

**Employer/Payer Information**

**1. Employer/Payer information**

Company Name

Address

City

ZIP Code

Contact Person

Phone Number

Email Address

Taxpayer Identification Number

**2. Company Submitting form, if different above.**

Company Name

Address

City

ZIP Code

Contact Person

Phone Number

Email Address

Please provide a brief explanation of your relation ship to the payer

3. Tax Year

4. Type of Return  
(one per form)

5. Number of Employess or  
Payees Affected

6. Total Number of Returns Filed

7. Transmitter Control Code (TCC) for forms 1099, if applicable.  
(Form W-2 does not use a TCC)

4. Filing Method

Electronic     Magnetic Media     Paper

9. Please provide a brief explanation of the error. Notices if any notices have been received by the employees. Attach any document needed.

Signature

Date

**FAX TO - (304) 264-5602**  
**Attention - Underreporting**

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**General Instructions**

Paperwork Reduction Act Notice. We ask for the information on these forms to carry out the Internal Revenue Laws of the United States. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to provide this information would vary depending on individual circumstances. The estimated average time is:

Preparing Form 13460 .....15 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT SEND THE FORMS TO THIS OFFICE.** Instead, see the instructions below on where to file. **When completing this form, please type or print clearly in BLACK ink.**

**Purpose of Form.** Use Form xxxx when duplicate/incorrect reporting of Forms 1098, 1099, 5498, W-2G or W-2, has occurred. This form requests all necessary information to research and help resolve duplicate reporting issues.

**Specific Instructions****Block 1**

Provide the complete company name, address, Taxpayer Identification Number (TIN), contact person and telephone number of the employer/payer with the problem reporting. The contact person should be someone familiar with the filing problem. Include an email address if available.

**Block 2**

Provide complete information on the company submitting the information returns if different from the employer/payer. For example you may be a service bureau who has submitted returns for another company. Provide the complete company name, address, telephone number, and contact name and email if available. Also, provide a brief explanation of your relationship to the payer.

**Block 3**

Indicate the Tax Year in which the duplicate/incorrect reporting occurred.

**Block 4**

Indicate which information return was duplicate/incorrectly reported, i.e., 1099-R, 5498 or W-2. Use a separate Form 13460 for each different type of return that was duplicate/incorrectly reported.

**Block 5**

Indicate the number of employees/payees, affected by the duplicate/incorrect reporting.

**Block 6**

Indicate the total number of returns for the document type in box 4.

**Block 7**

If you filed your information returns electronically or magnetically, indicate your 5-digit alpha/numeric Transmitter Control Code (TCC). Filers of Form W-2 will not have this number.

**Block 8**

Indicate what method of filing you used to submit your Forms 1098, 1099, 5498, W-2G or W-2.

**Block 9**

Provide a brief explanation of the error. Indicate any notices the payer, payees or employees may have receive from IRS or SSA, i.e., CP2000. Attach any additional documentation which may help explain the problem.

**Block 10**

Sign and date the form. A signature is required to research taxpayer information. Fax documentation to: