

1099 Dashboard



Welcome, [User Name]

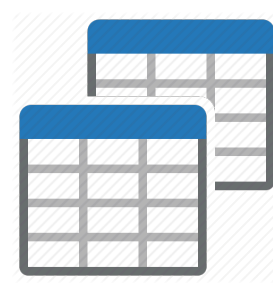
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Start a New 1099 Form

Complete any type of 1099 form, including a 1099-MISC, 1099-NEC, and 1099-INT.



View all Forms

View all 1099 forms you have in the system.



Upload External Files

File your group of 1099 forms with the IRS.



Verify TINs

Use the IRS TIN Matching Service to verify you are using the correct TINs for your recipients.



Combined Federal/State Filing

Learn more about the program and which states participate.



FAQs

Access form instructions and commonly asked questions.


Recent 1099 Forms

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Form Type	Date Edited	Payer Name	Recipient Name	Recipient State	Status
1099-MISC	9/12/2020	ABC Company XX-XXXXXXX	Recipient Name XXXX-XX-XXXX	NJ	Filed Bulk #25789
1099-MISC	9/12/2020	ABC Company XX-XXXXXXX	Recipient Name XXXX-XX-XXXX	CT	Ready to File
1099-MISC	9/12/2020	ABC Company XX-XXXXXXX	Recipient Name XXXX-XX-XXXX	MD	Filed #34732
1099-MISC	9/12/2020	ABC Company XX-XXXXXXX	Recipient Name XXXX-XX-XXXX	NY	Ready to File

Select Form Type

Select which 1099 form you need to populate.

NOTE — The 1099-MISC form no longer includes the ability to report Nonemployee Compensation.

If you need to report Nonemployee Compensation, choose the new 1099-NEC form from the above selections.

[Back](#)[Next](#) [Save and Exit](#)

FAQs

Select Form Type

There are multiple types of 1099 forms. Visit the link below to determine the one you need.

[1099 Form Types](#)

Related

[Changes to the 1099 MISC](#)

[Which 1099 do I need?](#)



Payer Information

Please provide the following information.

What type of taxpayer ID number applies to you?

- Social Security Number (SSN)
- Employer ID Number (EIN)

Provide the business or individual name associated with this TIN.

Business or Entity Name [?](#)

First Name

Middle Initial

Last Name (Surname)

Address Line 1

Address Line 2 (optional)

Country/Region

City/Town

State/Province/Territory

ZIP/Postal Code

Phone

Back

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[Save and Exit](#)

FAQs

Payer Information

The payer is the business or individual who is reporting payments or withholdings made to or on behalf of another individual in order to conduct business during the reported tax year.

[Payer Information Instructions](#)

Related

[What is a taxpayer ID number?](#)

[I don't have all payer information](#)

NOTIONAL DRAFT

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[Payer Information](#)

2

Recipient Information

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Payments and Withholdings

4

State Payments

5

Review and Validate

Recipient Information

Please provide the following information.

What type of taxpayer ID number applies to this recipient?

- Social Security Number (SSN)
 Employer ID Number (EIN)

Recipient's Social Security Number (SSN) [?](#)

Format: XXX-XX-XXXX

Provide the business or individual name associated with this TIN.

Business or Entity Name [?](#)

First Name

Middle Initial

Last Name (Surname)

Address Line 1

Address Line 2 (optional)

Country/Region

City/Town

State/Province/Territory

ZIP/Postal Code

Phone

Form Account Number [?](#)

Must be no more than 20 characters and cannot be the same as the recipient's TIN

[Back](#)[Next >](#)[Save and Exit](#)

FAQs

Recipient Information

The recipient is the individual, business, or estate for whom payments or withholdings were made.

[Recipient Information Instructions](#)

Related

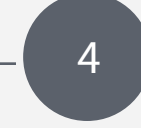
[What is a taxpayer ID number?](#)

[Why do I need a unique form account number?](#)


[Payer Information](#)

[Recipient Information](#)


Payments and Withholdings



State Payments



Review and Validate

Payment Types

Select any payment types made in relation to this recipient.

***Must select one checkbox below**

 Box 1 - Rents

Includes amounts of \$600 or more paid for rents such as: real estate rentals paid for office space, machine rentals, and pasture rentals.

 Box 2 - Royalties

Includes payments of \$10 or more from intangible property such as patents, copyrights, trade names, and trademarks.

 Box 5 - Fishing boat proceeds

Includes the share of all proceeds from the sale of a catch paid to a contracted member of your crew.

 Box 6 - Medical and health care payments

Includes payments of \$600 or more made to a physician/health provider. You're not required to report payments for prescription drugs.

 Box 7 - Direct sales of \$5,000 or more of consumer products to a recipient for resale

Includes sales of \$5,000 or more of consumer products to a person anywhere other than in a permanent retail establishment.

 Box 8 - Substitute payments in lieu of dividends or interest

Includes payments of at least \$10 of substitute payments received by a broker for a customer due to a loan of a customer's securities.

 Box 9 - Crop insurance proceeds

Includes proceeds of \$600 or more paid to farmers by insurance companies.

 Box 10 - Gross proceeds paid to an attorney

Includes proceeds of \$600 or more paid to an attorney in connection with legal services.

 Box 12 - Section 409A deferrals

Includes the total amount deferred during the year of at least \$600 for the payee under all nonqualified plans.

 Box 13 - Excess golden parachute payments

Includes a payment that is paid to a disqualified individual, and contingent on a change in ownership of a corporation.

 Box 14 - Nonqualified deferred compensation

Describes all amounts deferred included in income under section 409A. Does not include amounts subject to risk of forfeiture.

 Other income

Payments of \$600 or more are required to be reported on Form 1099-MISC that are not reportable in any other box. See the FAQs [for more information](#).

This does not apply to nonemployee compensation. To file nonemployee compensation, please prepare a 1099-NEC form.

FAQs

Payment Types

You have around 4 lines of body copy to fill this section. Be precise in what you write to help guide the user to the link or links below.

[Payment Types Instructions](#)

Related

[Choosing the correct payment type](#)

[None of these payment types apply to me](#)

NOTIONAL DRAFT

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[Review and Validate](#)

Review and Validate

Review each section and select edit to make changes.

Payer Information

[EDIT](#)

What type of taxpayer ID number applies to you?	Social Security Number (SSN)
Payer's Social Security Number	
Business or Entity Name	
First Name	Elle
Middle Initial	K
Last Name	Nunez
Address Line 1	477 Valley Farms Street
Address Line 2	
Country/Region	United States
City/Town	Paramus
State/Province/Territory	New Jersey
ZIP/Postal Code	07652
Phone	301-345-6789

Recipient Information

[EDIT](#)

Have you been notified by the IRS twice in three calendar years that the recipient provided an incorrect Taxpayer Identification Number (TIN)?	Yes
What type of taxpayer ID number applies to this recipient?	Social Security Number (SSN)
Recipient's Social Security Number	
Business or Entity Name	
First Name	John
Middle Initial	S
Last Name	Brooks
Address Line 1	897 Wisteria Lane
Address Line 2	
Country/Region	United States
City/Town	Arlington
State/Province/Territory	Virginia
ZIP/Postal Code	22209
Phone	301-342-2342
Form Account Number	

Payments

[EDIT](#)

Box 1 - Rents	\$6,543.00
Box 3 - Other income	\$7,000.00

Federal Tax Withholdings

[EDIT](#)

Did you withhold federal income tax (including backup withholding) for this recipient?	Yes
Box 4 - Federal income tax withheld	\$2,300.00

State Withholdings and Payments

[EDIT](#)

State 1

Select the state that applies to this payer.	AL
Box 15 - State tax withheld	\$2,700.00
Box 16 - State/Payer's state number	AL 345678
Box 17 - State income	\$1,309.00

State 2

Select the state that applies to this payer.	MD
Box 15 - State tax withheld	\$2,000.00
Box 16 - State/Payer's state number	MD 987654
Box 17 - State income	\$1,200.00

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Validate

[Save and Exit](#)

Forms Filed Successfully

Your forms have been filed successfully. Your confirmation number is #27589.

You are required to provide a copy of each form to the associated recipient, as the IRS will not provide it to them.

[Download Forms](#)[Return to Dashboard](#)

FAQs

Short subheadline (optional)

You have around 4 lines of body copy to fill this section. Be precise in what you write to help guide the user to the link or links below.

[How do I distribute my 1099 forms?](#)

Related

[Secondary Link 1](#)

[Secondary Link 2](#)

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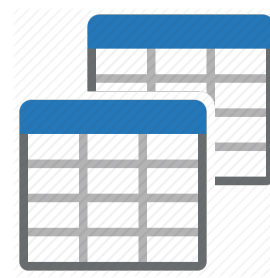
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1099 Forms



Ready to File (20) **All (103)**

E.g., search for a recipient name or tax ID number.



Filters

2020



1099-MISC



NY



Clear All



Showing 8 Results

Select All	Form Type	Date Edited	Payer Name	Recipient Name	Recipient State	Status
<input checked="" type="checkbox"/>	1099-MISC	9/12/2020	ABC Company XX-XXXXXXX	Yamilet Booker XXXX-XX-XXXX	CT	Ready to File
<input checked="" type="checkbox"/>	1099-MISC	9/12/2020	ABC Company XX-XXXXXXX	Ismael Mendez XXXX-XX-XXXX	CT	Ready to File
<input checked="" type="checkbox"/>	1099-MISC	9/12/2020	ABC Company XX-XXXXXXX	Alexa Rollins XXXX-XX-XXXX	CT	Ready to File
<input checked="" type="checkbox"/>	1099-MISC	9/12/2020	ABC Company XX-XXXXXXX	Kelly Green XXXX-XX-XXXX	CT	Ready to File
<input checked="" type="checkbox"/>	1099-MISC	9/12/2020	ABC Company XX-XXXXXXX	Lois Hill XXXX-XX-XXXX	CT	Ready to File
<input checked="" type="checkbox"/>	1099-MISC	9/12/2020	ABC Company XX-XXXXXXX	Roger Simmons XXXX-XX-XXXX	CT	Ready to File

8 selected

Print

File

More



[< Back](#)

Summary of Selected Form(s)

Payer/Business Name	ABC Company
Phone Number	301-796-4836
Address	4 Kings Court, Arlington, VA, 22209
Email Address	abccompany@company.com
Tax ID Number	
Total Number of Forms	8 total TY22 1099-MISC (6) TY22 1099-NEC (2)
Total Amount Reported	\$26,500.00

Recipients Checklist

- 1) You may download and print this recipient checklist to keep track of the forms you have distributed.
- 2) Print the forms and distribute them to your recipients.
- 3) File the forms by the dates listed below.

[Download PDF of Recipients Checklist](#)

1099-MISC

 Distribute to recipients by **Feb 1, 2021**. File by **March 31, 2021**.

Recipient	Form Type	Tax ID Number	Total Amount Paid	Distributed
Recipient Name	1099-MISC	XXXX-XX-XXXX	\$2,300.00	<input type="checkbox"/>
Recipient Name	1099-MISC	XXXX-XX-XXXX	\$2,300.00	<input type="checkbox"/>
Recipient Name	1099-MISC	XXXX-XX-XXXX	\$2,300.00	<input type="checkbox"/>
Recipient Name	1099-MISC	XXXX-XX-XXXX	\$2,300.00	<input type="checkbox"/>
Recipient Name	1099-MISC	XXXX-XX-XXXX	\$2,300.00	<input type="checkbox"/>
Recipient Name	1099-MISC	XXXX-XX-XXXX	\$2,300.00	<input type="checkbox"/>

1099-NEC

 Distribute to recipients by **Feb 1, 2021**. File by **March 31, 2021**.

Recipient	Form Type	Tax ID Number	Total Amount Paid	Distributed
Recipient Name	1099-NEC	XXXX-XX-XXXX	\$2,300.00	<input type="checkbox"/>
Recipient Name	1099-NEC	XXXX-XX-XXXX	\$2,300.00	<input type="checkbox"/>

 I understand the IRS will not keep track of downloaded forms or whether or not forms have been distributed to recipients.

Print Forms

File All

[Cancel](#)

Summary of Selected Form(s)

✔ **These forms were filed on February 8, 2021**

The confirmation number is #27589

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Address	4 Kings Court, Arlington, VA, 22209
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