Form **14420**

Department of the Treasury - Internal Revenue Service

OMB Number 1545-2236

(February 2013)

Verification of Reported Income

Taxpayer name	Taxpayer Identification Number	For tax year	ending
	<u> </u>		

Step 1 - Verify the Form 1099-K information below and note any corrections

Filer's Name	Filer's Federal ID Number	Reported Merchant Category Code and industry (Box 2)	Reported Gross Amount from Form 1099-K (Box 1)	Information correct (check Yes or No)
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No
			\$	☐ Yes ☐ No

- If any of the payments shown above were not made to you, identify the Form(s) 1099-K that don't belong to you in the comment box for Step 1.
 - In addition, if you shared/leased your card terminal with/to the business(es) that received the payments, complete Step 3.
- If any other error was found (e.g. the amount on the Form 1099-K is incorrect), identify the error and provide the corrected information in the comment box for Step 1.
- If you received a Form 1099-K from any Filer not listed above, enter the Filer's name, Filer's federal ID number (if known), reported
 Merchant Category Code and industry, and reported gross amount in the table above and return a copy of the Form 1099-K with this
 worksheet.
- If a listed Merchant Category Code (MCC) in column 3 of the table above is not representative of your business' primary industry, indicate so in the comment box for Step 1 and describe your business' primary industry. Additionally, inform your merchant acquirer that your MCC classification requires change.

Comments for Step 1

Step 2 - Provide dollar estimates of your annual gross sales and annual authorized purchase transactions in order to allow us to better understand your business. This may help explain why the portion of your gross receipts from card sales and other Form 1099-K reportable transactions is higher than expected. If you are a sole proprietor and filed more than one Schedule C for this tax year, provide the sum of the below amounts across all of your businesses.

2a.	Estimated gross sales from online, phone, and/or catalogue (where payment was made by card)	\$
2b.	Estimated gross sales from gift cards	\$
2c.	Estimated gross sales from lottery tickets	\$
2d.	Estimated total number of authorized purchase transactions (available on your merchant acquirer statements)	

Comments for Step 2

Taxpayer name	Taxpayer Identification Number						
Step 3 - If you shared your card terminal(s below	s) with other persons or b	usinesses at any time during the	tax year, complete the section				
 List the names, identification numbers a table below and indicate whether or not more than four other persons or busine Provide a brief explanation of how thes If you filed more than four Forms 1099 	t you filed a Form 1099 fo sses, provide details on t e businesses are related	r these businesses. If you shared ne fifth and subsequent persons/ to your own in the comment box	l/leased your card terminal(s) with businesses on a separate sheet.				
Name of Person or Business	Taxpayer Identification Number (SSN or EIN)	Merchant Card Receipts	oid you file a Form 1099 howing these receipts for this erson or business				
		\$	☐ Yes ☐ No				
		\$	☐ Yes ☐ No				
		\$	☐ Yes ☐ No				
		\$	☐ Yes ☐ No				
Step 4 - Was sales tax included in the Gross Receipts line reported on your tax return? Yes No Comments for Step 4							
Step 5 - In the comment box below <i>(or attach a separate sheet)</i> please provide any other information to explain why cash and checks seem to account for a lower portion of your reported gross receipts than expected for your type of business, given the amount of card payments you received.							
Comments for Step 5							
Step 6 – Please provide the taxpayer's contact information and, if different, contact information for the preparer of this form							
Name and title of taxpayer		Telephone number	Contact hours				
Name and title of preparer of this form (if a	applicable)	Telephone number	Contact hours				

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Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Providing this information is voluntary. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

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

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping No additional time beyond that required to prepare the tax return Learning about the law or the form 2-4 hrs

Preparing, copying and sending the form to the IRS 3-6 hrs

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the

Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224

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