TLS, have you						Action	Date	Signature
ransmitted all R ext files for this cycle update?	Page 1 of 6 of Form 1099-K	(Pa	age	e 2 is Blank)	0	O.K. to print T:FP:F		
Date	The type and rule above prints on all proofs including departmental reproduction proofs. MUST be removed before printing. Date Separation 1 for page 1 of Form 1099-K. Prints in							
I	Red (J-6983) Ink. Separation 2 for page 1 of Form 1099-K. Prints in Black Ink.							
	Do not move lines on form. The band some don't fall on the grid. Top rule to bottom rule.							-
remove sha	remove this box	K	_	7			_	
		DE	-		taxp	payer/	H	Network/
	address, city, state, ZIP code, and telephone no.			R'S federal identification no.	OMB	No. 1545-XXXX	\.	
							and	nant Card nird Party
			PAY	EE'S federa l identification no.		2011	\bigwedge	Payments \
			Po	FIS federal identification no.				
Check box if FILER is	Payment Settlement Entity (PSE)	7		Gross amount of merchant	For 2	m 1099-K	+	Сору А
Check box if FILER is Third Party Payer (TPI	OR s Electronic Payment Facilitator (EPF)/		\$	card/third party payments			Intern	For al Revenue
PAYEE'S name		\forall	3		4		Ser	vice Center
								h Form 1096. or Privacy Act
Street address (includ	ling apt. no.)	П	5а Ф	January	5b \$	February	aı	nd Paperwork
		$ \cdot $	\$ 5c	March		April	-	Reduction Act otice, see the
City, state, and ZIP co	ode	\dashv	\$ 5e	May	\$ 5f	June	-	2011 General structions for
DOE'O name and tale		$\downarrow \downarrow$	\$	·	\$		Certair	Information Returns.
PSE'S name and tele	onone number		5g \$	July	5h \$	August		ricturiis.
A	in the section of	\bot	5i ტ	September	5j	October		
Account number (see	instructions)		\$ 5k	November	\$ 5I	December	-	
orm 1099-K			\\$		\$		<u> </u>	
	r Separate Forms on This Pa		-	— Do Not\Cut	or	artment of the Treasury Separate Form	is on 1	This Page
	2. Sho	rter	n Y	PSE'S federal ide ear box to 1 inch 1 1099-K " up to f	in in	height. Move		r and
	move u	up t	to d	neight of boxes 1 occupy empty sp	ace	. Box 2 remain	ns shac	led.
	4. Incre			ded boxes 3 and neight of boxes 5		•		
	each.							
	1	J						

Do not move lines on form. The boxes have different depths and some don't fall on the grid. The forms depth is 4.5" from top rule to bottom rule.

remove this box CORRI FILER'S name, street address, city, state, ZIP code, and telephone no.	FILER'S federal identification no. PAYEE'S federal identification no. PSY'S federal identification no.	taxpayer/ OMB No. 1545-XXXX 2011 Form 1099-K	Merchant Card and Third Party Payments
If checked, FILER is Payment Settlement Entity (PSE) OR If checked, FILER is Electronic Payment Facilitator (EPF)/ Third Party Payer (TPP)	Gross amount of merchant card/third party payments	2	Copy B For Payee
PAYEE'S name	3	4	This is important tax information and is being furnished to the Internal Revenue
Street address (including apt. no.)	5a January , \$ 5c March	\$ February \$ 5d April	Service. If you are required to file a return, a negligence penalty or other
City, state, and ZIP code	\$ 5e May \$	\$ 5f June \$	sanction may be imposed on you if taxable income results from this transaction and the
PSE'S name and telephone number	5g July \$ 5i September	5h August \$ 5j October	IRS determines that it has not been reported.
Account number (see instructions)	\$ 5k November	\$ 5I December	-
2. Shorten Y	PSE'S federal identifear box to 1 inch in 1099-K" up to fit in	ication no. box. height. Move nun	y - Internal Revenue Service

3. Increase height of boxes 1 and 2 to 0.6 inches and move up to occupy empty space. Box 2 remains shaded.
3. Move shaded boxes 3 and 4 up to fill new empty space.
4. Increase height of boxes 5a through 5l to 0.4 inches

013/3012/0

Instructions for Payee

Merchant card and third party network payers, as payment settlement entities (PSE), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. You have received this form because you have accepted merchant cards for payments, or because you received payments through a third party network that exceeded \$20,000 in gross total reportable payment transactions and the total number of those transactions exceeded 200 for the calendar year.

The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer (TPP) to make payments to you. If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form,

contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

Account number. May show an account or other unique number the PSE assigned to distinguish your account.

Box 1. Shows the aggregate gross amount of merchant card/third party network payments made to you through the PSE during the tax year.

Box 5a–5I. Shows the gross amount of merchant card/third party network payments received by you for each month of the reporting calendar year. This amount is provided to assist you in the accurate preparation of your fiscal year tax return.



Do not move lines on form. The boxes have different depths and some don't fall on the grid. The forms depth is 4.5" from top rule to bottom rule.

remove this box VOID COF FILER'S name, street address, city, state, ZIP code, and telephone no	RRE	FIL	ER'S federal identification no. (EE'S federal identification no.	. ON	(payer/	Merchant Card and Third Party Payments
Check box if FILER is Payment Settlement Entity (PSE)	_	1	Gross amount of merchant		form 1099-K	
OR Check box if FILER is Electronic Payment Facilitator (EPF)/			card/third party payments	_		Copy C
Third Party Payer (TPP) PAYEE'S name		\$		4		For Filer
Street address (including apt. no.)		5a \$	January March	5b \$		For Privacy Act and Paperwork
City, state, and ZIP code	\vdash	5e	May	\$ 5f	June	Reduction Act Notice, see the 2011 General
PSE'S name and telephone number		\$ 5g \$ 5i	July	\$ 5h \$ 5j	August	Instructions for Certain Information Returns.
Account number (see instructions)	1	\$ 5k \$	November	\$ 5I \$	December	-
Form 1099-K					epartment of the Treasury	- Internal Revenue Service

- 1. Remove PSE'S federal identification no. box.
- 2. Shorten Year box to 1 inch in height. Move number and words "Form **1099-K**" up to fit in it.
- 3. Increase height of boxes 1 and 2 to 0.6 inches and move up to occupy empty space. Box 2 remains shaded.
- 3. Move shaded boxes 3 and 4 up to fill new empty space.
- 4. Increase height of boxes **5a** through **5I** to 0.4 inches each.

Instructions for Payment Settlement Entity/Third Party Payer

General and specific form instructions are provided as separate products. The products you should use to complete Form 1099-K are the 2011 General Instructions for Certain Information Returns and the 2011 Instructions for Form 1099-K. A chart in the general instructions gives a quick guide to which form must be filed to report a particular payment. To order these instructions and additional forms, visit IRS.gov or call 1-800-TAX-FORM (1-800-829-3676).

Caution: Because paper forms are scanned during processing, you cannot file Forms 1096, 1097, 1098, 1099, 3921, 3922, or 5498 that you print from the IRS website.

Due dates. Furnish Copy B of this form to the recipient by January 31, 2012.

File Copy A of this form with the IRS by February 28, 2012. If you file electronically, the due date is April 2, 2012. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220, Specifications for Filing Forms 1097, 1098, 1099, 3921, 3922, 5498, 8935, and W-2G Electronically. IRS does not provide a fill-in form option.

Need help? If you have questions about reporting on Form 1099-K, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). For TTY/TDD equipment, call 304-579-4827 (not toll free). The hours of operation are Monday through Friday from 8:30 a.m. to 4:30 p.m., Eastern time.



