>For U.S. addresses</b> , the payee city, state, and ZIP Code must be reported as a 40, 2, and 9 position field, respectively. <b>Filers must adhere to the correct format for the insured’s city, state, and ZIP Code.</b>   |                  |              |   |                 |   |                |
|                  |  |        | <b>For foreign addresses</b> , 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     | <b>Required.</b> 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      | <b>Required.</b> 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. 18.  |                  |              |   |                 |   |                |
| 679-687          | ZIP Code of Insured                    | 9      | <b>Required.</b> 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, <b>enter blank:</b><br><br><table><thead><tr><th><u>Indicator</u></th><th><u>Usage</u></th></tr></thead><tbody><tr><td>1</td><td>Chronically ill</td></tr><tr><td>2</td><td>Terminally ill</td></tr></tbody></table>   | <u>Indicator</u> | <u>Usage</u> | 1 | Chronically ill | 2 | Terminally ill |
| <u>Indicator</u> | <u>Usage</u>                           |        |   |                  |              |   |                 |   |                |
| 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., 20001022).  |                  |              |   |                 |   |                |
|                  |  |        | ☛ For dates with one-digit months (i.e., January-September) or days (i.e., 1-9), enter a zero before the month or day. January 2, 2000 would be 20000102. Do not enter blanks, alphas or special characters   |                  |              |   |                 |   |                |
| 697-722          | Blank                                  | 26     | <b>Enter blanks.</b>  |                  |              |   |                 |   |                |
| 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      | <b>Enter blanks.</b>  |                  |              |   |                 |   |                |
| 749-750          | Blank                                  | 2      | <b>Enter blanks</b> , 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) | Blank | State Income Tax Withheld | Local Income Tax Withheld | Blank | Blank or CR/LF |
|--|---------------------------|-------|---------------------------|---------------------------|-------|----------------|

688      689-696      697-722      723-734      735-746      747-748      749-750

**(10) Payee “B” Record - Record Layout Positions 544-750 for Form 1099MISC**

| Field Position | Field Title                                | Length | Description and Remarks   |
|----------------|--|--------|---|
| 544            | Second TIN Notice (Optional)               | 1      | Enter “2” to indicate notification by IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination; otherwise, <b>enter a blank.</b>  |
| 545-546        | Blank                                      | 2      | <b>Enter blanks.</b>  |
| 547            | Direct Sales Indicator (See <b>Note.</b> ) | 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, <b>enter a blank.</b> |

**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 | <b>Enter blanks.</b>  |
| 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, <b>enter blanks.</b>   |
| 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. 16, Table 1. For those payers or states not participating in this program, <b>enter blanks.</b>  |

**(10) Payee "B" Record - Record Layout Positions 544-750 for Form 1099MISC (Continued)**

| Field Position | Field Title | Length | Description and Remarks  |
|----------------|-------------|--------|--|
| 749-750        | Blank       | 2      | <b>Enter blanks</b> , 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 |
|------------------------------|----------------|
| 747-748                      | 749-750        |

**(11) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-MSA**

| Field Position | Field Title  | Length | Description and Remarks   |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |
|----------------|--|--------|---|-------------|-----------------|---|---------------------|---|----------------------|---|------------|---|--|---|------------------------|---|--|
| 544            | Blank  | 1      | <b>Enter blank.</b>   |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |
| 545            | Distribution Code  | 1      | <p><b>Required.</b> Enter the applicable code to indicate the type of payment:</p> <table border="0"> <thead> <tr> <th><u>Code</u></th> <th><u>Category</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Normal distribution</td> </tr> <tr> <td>2</td> <td>Excess contributions</td> </tr> <tr> <td>3</td> <td>Disability</td> </tr> <tr> <td>4</td> <td>Death distribution other than code 6<br/>(This includes distributions to a spouse, nonspouse, or estate beneficiary in the year of death and to an estate after the year of death.)</td> </tr> <tr> <td>5</td> <td>Prohibited transaction</td> </tr> <tr> <td>6</td> <td>Death distribution <b>after year of death</b> to a nonspouse beneficiary (Do not use for distribution to an estate.)</td> </tr> </tbody> </table> | <u>Code</u> | <u>Category</u> | 1 | Normal distribution | 2 | Excess contributions | 3 | Disability | 4 | Death distribution other than code 6<br>(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 | 6 | Death distribution <b>after year of death</b> to a nonspouse beneficiary (Do not use for distribution to an estate.) |
| <u>Code</u>    | <u>Category</u>  |        |   |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |
| 1              | Normal distribution  |        |   |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |
| 2              | Excess contributions   |        |   |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |
| 3              | Disability   |        |   |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |
| 4              | Death distribution other than code 6<br>(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   |        |   |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |
| 6              | Death distribution <b>after year of death</b> to a nonspouse beneficiary (Do not use for distribution to an estate.)   |        |   |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |
| 546            | Blank  | 1      | <b>Enter a blank.</b>   |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |
| 547            | Medicare+ Choice MSA Indicator   | 1      | Enter "1" (one) if distributions are from a Medicare+Choice MSA. Otherwise, <b>enter a blank.</b>   |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |
| 548-662        | Blank  | 115    | <b>Enter blanks.</b>  |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |
| 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, <b>enter blanks.</b>   |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |
| 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 .  |             |                 |   |                     |   |                      |   |            |   |  |   |                        |   |  |

**(11) Payee “B” Record - Record Layout Positions 544-750 for Form 1099MSA (Continued)**

| Field Position | Field Title               | Length | Description and Remarks   |
|----------------|---------------------------|--------|---|
| 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      | <b>Enter blanks.</b>  |
| 749-750        | Blank                     | 2      | <b>Enter blanks</b> , or carriage return/line feed (CR/LF) characters.  |

**Payee “B” Record—Record Layout Positions 544-750 for Form 1099-MSA**

|       |                   |       |                                |         |                      |
|-------|-------------------|-------|--------------------------------|---------|----------------------|
| Blank | Distribution Code | Blank | Medicare+ Choice MSA Indicator | Blank   | Special Data Entries |
| 544   | 545               | 546   | 547                            | 548-662 | 663-722              |

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

**(12) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-OID**

| Field Position | Field Title                  | Length | Description and Remarks   |
|----------------|------------------------------|--------|---|
| 544            | Second TIN Notice (Optional) | 1      | Enter “2” to indicate notification by IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination; otherwise, <b>enter a blank.</b>  |
| 545-546        | Blank                        | 2      | <b>Enter blanks.</b>  |
| 547-585        | Description                  | 39     | <b>Required.</b> 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 ( <b>must be 4 digit year</b> ) of maturity (e.g., NYSE XYZ 12 1/ 2000). 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     | <b>Enter blanks.</b>  |
| 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, <b>enter blanks.</b>   |
| 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.   |

**(12) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-OID (Continued)**

| Field Position | Field Title                  | Length | Description and Remarks   |
|----------------|------------------------------|--------|---|
| 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. 16, Table 1. For those payers or states not participating in this program, <b>enter blanks</b> .   |
| 749-750        | Blank                        | 2      | <b>Enter blanks</b> 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        |

**(13) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-PATR**

| Field Position | Field Title                  | Length | Description and Remarks   |
|----------------|------------------------------|--------|---|
| 544            | Second TIN Notice (Optional) | 1      | Enter “2” to indicate notification by IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination; otherwise, <b>enter a blank</b> .   |
| 545-662        | Blank                        | 118    | <b>Enter blanks</b> .   |
| 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, <b>enter blanks</b> .  |
| 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  |

**(13) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-PATR (Continued)**

| Field Position | Field Title                 | Length | Description and Remarks   |
|----------------|-----------------------------|--------|---|
|                |                             |        | 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. 16, Table 1. For those payers or states not participating in this program, <b>enter blanks</b> . |
| 749-750        | Blank                       | 2      | <b>Enter blanks</b> , 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        |

**(14) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-R**

| Field Position | Field Title   | Length | Description and Remarks  |
|----------------|---|--------|--|
| 544            | Blank   | 1      | <b>Enter blank.</b>  |
| 545-546        | Distribution Code<br><br>(For a detailed explanation of distribution codes, see the 2000 "Instructions for Forms 1099-R and 5498.") | 2      | <b>Required.</b> Enter at least one distribution code from the table below. More than one code may apply. If only one code is required, it must be entered in position 545 and position 546 must be blank. A blank in position 545 is not acceptable. Position 545 must contain a numeric code except when using Code D, E, F, G, H, J, L, M, P, R or S. Distribution Code A, when applicable, must be entered in position 546 with the applicable numeric code in position 545. When using Code P for an IRA distribution under section 408(d)(4) of the Internal Revenue Code, the filer may also enter Code 1, 2, or 4 if applicable. Only three numeric combinations are acceptable, Codes 8 and 1, 8 and 2, and 8 and 4, on one return. These three combinations can be used only if both codes apply to the distribution being reported. If more than one numeric code is applicable to different parts of a distribution, report two separate "B" Records. Distribution Codes E, F, and H cannot be used with any other codes. Distribution Code G may be used with Distribution Code 4 only, if applicable.<br><br><b>Code</b><br>1<br>2<br>3<br><br><b>Category</b><br>*Early distribution, no known exception(in most cases, under age 59 1/2)<br>*Early distribution, exception applies (Under age 59 1/2)<br>*Disability |

**(14) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-R (Continued)**

| Field Position | Field Title | Length | Description and Remarks  |
|----------------|-------------|--------|--|
|                |             |        | 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 2000                           |
|                |             |        | 9 PS 58 costs (premiums paid by a trustee or custodian for current insurance protection)                           |
|                |             |        | A May be eligible for 10-year tax option   |
|                |             |        | D *Excess contributions plus earnings/excess deferrals taxable in 1998   |
|                |             |        | E Excess annual additions under section 415  |
|                |             |        | F Charitable gift annuity  |
|                |             |        | G Direct rollover to IRA   |
|                |             |        | H *Direct rollover to qualified plan or tax-sheltered annuity or a transfer from a conduit IRA to a qualified plan |
|                |             |        | J Distribution from a Roth IRA (This code may be used with Code 1, 2, 3, 4, 5, 8, or P.)                           |
|                |             |        | L Loans treated as deemed distributions under section 72(p)  |
|                |             |        | M Distribution from an education IRA (Ed IRA)  |
|                |             |        | P *Excess contributions plus earnings/excess deferrals taxable in 1999   |
|                |             |        | R Recharacterized IRA contribution (See <b>Note</b> .)   |
|                |             |        | S *Early distribution from a SIMPLE IRA in first 2 years, no known exception                                       |

\*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.

☛ **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 Not Determined Indicator | 1 | Enter “1” (one) only if the taxable amount of the payment entered for Payment Amount Field 1 (Gross distribution) of the “B” Record cannot be computed; otherwise, <b>enter blank</b> . [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. |
|-----|---|---|--|

**(14) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-R (Continued)**

| Field Position   | Field Title   | Length | Description and Remarks   |
|--|---|--------|---|
| 548  | IRA/SEP/<br>SIMPLE Indicator                              | 1      | Enter “1” (one) for a traditional IRA, SEP, or SIMPLE distribution or <i>Roth conversion</i> ; otherwise, <b>enter a blank</b> . (See <b>Note</b> .) If the IRA/SEP/SIMPLE Indicator is used, enter the amount of the <i>Roth conversion</i> or distribution in Payment Amount Field A of the Payee “B” Record. <b>Do not use the indicator for a distribution from a Roth or education IRA or for an IRA recharacterization.</b>   |
| <b>Note:</b> For Form 1099-R, generally, report the <i>Roth conversion</i> or total amount distributed from a traditional IRA, SEP, or SIMPLE in Payment Amount Field A (traditional IRA/SEP/SIMPLE distribution or <i>Roth conversion</i> ), as well as Payment Amount Field 1 (Gross Distribution) of the “B” Record. Refer to the 2000 “Instructions for Forms 1099-R and 5498” for exceptions (Box 2a instructions). |   |        |   |
| 549  | Total<br>Distribution<br>Indicator<br>(See <b>Note</b> .) | 1      | Enter a “1” (one) only if the payment shown for Amount Code 1 is a total distribution that closed out the account; otherwise, <b>enter a blank</b> .  |
| <b>Note:</b> 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<br>of Total<br>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, <b>enter blanks</b> . Filers need not enter this information for any IRA distribution or for direct rollovers. |
| 552-662  | Blank   | 111    | <b>Enter blanks.</b>  |
| 663-722  | Special Data<br>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. The state/payer’s state number, state distribution, name of locality, and/or local distribution can be entered in this field. Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, <b>enter blanks</b> .  |
| 723-734  | State Income<br>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<br>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  | 2      | If this payee record is to be forwarded to a state agency   |

**(14) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-R (Continued)**

| Field Position | Field Title        | Length | Description and Remarks   |
|----------------|--------------------|--------|---|
|                | Federal/State Code |        | as part of the Combined Federal/State Filing Program, enter the valid state code from Part A, Sec. 16, Table 1. For those payers or states not participating in this program, <b>enter blanks</b> . |
| 749-750        | Blank              | 2      | <b>Enter blanks</b> , or carriage return/line feed (CR/LF) characters.  |

**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 |
|-------|-------------------|---|--------------------------|------------------------------|
| 544   | 545-546           | 547                                     | 548                      | 549                          |

| Percentage of Total Distribution | Blank   | Special Data Entries | State Income Tax Withheld | Local Income Tax Withheld | Combined Federal/State Code | Blank or CR/LF |
|----------------------------------|---------|----------------------|---------------------------|---------------------------|-----------------------------|----------------|
| 550-551                          | 552-662 | 663-722              | 723-734                   | 735-746                   | 747-748                     | 749-750        |

**(15) Payee "B" Record - Record Layout Positions 544-750 for Form 1099-S**

| Field Position   | Field Title                    | Length | Description and Remarks   |
|--|--------------------------------|--------|---|
| 544-546  | Blank                          | 3      | <b>Enter blanks</b> .   |
| 547  | Property or Services Indicator | 1      | <b>Required.</b> 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, <b>enter a blank</b> .   |
| 548-555  | Date of Closing                | 8      | <b>Required.</b> Enter the closing date in the format YYYYMMDD (e.g., 20001022). <b>Do not enter hyphens or slashes.</b>  |
| For dates with one-digit months (i.e., January-September) or days (i.e., 1-9), enter a zero before the month or day. January 2, 2000 would be 20000102. Do not enter blanks, alphas or special characters. |                                |        |   |
| 556-594  | Address or Legal Description   | 39     | <b>Required.</b> 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     | <b>Enter blanks</b> .   |
| 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, <b>enter blanks</b> .  |



**(15) Payee “B” Record - Record Layout Positions 544-750 for Form 1099-S (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      | <b>Enter blanks.</b>  |
| 749-750        | Blank                     | 2      | <b>Enter blanks</b> , 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        |

**Note:** When reporting Form 1099-S, the “B” Record will reflect the seller/transferor information.

**(16) Payee “B” Record - Record Layout Positions 544-750 for Form 5498**

| Field Position | Field Title  | Length | Description and Remarks   |
|----------------|--|--------|---|
| 544-546        | Blank  | 3      | <b>Enter blanks.</b>  |
| 547            | <b>IRA</b> Indicator (Individual Retirement Account)                 | 1      | <b>Required, if applicable.</b> Enter “1” (one) if reporting a rollover (Amount Code 2) or Fair Market Value (Amount Code 4) for an IRA. Otherwise, <b>enter a blank.</b>   |
| 548            | <b>SEP</b> Indicator (Simplified Employee Pension)                   | 1      | <b>Required, if applicable.</b> Enter “1” (one) if reporting rollover (Amount Code 2) or Fair Market Value (Amount Code 4) for a SEP. Otherwise, <b>enter a blank.</b>      |
| 549            | <b>SIMPLE</b> Indicator (Savings Incentive Match Plan for Employees) | 1      | <b>Required, if applicable.</b> Enter “1” (one) if reporting a rollover (Amount Code 2) or Fair Market Value (Amount Code 4) for a SIMPLE. Otherwise, <b>enter a blank.</b> |

**(16) Payee “B” Record - Record Layout Positions 544-750 for Form 5498 (Continued)**

| Field Position | Field Title                         | Length | Description and Remarks   |
|----------------|-------------------------------------|--------|---|
| 550            | <b>Roth IRA</b> Indicator           | 1      | <b>Required, if applicable.</b> Enter “1” (one) if reporting a rollover (Amount Code 2) or Fair Market Value (Amount Code 4) for a Roth IRA. Otherwise, <b>enter a blank.</b>   |
| 551            | <b>Recharacterization</b> Indicator | 1      | <b>Required, if applicable.</b> Enter “1” (one) if reporting any recharacterization. Otherwise, <b>enter a blank.</b>   |
| 552            | <b>Education IRA</b> Indicator      | 1      | <b>Required, if applicable.</b> Enter “1” (one) if reporting a rollover (Amount Code 2) or Fair Market Value (Amount Code 4) for an Education IRA. Otherwise, <b>enter a blank.</b>   |
| 553-662        | Blank                               | 110    | <b>Enter blanks.</b>  |
| 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, <b>enter blanks.</b> |
| 723-746        | Blank                               | 24     | <b>Enter blanks.</b>  |
| 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. 16, Table 1. For those payers or states not participating in this program, <b>enter blanks.</b>                        |
| 749-750        | Blank                               | 2      | <b>Enter blanks,</b> 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 | Recharacterization Indicator | Education IRA Indicator |
|---------|---------------|---------------|------------------|--------------------|------------------------------|-------------------------|
| 544-546 | 547           | 548           | 549              | 550                | 551                          | 552                     |

| Blank   | Special Data Entries | Blank   | Combined Federal/State Code | Blank or CR/LF |
|---------|----------------------|---------|-----------------------------|----------------|
| 553-662 | 663-722              | 723-746 | 747-748                     | 749-750        |

**(17) Payee “B” Record - Record Layout Positions 544-750 for Form 5498-MSA**

| Field Position | Field Title                   | Length | Description and Remarks   |
|----------------|-------------------------------|--------|---|
| 544-546        | Blank                         | 3      | <b>Enter blanks.</b>  |
| 547            | Medicare+Choice MSA Indicator | 1      | Enter “1” for Medicare+Choice MSA.  |
| 548-662        | Blank                         | 115    | <b>Enter blanks.</b>  |
| 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. |

**(17) Payee "B" Record - Record Layout Positions 544-750 for Form 5498-MSA (Continued)**

| Field Position | Field Title | Length | Description and Remarks   |
|----------------|-------------|--------|---|
|                |             |        | Payers should contact the state or local revenue departments for filing requirements. If this field is not utilized, <b>enter blanks.</b> |
| 723-748        | Blank       | 26     | <b>Enter blanks.</b>  |
| 749-750        | Blank       | 2      | <b>Enter blanks</b> , or carriage return/line feed (CR/LF) characters.  |

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

|         |                                 |         |                      |         |                |
|---------|---------------------------------|---------|----------------------|---------|----------------|
| Blank   | Medicare + Choice MSA Indicator | Blank   | Special Data Entries | Blank   | Blank or CR/LF |
| 544-546 | 547                             | 548-662 | 663-722              | 723-748 | 749-750        |

**(18) Payee "B" Record - Record Layout Positions 544-750 for Form W-2G**

| Field Position   | Field Title   | Length | Description and Remarks  |             |                 |   |   |   |   |   |          |   |                         |   |      |   |       |   |               |   |                                     |
|--|---|--------|--|-------------|-----------------|---|---|---|---|---|----------|---|-------------------------|---|------|---|-------|---|---------------|---|-------------------------------------|
| 544-546  | Blank   | 3      | <b>Enter blanks.</b>   |             |                 |   |   |   |   |   |          |   |                         |   |      |   |       |   |               |   |                                     |
| 547  | Type of Wager Code  | 1      | <b>Required.</b> Enter the applicable type of wager code from the table below:<br><br><table border="0"> <thead> <tr> <th><u>Code</u></th> <th><u>Category</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Horse race track (or off-track betting of a horse track nature)</td> </tr> <tr> <td>2</td> <td>Dog race track (or off-track betting of a dog track nature)</td> </tr> <tr> <td>3</td> <td>Jai-alai</td> </tr> <tr> <td>4</td> <td>State-conducted lottery</td> </tr> <tr> <td>5</td> <td>Keno</td> </tr> <tr> <td>6</td> <td>Bingo</td> </tr> <tr> <td>7</td> <td>Slot machines</td> </tr> <tr> <td>8</td> <td>Any other type of gambling winnings</td> </tr> </tbody> </table> | <u>Code</u> | <u>Category</u> | 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 |
| <u>Code</u>  | <u>Category</u>   |        |  |             |                 |   |   |   |   |   |          |   |                         |   |      |   |       |   |               |   |                                     |
| 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      | <b>Required.</b> Enter the date of the winning transaction in the format YYYYMMDD (e.g., 20001022). <b>Do not enter hyphens or slashes.</b> This is not the date the money was paid, if paid after the date of the race (or game).   |             |                 |   |   |   |   |   |          |   |                         |   |      |   |       |   |               |   |                                     |
| For dates with one-digit months (i.e., January-September) or days (i.e., 1-9), enter a zero before the month or day. January 2, 2000 would be 20000102. Do not enter blanks, alphas or special characters. |   |        |  |             |                 |   |   |   |   |   |          |   |                         |   |      |   |       |   |               |   |                                     |
| 556-570  | Transaction   | 15     | <b>Required.</b> For state-conducted lotteries, enter the ticket or other identifying number. For keno, bingo, and slot machines, enter the ticket or card number (and color, if applicable), machine serial number, or any other information that will help identify the winning transaction. For all others, <b>enter blanks.</b>  |             |                 |   |   |   |   |   |          |   |                         |   |      |   |       |   |               |   |                                     |
| 571-575  | Race  | 5      | If applicable, enter the race (or game) relating to the winning ticket; otherwise, <b>enter blanks.</b>  |             |                 |   |   |   |   |   |          |   |                         |   |      |   |       |   |               |   |                                     |
| 576-580  | Cashier   | 5      | If applicable, enter the initials or number of the cashier making the winning payment; otherwise, <b>enter blanks.</b>   |             |                 |   |   |   |   |   |          |   |                         |   |      |   |       |   |               |   |                                     |
| 581-585  | Window  | 5      | If applicable, enter the window number or location of  |             |                 |   |   |   |   |   |          |   |                         |   |      |   |       |   |               |   |                                     |

**(18) Payee “B” Record - Record Layout Positions 544-750 for Form W-2G (Continued)**

| Field Position | Field Title               | Length | Description and Remarks   |
|----------------|---------------------------|--------|---|
|                |                           |        | the person paying the winning payment; otherwise, <b>enter blanks.</b>  |
| 586-600        | First ID                  | 15     | For other than state lotteries, enter the first identification number of the person receiving the winning payment; otherwise, <b>enter blanks.</b>  |
| 601-615        | Second ID                 | 15     | For other than state lotteries, enter the second identification number of the person receiving the winnings; otherwise, <b>enter blanks.</b>  |
| 616-662        | Blank                     | 47     | <b>Enter blanks.</b>  |
| 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, <b>enter blanks.</b>   |
| 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      | <b>Enter blanks.</b>  |
| 749-750        | Blank                     | 2      | <b>Enter blanks,</b> 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. 11. End of Payer “C” Record - General Field Descriptions and Record Layout

**.01 The End of Payer “C” Record is a fixed record length of 750 positions.** The control total fields are each 18 positions in length.

**.02** The “C” Record consists of the total number of payees and the totals of the payment amount fields filed by a given payer and/or a particular type of return. The “C” Record must be written after the last “B” Record for each type of return for a given payer. For each “A” Record and group of “B” Records on the file, there must be a corresponding “C” Record. *A file format diagram is located at the end of Part E, Miscellaneous Information, just before the mail labels.*

**.03** In developing the “C” Record, for example, if a payer used Amount Codes 1, 3, and 6 in the “A” Record, the totals from the “B” Records would appear in Control Totals 1 (positions 16-33), 3 (positions 52-69), and 6 (positions 106-123) of the “C” Record. In this example, positions 34-51, 70-105, and 124-231 would be zero filled. Positions 232-748 would be blank filled.

**.04** Payers/Transmitters should verify the accuracy of the totals since data with missing or incorrect “C” Records will be returned for replacement.

---

### Record Name: End of Payer “C” Record

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| Field Position | Field Title      | Length | Description and Remarks   |   |
|----------------|------------------|--------|---|---|
| 1              | Record Type      | 1      | <b>Required.</b> Enter “C.”   |   |
| 2-9            | Number of Payees | 8      | <b>Required.</b> Enter the total number of “B” Records covered by the preceding “A” Record. Right justify information and fill unused positions with zeros.   |   |
| 10-15          | Blank            | 6      | <b>Enter blanks.</b>  |   |
| 16-33          | Control Total 1  | 18     | <b>Required.</b> Accumulate totals of any payment amount fields in the “B” Records into the appropriate control total fields of the “C” Record. <b>Control totals must be right justified and unused control total fields zero-filled.</b> All control total fields are 18 positions in length. |   |
| 34-51          | Control Total 2  | 18     |   |   |
| 52-69          | Control Total 3  | 18     |   |   |
| 70-87          | Control Total 4  | 18     |   |   |
| 88-105         | Control Total 5  | 18     |   |   |
| 106-123        | Control Total 6  | 18     |   |   |
| 124-141        | Control Total 7  | 18     |   |   |
| 142-159        | Control Total 8  | 18     |   |   |
| 160-177        | Control Total 9  | 18     |   |   |
| 178-195        | Control Total A  | 18     |   |   |
| 196-213        | Control Total B  | 18     |   |   |
| 214-231        | Control Total C  | 18     |   |   |
| 232-748        | Blank            | 517    |   | <b>Enter blanks.</b>  |
| 749-750        | Blank            | 2      |   | <b>Enter blanks,</b> or carriage return/line feed (CR/LF) characters. |

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**End of Payer “C” Record Record Layout**

|                 |                  |                 |                 |                 |                 |                 |                 |                 |
|-----------------|------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Record Type     | Number of Payees | Blank           | Control Total 1 | 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 | Blank           | Blank or CR/LF  |                 |
| 124-141         | 142-159          | 160-177         | 178-195         | 196-213         | 214-231         | 232-748         | 749-750         |                 |

**Sec. 12. State Totals “K” Record - General Field Descriptions and Record Layout**

**.01 The State Totals “K” Record is a fixed record length of 750 positions.** The control total fields are each 18 positions in length.

**.02** The “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.

**.03** The “K” Record will contain the total number of payees and the totals 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 E, Miscellaneous Information, just before the mail labels.*

**.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. 16, for the requirements and conditions that **must** be met to file via this program.

**(1) State Totals “K” Record - Record Layout Forms 1099-DIV, 1099-G, 1099-INT, 1099-MISC, 1099-OID, 1099-PATR, 1099-R, and 5498**

| Field Position | Field Title      | Length | Description and Remarks  |
|----------------|------------------|--------|--|
| 1              | Record Type      | 1      | <b>Required.</b> Enter “K.”  |
| 2-9            | Number of Payees | 8      | <b>Required.</b> Enter the total number of “B” Records being coded for this state. Right justify information and fill unused positions with zeros.   |
| 10-15          | Blank            | 6      | <b>Enter blanks.</b>   |
| 16-33          | Control Total 1  | 18     | <b>Required.</b> Accumulate totals of any payment amount fields in the “B” Records for each state being reported into the appropriate control total fields of the appropriate “K” Record. <b>Control totals must be right justified and unused control total fields zero-filled.</b> All control total fields are 18 positions in length |
| 34-51          | Control Total 2  | 18     |  |
| 52-69          | Control Total 3  | 18     |  |
| 70-87          | Control Total 4  | 18     |  |
| 88-105         | Control Total 5  | 18     |  |
| 106-123        | Control Total 6  | 18     |  |
| 124-141        | Control Total 7  | 18     |  |
| 142-159        | Control Total 8  | 18     |  |
| 160-177        | Control Total 9  | 18     |  |
| 178-195        | Control Total A  | 18     |  |

**(1) 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 Position | Field Title                     | Length | Description and Remarks   |
|----------------|---------------------------------|--------|---|
| 196-213        | Control Total B                 | 18     |   |
| 214-231        | Control Total C                 | 18     |   |
| 232-706        | Blank                           | 475    | <b>Enter blanks.</b>  |
| 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, <b>enter blanks.</b> |
| 725-742        | Local Income Tax Withheld Total | 18     | Local income tax withheld total is for the convenience of the filers. Aggregate totals of the local income tax withheld field in the Payee “B” Records; otherwise, <b>enter blanks.</b> |
| 743-746        | Blank                           | 4      | <b>Enter blanks.</b>  |
| 747-748        | Combined Federal/State Code     | 2      | <b>Required.</b> Enter the code assigned to the state which is to receive the information. (Refer to Part A, Sec. 16, Table I.)   |
| 749-750        | Blank                           | 2      | <b>Enter blanks</b> 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 1 | 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 | Blank   | State Income Tax Withheld Total | Local Income Tax Withheld Total |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------|---------------------------------|---------------------------------|
| 124-141         | 142-159         | 160-177         | 178-195         | 196-213         | 214-231         | 232-706 | 707-724                         | 725-742                         |

| Blank   | Combined Federal/State Code | Blank or CR/LF |
|---------|-----------------------------|----------------|
| 743-746 | 747-748                     | 749-750        |

**Sec. 13. End of Transmission “F” Record - General Field Descriptions and Record Layout**

**.01 The End of Transmission “F” Record is a fixed record length of 750 positions.** The “F” Record is a summary of the number of payers in the entire file.

**.02** This record should be written after the last “C” Record (or last “K” Record, when applicable) of the entire file.

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**Record Name: End of Transmission “F” Record**

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| Field Position | Field Title           | Length | Description and Remarks  |
|----------------|-----------------------|--------|--|
| 1              | Record Type           | 1      | <b>Required.</b> Enter “F.”  |
| 2-9            | Number of “A” Records | 8      | Enter the total number of Payer “A” Records in the entire file (right justify and zero fill) or enter all zeros. |
| 10-30          | Zero                  | 21     | Enter zeros.   |
| 31-748         | Blank                 | 718    | <b>Enter blanks.</b>   |
| 749-750        | Blank                 | 2      | <b>Enter blanks</b> or carriage return/line feed (CR/LF) characters.   |

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**End of Transmission “F” Record - Record Layout**

| Record Type | Number of “A” Records | Zero  | Blank  | Blank or CR/LF |
|-------------|-----------------------|-------|--------|----------------|
| 1           | 2-9                   | 10-30 | 31-748 | 749-750        |

**Part C. Electronic Filing Specifications****Sec. 1 Background**

**01.** All electronic filing of information returns are received at IRS/MCC via the FIRE (Filing Information Returns Electronically) System. The FIRE System can be accessed via analog and ISDN BRI connections. The system is designed to support the electronic filing of information returns only. The telephone number for electronic filing is (1-304-262-2400). Publications and forms are no longer available electronically from MCC. Users needing publications and forms will need to download them from the IRS’s Internet Web Site at [www.irs.gov](http://www.irs.gov) or order them by calling 1-800-TAX-FORM (1-800-829-3676).

**Sec. 2. Advantages of Filing Electronically**

Some of the advantages of filing electronically are as follows:

- (1) Results available within 1-2 workdays as to the acceptability of the data transmitted. It is the filer’s responsibility to dial back in and check results.
- (2) Later due date than magnetic media or paper for electronically filed Forms 1099, 1098, and W-2G (refer to Part A, Section 10.01).
- (3) Allows more attempts than magnetic media filing to correct bad files before imposing penalties (refer to Part C, Section 6.05).
- (4) Better customer service due to on-line availability of transmitter’s files for research purposes.
- (5) Additional 60 days for testing - November 1, 2000, to February 15, 2001, instead of November 1, 2000, through December 15, 2000.

**Sec. 3. General**

**.01** Electronic filing of Forms 1098, 1099, 5498, and W-2G, originals, corrections, and replacements of information returns is offered as an alternative to magnetic media (tape, tape cartridge, or diskette) or paper filing, but is not a requirement. Transmitters filing electronically will fulfill the magnetic media requirements for those payers who are required to file magnetically. It may also be used by payers who are under the filing threshold requirement, but would prefer to file their information returns this way. If the original file was sent magnetically, but was returned for replacement, the replacement may be transmitted electronically. Also, if the original file was submitted via magnetic media, any corrections may be transmitted electronically.

**.02** The electronic filing of information returns is not affiliated with the Form 1040 electronic filing program. These two programs are totally independent, and filers must obtain separate approval to participate in each of them. All inquiries concerning the electronic filing of information returns should be directed to IRS/MCC. IRS/MCC personnel cannot answer questions or assist taxpayers in the filing of Form 1040 tax returns. Filers with questions of this nature will be directed to the Customer Service toll-free number (1-800-829-1040) for assistance.

**.03** Files submitted to IRS/MCC electronically must be in standard ASCII code. No magnetic media or paper forms are to be submitted with the same information as the electronically submitted file.

**.04** If a request for extension is approved, transmitters who file electronically will be granted an extension of time to file. Part A, Sec. 11, explains procedures for requesting extensions of time. Filers are encouraged to file their data as soon as possible.

**.05** The formats of the “T”, “A”, “B”, “C”, “K”, and “F” Records are the same for electronically filed records as they are for 3



1/2-inch diskettes, tapes, and tape cartridges, and must be in standard ASCII code. For electronically filed documents, each transmission is considered a separate file; therefore, each transmission **must** begin with a Transmitter “T” Record and end with an End of Transmission (EOT) “F” Record.

#### Sec. 4. Electronic Filing Approval Procedure

**.01** Filers must obtain, or already have, a Transmitter Control Code (TCC) assigned prior to submitting their files electronically. (Filers who currently have a TCC for magnetic media filing do not have to request a second TCC for electronic filing.) Refer to Part A, Sec. 7, for information on how to obtain a TCC.

**.02** Once a TCC is obtained, electronic filers assign their own passwords and do not need prior or special approval.

**.03** 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 are up to 8 alpha/numerics, which are case sensitive. However, if filers do forget their password, call **304-263-8700** for assistance.

**Note: Passwords are case sensitive.**

#### Sec. 5. 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 connectivity*. If filers wish to submit an electronic test file for Tax Year 2000 (returns to be filed in 2001), it **must** be submitted to IRS/MCC **no earlier than** November 1, 2000, and **no later than** February 15, 2001.

**.02** If a filer encounters problems while transmitting the electronic test file, contact IRS/MCC for assistance.

**.03** Filers can verify the status of their transmitted test data by dialing the electronic filing system phone number (1-304-262-2400). This information will be available within 1-2 workdays after their transmission is received by IRS/MCC.

**.04 A test file is required from filers who want approval for the Combined Federal/State Filing Program. See Part A, Sec. 16, for further details.**

#### Sec. 6. Electronic Submissions

**.01** Electronically filed information may be submitted to IRS/MCC 24 hours a day, 7 days a week. Technical assistance will be available Monday through Friday between 8:30 a.m. and 4:30 p.m. Eastern time by calling **304-263-8700**.

**.02 The FIRE System will be down from December 29, 2000, through January 7, 2001.** This will allow time for IRS/MCC to update its system to reflect current year changes.

**.03** Data compression is encouraged when submitting information returns electronically. *WinZip and PKZip are acceptable compression packages. UNIX COMPRESS may be acceptable; however, a test file is recommended to verify compatibility. IRS/MCC cannot accept self-extracting zip files or compressed files containing multiple files.*

The time required to transmit information returns electronically will vary depending on the modem speed and the type of data compression used, if any. **The time required to transmit a file can be reduced by as much as 95 percent by using software compression and hardware compression.**

The following are actual transmission rates achieved in test uploads at MCC using compressed files. The actual transmission rates will vary depending on the modem speeds.

| Transmission Speed in bps | 1000 Records | 10,000 Records | 100,000 Records |
|---------------------------|--------------|----------------|-----------------|
| 19.2K                     | 34 Sec.      | 6 Min.         | 60 Min.         |
| 56K                       | 20 Sec.      | 3 1/2 Min.     | 33 Min.         |
| 128K (ISDN)               | 8 Sec.       | 1 Min.         | 10 Min.         |

**.04** Files submitted electronically will be assigned a unique filename by the *FIRE* System (the users may name files anything they choose from their end). 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 MCC in order to identify the file, if assistance is required, and to complete Form 4804.

**.05** If a file was submitted timely and is bad, the filer will have up to 60 days from the day the file was transmitted or 4 replacement attempts within that 60 day period, whichever comes first, to transmit an acceptable file. If an acceptable file is not received within 60 days or within 4 replacement attempts, then the payer could be subject to late filing penalties. This only applies to files originally sent electronically.

**.06 Filers are advised not to resubmit an entire file if records were omitted from the original transmission. This will result in duplicate filing. A new file should be sent consisting of the records that had not previously been submitted.**

**.07** 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. 7. Transmittal Requirements**

**.01** The results of the electronic transmission will be available in the File Status area of the electronic system within 1-2 workdays; however, no further processing will occur until the signed Form 4804 is received. The Form 4804 must be postmarked by the due date of the return. No return is considered filed until a Form 4804 is received by IRS/MCC.

**.02** Form 4804, which is located in the back of this publication, can be ordered by calling the IRS toll-free forms and publications order number **1-800-TAX-FORM (1-800-829-3676)**, or it may be computer-generated. It may also be obtained from the IRS's Internet Web Site at **www.irs.gov**. If a filer chooses to computer-generate Form 4804, all of the information contained on the original form, including the affidavit, must also be contained on the computer-generated form.

**.03** The TCC used in the Transmitter "T" Record is the TCC which must appear on the transmittal Form 4804.

**.04** Forms 4804 should be mailed to the following address:

If by Postal Service, air or truck freight:  
IRS-Martinsburg Computing Center  
Information Reporting Program  
**Attn: Electronic Filing Coordinator**  
230 Murall Drive  
Kearneysville, WV 25430

**Please indicate on the envelope the following message:**

**CONTAINS FORM 4804 INFORMATION - NO MAGNETIC MEDIA**

## **Sec. 8. Electronic Filing Specifications**

**.01** The FIRE System is designed exclusively for the filing of Forms 1042-S, 1099, 1098, 5498, 8027, W-2G and W-4.

**.02** A transmitter must have a TCC before a file can be transmitted. If you have a TCC for magnetic media filing, that TCC can also be used for electronic filing.

**.03** *It is the filer's responsibility to dial back to verify the acceptability of files submitted by checking the file status area of the system.* These reports will be available on the electronic system in 1-2 workdays after the transmission is received by IRS/MCC.

**.04** Contact the FIRE System by dialing **304-262-2400**. This number supports analog connections from 1200bps to 56Kbps or ISDN BRI 128Kbps connections. The system can be accessed via Dial-up network/web browser (*see Section 9*) or communications software (*see Section 10*). The Dial-up network/web browser will provide an Internet-like look without going through the Internet (point-to-point). If you do not have this capability, a text interface is provided that can be accessed via communication software such as *Hyperterminal, Procomm, PCAnywhere, etc.*

## **Sec. 9. Dial-up Network/Browser Specifications (Web Interface)**

**.01** The following are some general instructions (many of these settings may already be set by default in your software):

Dial-up network settings:

- (a) Set dial-up server type to PPP
- (b) Set network protocol to TCP/IP

Browser settings:

- (a) Set to receive 'cookies'
- (b) Enable JavaScript or Jscript
- (c) Browser must be capable of file uploads (i.e., Internet Explorer 4.0, Netscape 2.0 or higher)
- (d) Enter the URL address of <http://10.225.224.2> (*Remember, this is a point-to-point connection, not the Internet.*)

**.02** *Due to the large number of communication products available, it is impossible to provide specific information on all software/hardware configurations. However, since most of our filers use Windows 95, 98 or NT software, the following instructions are geared toward those products:*

### **UPLOADING FILES WITH DIAL-UP NETWORKING/WEB BROWSER IN WINDOWS 95/98**

#### **Tips**

(1) *This is a point-to-point connection – not the Internet.*

- (2) *Your browser must be capable of file uploads, i.e., Internet Explorer 4.0 or Netscape Navigator 2.0 or higher.*
- (3) *If you currently access the Internet via a LAN or a PROXY server, you will need to disable those options in your browser and enable 'Connect to the Internet using a modem'.*

Select **Programs**  
**Accessories**  
**Communications** (Windows 98)  
**Dial-Up Networking**

**First time connecting with Dial-Up Network** (If you have logged on previously, skip to Subsequent Dial-up Network Connections.)

*The first time you dial-in, you will need to configure your Dial-Up Networking.*

Select **'Make new connection'**.

Type a descriptive name for the system you are calling.

Select your modem.

Click **'Next'**.

Enter area code **304** and telephone number **262-2400**.

Click **'Next'**.

When you receive a message that you have successfully created a new Dial-Up Networking connection, click **'Finish'**.

Click **'Connect'** to dial. If you are prompted for a user name and password, complete according to local procedures; otherwise, click **'OK'**.

When you receive the message that you have connected to our system, click on your Web Browser (**remember, you are not connecting via the Internet – this is a point-to-point connection**).

In the URL Address enter **http://10.225.224.2** and press **ENTER**.

#### **Subsequent Dial-Up Network connections**

Click **'Connect'**.

If prompted for user name and password, complete according to local procedures; otherwise, click **'OK'**.

When you receive 'Connection Complete', click **'OK'**.

Click on your Web Browser (**remember, you are not connecting via the Internet**).

In the URL Address enter **http://10.225.224.2** and press **ENTER**.

#### **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 **'Create'**.

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

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

Click **'Create'**.

If you receive the message 'account created', click **'OK'**.

Click **'Start the Fire Application'**

#### **Subsequent connections to The FIRE System**

Click **'Log On'**.

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

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

At Menu Options:

Click **'Information Returns'**

Enter your **TCC**:

Enter your **EIN**:

Click **'Submit'**.

The system will then display the company name, address, city, state, ZIP code and phone number. This information will be used to contact or send any correspondence regarding this transmission. Update as appropriate and/or click **'Accept'**.

Click one of the following:

**Original File**

**Correction File**

**Test File**

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

**FIRE Replacement** (file was originally transmitted on this system)

Click file to be replaced

**Magnetic Media Replacement File**

Enter the alpha character from Form 9267, Media Tracking Slip, that was returned with your magnetic media shipment.

Click **'Submit'**.

Enter the **drive/path/filename** of the file you want to upload or click **'Browse'** to locate the file.

Click **'Upload'**.

**When the upload is complete, the screen will display the total bytes received and the file name to be recorded on your Form 4804, Box 7b.**

If you have more files to upload for that TCC:

Click **'File Another'**; otherwise,

Click **'Back to Main Menu'**.

**It is your responsibility to check the acceptability of your file; therefore, be sure to dial back into the system in 1-2 business days.**

At the Main Menu:

Enter **'B'** for file status.

Press the Tab key to advance to TCC box; otherwise, enter **'E'** to exit.

Enter your **TCC**:

Enter your **EIN**:

Choose the appropriate option.

Tab to the file you want to look at and press **ENTER**.

If 'Results' indicate:

**'File Good'** and you agree with the 'Count of Payees' and have mailed your Form 4804, you are finished with this file. (Form 4804 is not needed on a replacement file unless the number of payees has changed from the original/correction file.)

**'File Bad'** - Correct the errors and 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 finished viewing your files, click on **'Main Menu'**.

Click **'Log Off'**.

Close your Web Browser.

### **IMPORTANT**

**Go back into your Dial-Up Network and click 'hang-up'; otherwise, you may stay connected and incur unnecessary phone charges.**

## **Sec. 10. Communication Software Specifications (Text Interface)**

**.01** Communications software settings must be:

- No parity
- Eight data bits
- One stop bit

**.02** Terminal Emulation must be **VT100**.

**.03** Due to the large number of communication products available, it is impossible to provide specific information on all software/hardware configurations. However, since most of our filers use Windows 95, 98 or NT software, the following instruc-

tions are geared toward those products (Procomm, PCAnywhere and many other communications packages are also acceptable and the product does not necessarily need to be Windows based.):

## Uploading Files Using Hyperterminal in Windows 95, 98 or NT

Select **Programs**

**Accessories**

**Communications** (Windows 98)

**Hyperterminal**

The first time you log on, select **Hyperterminal**, **Hyperterm** or **Hyperterm.exe**, whichever is available on your system. Thereafter, you can just select the icon that you have saved.

A box will appear titled '**Connection Description**'.

**Enter a name and choose an icon** for the connection:

Country Code: *United States of America*

Area Code: **304**

Phone Number: **262-2400**

**Connect Using: (default)**

(If you need to modify the phone number, select **File**, then **Properties** to enter defaults for the area code, phone numbers and/or special access codes.)

Click on **Dial**.

A 'Connect' box will appear to show the status.

Once you have connected to The FIRE System, if you do not get a menu within a few seconds, press the **ENTER** key one time.

### First Time Logon

When you have connected to the system, enter '**new**' to create your logon name and password.

Complete the registration information and enter '**y**' to create account.

### Logon Name and Password

**Logon Name:** Enter a logon name. Most users enter their first and last name as the logon name.

**Password:** Enter a password of your choosing (1-8 alpha/numerics - case sensitive).

After entering the password, you will go to the Main Menu.

### Transferring Your Electronic File

Enter '**A**' for Electronic Filing.

After reading Information Notice, press **ENTER**.

Enter '**A**' for Forms 1098, 1099, 5498, W-2G, 1042-S, 8027 and Questionable Forms W-4.

Press the Tab key to advance to TCC box; otherwise, enter '**E**' to exit.

Enter your **TCC**:

Enter your **EIN**:

The system will then display the company name, address, city, state, ZIP code, and phone number. This information will be used to contact or send correspondence (if necessary) regarding this transmission. If you need to update, enter '**n**' to change information; otherwise, enter '**y**' to accept.

Select one of the following:

'**A**' for an Original file

'**B**' for a Replacement file

'**C**' for a Correction file

'**D**' for a Test file

**If you selected '**B**' for a replacement file, select one of the following:**

'**A**' Replacement Files For This System

This option is to replace an original/correction file that was submitted electronically on this system but was bad and needs to be replaced. Select the file needing replaced.

**'B'** Magnetic media replacement files

Enter the alpha character from Form 9267, Media Tracking Slip, that was returned with your magnetic media shipment.

Choose one of the following protocols (Hyperterminal is normally set to Zmodem by default):

**X** - Xmodem

**Y** - Ymodem

**Z** - Zmodem (Zmodem will normally give you the fastest transfer rate.)

At this point, you must start the upload from your PC.

To send a file:

Go to the hyperterminal menu bar.

Click on **Transfer**.

Click on **Send file**.

A box will appear titled 'Send File'.

Enter the drive/path/filename or click on **Browse** to locate your file.

Click on **Send**.

**When the upload is complete, the screen will display the total bytes received and the file name to be recorded on your Form 4804, Box 7b.**

Press **ENTER** to continue.

If you have more files to send for the same TCC/EIN, enter 'y'; otherwise, enter 'n'.

**It is your responsibility to check the acceptability of your file; therefore, be sure to dial back into the system in 1 - 2 business days.**

At the Main Menu:

Enter **'B'** for file status.

Press the Tab key to advance to TCC box; otherwise, enter **'E'** to exit.

Enter your **TCC**:

Enter your **EIN**:

Choose the appropriate option.

Tab to the file you want to look at and press **ENTER**.

If 'Results' indicate:

**'File Good'** and you agree with the 'Count of Payees' and have mailed your Form 4804, you are finished with this file. (Form 4804 is not needed on a replacement file unless the number of payees changes from the original/correction file.)

**'File Bad'** - Correct the errors and 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.

When you are finished, enter **'E'** from the Main Menu to logoff.

Enter **'2'** to hang-up.

## **Sec. 11. Modem Configuration**

### **.01 Hardware features**

- (a)** Enable hardware flow control
- (b)** Enable modem error control
- (c)** Enable modem compression

## **Sec. 12. Common Problems Associated with Electronic Filing**

**.01** Refer to Part A, Section 19, for common format errors associated with magnetic/electronic files.

**.02** The following are the major non-format errors associated with electronic filing:

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### **1. No Form 4804, Transmittal of Information Returns Reported Magnetically/Electronically.**

Even though you have sent your information returns electronically, you still need to mail a signed Form 4804 by the due date of the return. See Part C, Section 7.04, for the mailing address.

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### **2. Transmitter does not dial back to the electronic system to determine file acceptability.**

The results of your file transfer are posted to the FIRE System within two business days. It is your responsibility to verify file acceptability and, if the file contains errors, you can get an online listing of the errors. Date received and number of payee records are also displayed.

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### 3. *Incorrect file is not replaced timely.*

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

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### 4. **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.

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### 5. **Transmitter sends a file and 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 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 at 304-263-8700 to see if this is a possibility. However, this will count as a replacement. (See Part A, Sec. 17, for the definition of replacement.)

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### 6. **Transmitter sends an original file that is good, 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.

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### 7. **File is formatted as EBCDIC.**

All files submitted electronically must be in standard ASCII code.

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## **Part D. Magnetic/Electronic Specifications For Extensions of Time**

### **Sec. 1. General**

**.01** The specifications in Part D include the required 200-byte record format for extensions of time to file requests submitted magnetically or electronically. 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** Only filers who have been assigned a Transmitter Control Code may request an extension of time magnetically or electronically. If you meet the threshold of more than 50 payers when requesting an extension but are below the 250 documents threshold, you must still submit a Form 4419, Application for Filing Information Returns Magnetically/Electronically. Requests for extensions of time may be made for Forms 1098, 1099, 5498, W-2G, W-2, 1042-S and 8027.

**.03** For Tax Year 2000 (returns due to be filed in 2001), transmitters requesting an extension of time to file for **more than 50 payers (not payees) are required to file the extension request magnetically or electronically.** Transmitters requesting an extension of time for 10 to 50 payers (not payees) are encouraged to file the request magnetically or electronically. The request may be filed on tape, tape cartridge, 3 1/2-inch diskette, or electronically.

**.04** For extension requests filed on magnetic media, the transmitter must mail the completed, signed Form 8809, Request 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 the Form 8809 the same day the transmission is made.

**.05** **Transmitters submitting an extension of time magnetically or electronically should not submit a list of payer names and TINs with the Form 8809 since this information is included on the magnetic or electronic file. However, Line 6 of the Form 8809 must be completed with the total number of records included on the magnetic media or electronic file.**

**.06** To be considered, an extension request must be postmarked or transmitted by the due date of the returns; otherwise, the request will be denied.

**.07** A magnetically-filed request for an extension of time should be sent using the following address:

If by Postal Service, truck or air freight:



IRS-Martinsburg Computing Center  
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/MCC and the time factor involved in processing the Form 8809, it is imperative that the attention line be present on all envelopes or packages containing Extension of Time (EOT) requests.

**.08** 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 the IRS/MCC 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. 10, 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/MCC will be used as the filing date.

**.09** Transmitters who submit their extension of time requests magnetically or electronically will receive a letter from IRS/MCC with an attached list of the payers, based on information contained in the file, specifying approval and/or denial.

**.10** Do not submit tax year 2000 extensions of time to file requests on magnetic media before *January 1, 2001* or electronically before *January 8, 2001*.

**.11** Filers may request an extension of time **as soon as they are aware** that an extension is necessary but not later than the due date of the return. It will take a minimum of 30 days for IRS/MCC to respond to an extension request. Under certain circumstances a request for an extension of time could be denied. In such cases, the transmitter receives a denial letter. When this denial letter is received, the transmitter has 20 days to provide the additional or necessary information and resubmit the extension request to IRS/MCC.

**.12** Each piece of magnetic media **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

**.13** A request for an extension of time to file is not automatically granted. Approval or denial is dependent on information provided on the Form 8809. If the Form 8809 is not completed properly, processing may be delayed or the request may be denied.

**.14** If the first request for an extension of time to file was submitted magnetically or electronically, additional extension requests should be submitted in the same manner.

**.15** If an additional extension of time is needed, a second Form 8809 and file may be submitted before the end of the initial extension period with a postmark reflecting the date mailed. Line 7 on the form should be checked to indicate that the original extension has been received and the additional extension is being requested.

**.16** See Part A, Sec. 11, for complete information on requesting an extension of time to file information returns. If there are additional questions or concerns, contact IRS/MCC.

## **Sec. 2. Magnetic Tape, Tape Cartridge, 8mm, 4mm and QIC (Quarter-Inch Cartridge), 3 1/2-inch Diskette and Electronic Specifications**

**.01** Tape specifications are as follows:

- (a) 9 track.
- (b) EBCDIC (Extended Binary Coded Decimal Interchange Code) or ASCII (American Standard Coded Information Interchange) recording mode.
- (c) 1600 or 6250 BPI.
- (d) A block must not exceed 32,600 tape positions and must be a multiple of 200.
- (e) Record length of 200 bytes.
- (f) Labeled or unlabeled tapes may be submitted.

**.02** Tape cartridge specifications are as follows:

- (a) Must be IBM 3480, 3490, or AS400 compatible.
- (b) Must meet American National Standard Institute (ANSI) standards and have the following characteristics:
  - (1) Tape cartridges will be 1/2-inch tape contained in plastic cartridges which are approximately 4-inches by 5-inches by 1-inch in dimension.
  - (2) Magnetic tape will be chromium dioxide particle based 1/2-inch tape.
  - (3) Cartridges will be 18-track or 36-track parallel. Indicate on the external media label if the tape cartridge is 18- or 36-track.
  - (4) Mode will be full function.
  - (5) The data may be compressed using EDRC (Memorex) or IDRC (IBM) compression.
  - (6) Either EBCDIC or ASCII.
- (c) A block must not exceed 32,600 tape positions and must be a multiple of 200.
- (d) Record length of 200 bytes.
- (e) Labeled or unlabeled tape cartridges may be submitted.

**.03** 8mm, 4mm, and Quarter Inch Cartridge Specifications

- (a) In most instances, IRS/MCC can process 8mm tape cartridges that meet the following specifications:
  - (1) Must meet American National Standard Institute (ANSI) standards, and have the following characteristics:
    - (a) Created from an AS400 operating system **only**.
    - (b) 8mm (.315-inch) tape cartridges will be 2 1/2-inch by 3 3/4-inch.
    - (c) The 8mm tape cartridges must meet the following specifications:

| Tracks | Density        | Capacity |
|--------|----------------|----------|
| 1      | 20 (43245 BPI) | 2.3 Gb   |
| 1      | 21 (45434 BPI) | 5 Gb     |



- (d) Mode will be full function.
  - (e) **Compressed data is not acceptable.**
  - (f) Either EBCDIC (Extended Binary Coded Decimal Interchange Code) or ASCII (American Standard Coded Information Interchange) may be used. However, IRS/MCC encourages the use of EBCDIC. This information must appear on the external media label affixed to the cartridge.
  - (g) A file may consist of more than one cartridge; however, no more than 250,000 documents may be transmitted per file or per cartridge. The filename, for example; IRSEOT, will contain a three digit extension. The extension will indicate the sequence of the cartridge within the file, 1 of 3, 2 of 3, or 3 of 3, and will appear in the header label IRSEOT.001, IRSEOT.002, and IRSEOT.003 on each cartridge of the file.
- (2) The 8mm (.315-inch) tape cartridge records defined in this Revenue Procedure may be blocked subject to the following:
- (a) A block must not exceed 32,600 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 9's; however, the last block of the file may be filled with 9's 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 a 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 200.
  - (d) Various SAVE commands have been successful, however, the **SAVE OBJECT COMMAND is not acceptable.**
  - (e) Records may not span blocks.
- (3) For faster processing, IRS/MCC encourages transmitters to use header labeled cartridges. IRSEOT may be used as a suggested filename.
- (4) 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.
- (5) IRS/MCC can only read one data file on a tape. A data file is a group of records which may or may not begin with a tapemark, but must end with a trailer label. Any data beyond the trailer label cannot be read by IRS programs.
- (b) 4mm (.157-inch) cassettes are now acceptable with the following specifications:
- (1) 4mm cassettes will be 2 1/4-inch by 3-inch.
  - (2) The tracks are 1 (one).
  - (3) The density is 19 (61000 BPI).
  - (4) The typical capacity is DDS (DAT data storage) at 1.3 Gb or 2 Gb, or DDS-2 at 4 Gb.
  - (5) The general specifications for 8mm cartridges will also apply to the 4mm cassettes.
- (c) Various Quarter-Inch Cartridges (QIC) (1/4-inch) are also acceptable.
- (1) QIC cartridges will be 4" by 6".
  - (2) QIC cartridges must meet the following specification:

| Size     | Tracks | Density        | Capacity       |
|----------|--------|----------------|----------------|
| QIC-24   | 8/9    | 5 (8000 BPI)   | 45Mb or 60Mb   |
| QIC-120  | 15     | 15 (10000 BPI) | 120Mb or 200Mb |
| QIC-150  | 18     | 16 (10000 BPI) | 150Mb or 250Mb |
| QIC-525  | 26     | 17 (16000 BPI) | 525Mb          |
| QIC-1000 | 30     | 21 (36000 BPI) | 1Gb            |
| QIC-2Gb  | 42     | 34 (40640 BPI) | 2Gb            |

- (3) The general specifications that apply to 8mm cartridges will also apply to QIC cartridges.

☛ **Note: Advanced Metal Evaporated (AME) cartridges are not acceptable.**

**.04** Diskette specifications are as follows:

- (a) 3 1/2-inches in diameter.
- (b) ASCII recording mode **only**. Additional specifications may be found in Part B, Sec. 5, of this Revenue Procedure.
- (c) Record length of 200 bytes.
- (d) Diskettes must be created using the MS-DOS operating system.
- (e) Filename of IRSEOT must be used. No other filenames are acceptable. If a file will consist of more than one diskette, the filename IRSEOT will contain a three-digit extension. This extension will indicate the sequence of the diskettes within the file. For example, the first diskette will be named IRSEOT.001, the second diskette will be name IRSEOT.002, etc.
- (f) Delimiter character commas (,) or quotes ("") must not be used.

(g) Positions 199 and 200 of each record have been reserved for use as carriage return/line feed (cr/lf) characters, if applicable.  
**.05 Electronic Filing specifications (See Note.)**

(a) **A transmitter must have a Transmitter Control Code (TCC).**

(b) **Filers can determine the acceptability of files submitted by checking the file status area of the system. These reports will be available on the electronic system within 5 business days if the Form 8809 is received timely by IRS/MCC.**

☛**Note:** See Part C, Electronic Filing Specifications, for detailed information on filing with IRS/MCC electronically.

### Sec. 3. Record Layout

**.01** Positions 6 through 185 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.**

#### Record Layout for Extension of Time

| Field Position | Field Title   | Length | Description and Remarks  |      |          |   |     |   |   |   |      |   |        |
|----------------|---|--------|--|------|----------|---|-----|---|---|---|------|---|--------|
| 1-5            | Transmitter Control Code  | 5      | <b>Required.</b> Enter the five digit Transmitter Control Code (TCC) issued by IRS. <b>Only one TCC per file is acceptable.</b>  |      |          |   |     |   |   |   |      |   |        |
| 6-14           | Payer TIN   | 9      | <b>Required.</b> Must be the valid nine-digit EIN/SSN assigned to the payer. <b>Do not enter blanks, hyphens or alpha characters.</b> 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, <b>must</b> be set to "X."   |      |          |   |     |   |   |   |      |   |        |
| 15-54          | Payer Name  | 40     | <b>Required.</b> Enter the name of the payer whose TIN appears in positions 6-14. Left justify information and fill unused positions with <b>blanks</b> .  |      |          |   |     |   |   |   |      |   |        |
| 55-94          | Second Payer Name   | 40     | If additional space is needed this field may be used to continue name line information (e.g., c/o First National Bank); otherwise, <b>enter blanks</b> .   |      |          |   |     |   |   |   |      |   |        |
| 95-134         | Payer Address   | 40     | <b>Required.</b> Enter the payer's address. Street address should include number, street, apartment or suite number (or P.O. Box if mail is not delivered to a street address).  |      |          |   |     |   |   |   |      |   |        |
| 135-174        | Payer City  | 40     | <b>Required.</b> Enter payer city, town, or post office.   |      |          |   |     |   |   |   |      |   |        |
| 175-176        | Payer State   | 2      | <b>Required.</b> Enter the payer valid U.S. Postal Service state abbreviation. (Refer to Part A, Sec. 18.)   |      |          |   |     |   |   |   |      |   |        |
| 177-185        | Payer ZIP Code  | 9      | <b>Required.</b> Enter payer ZIP Code. If using a five-digit ZIP Code, left justify information and fill unused positions with blanks.   |      |          |   |     |   |   |   |      |   |        |
| 186            | Document Indicator (See <b>Note</b> .)  | 1      | <p><b>Required.</b> Enter the document for which you are requesting an extension of time using the following codes:</p> <table border="1"> <thead> <tr> <th>Code</th> <th>Document</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>W-2</td> </tr> <tr> <td>2</td> <td>1098, 1098-E, 1098-T, 1099-A, 1099-B, 1099-C, 1099-DIV, 1099-G, 1099-INT, 1099-LTC, 1099-MISC, 1099-MSA, 1099-OID, 1099-PATR, 1099-R, 1099-S, or W-2G</td> </tr> <tr> <td>3</td> <td>5498</td> </tr> <tr> <td>4</td> <td>1042-S</td> </tr> </tbody> </table> | Code | Document | 1 | W-2 | 2 | 1098, 1098-E, 1098-T, 1099-A, 1099-B, 1099-C, 1099-DIV, 1099-G, 1099-INT, 1099-LTC, 1099-MISC, 1099-MSA, 1099-OID, 1099-PATR, 1099-R, 1099-S, or W-2G | 3 | 5498 | 4 | 1042-S |
| Code           | Document  |        |  |      |          |   |     |   |   |   |      |   |        |
| 1              | W-2   |        |  |      |          |   |     |   |   |   |      |   |        |
| 2              | 1098, 1098-E, 1098-T, 1099-A, 1099-B, 1099-C, 1099-DIV, 1099-G, 1099-INT, 1099-LTC, 1099-MISC, 1099-MSA, 1099-OID, 1099-PATR, 1099-R, 1099-S, or W-2G |        |  |      |          |   |     |   |   |   |      |   |        |
| 3              | 5498  |        |  |      |          |   |     |   |   |   |      |   |        |
| 4              | 1042-S  |        |  |      |          |   |     |   |   |   |      |   |        |

**Record Layout for Extension of Time (Continued)**

| Field Position   | Field Title              | Length | Description and Remarks   |
|--|--------------------------|--------|---|
|  |                          |        | 5 REMIC Documents (1099-INT or 1099-OID)  |
|  |                          |        | 6 5498- MSA   |
| <p><b>Note:</b> 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 payer, 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.</p> |                          |        |   |
| 187  | Foreign Entity Indicator | 1      | Enter character “X” if the payer is a foreign entity.   |
| 188-198  | Blank                    | 11     | <b>Enter blanks.</b>  |
| 199-200  | Blank                    | 2      | <b>Enter blanks.</b> Diskette filers may code the ASCII 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 | Blank   | Blank or CR/LF |
|----------------|--------------------|--------------------------|---------|----------------|
| 177-185        | 186                | 187                      | 188-198 | 199-200        |

**Part E. Miscellaneous Information**

**Sec. 1. Addresses for Martinsburg Computing Center**

To submit an application to file, correspondence, and magnetic media files, use the following:

Mailing by U. S. Postal Service, truck or air freight:  

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

To submit magnetically filed and paper extension and waiver requests, use the following address:

Mailing by U.S. Postal Service, truck or air freight:  

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

**Sec. 2. Telephone Numbers for Contacting IRS/MCC**

**Information Reporting Program Call Site: 304-263-8700** 

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

**Between 8:30 a.m. and 4:30 p.m. Eastern Time  
 Monday through Friday**

**Electronic Filing via FIRE - 1-304-262-2400**

**Information Returns FAX Machine: 304-264-5602**



**HOURS OF OPERATION – FIRE SYSTEM & FAX  
24 HOURS A DAY  
7 DAYS A WEEK**

**This is the end of Publication 1220 for Tax Year 2000.**