



1099 - K Explanation Form

A FILER'S name, street address, city, state, ZIP code, and telephone no.

The name that is listed in this box is the Payment Settlement Entity.

B If checked, FILER is Payment Settlement Entity (PSE) OR an Electronic Payment Facilitator (EPF/Third Party Payer (TPP))

If Payment Settlement Entity is checked, it indicates a two-party business relationship between the Payment Settlement Entity and the Merchant. Payment Settlement Entity processes and settles the transactions reported on this form.

If Electronic Payment Facilitator (EPF)/Third-Party Payer (TPP) is checked, it means there is a third-party between the Payment Settlement Entity and the Merchant. An example would be when we process payments on behalf of another entity.

C Type of transactions being reported

D PAYEE'S name

Merchant's IRS filing name; this must match what the IRS has on file for that business.

E Street address (including apt. no.)

Merchant's filing street address

F City, state, and ZIP code

Merchant's filing city, state and zip code

G PSE's name and telephone number

The name listed in this box is the Payment Settlement Entity.

H Account Number

The unique key identifier to the Payment Settlement Entity Tax ID Database of Record.

I FILER'S federal identification no.

The Tax Identification Number for the Payment Settlement Entity.

J PAYEE'S taxpayer identification no.

Merchant's Employer Identification Number (EIN) or Social Security Number (SSN)

K Box 1

Gross amount of merchant card/third party network payments

Merchant's annual gross amount of reportable payment transactions.

Box 2

The merchant category code (MCC) used for transactions reported on this form, determined by the MCC with the highest processing amount.

Box 3

The total number of payment transactions for the year. (Optional for 2012)

Box 4

The total amount of Federal Income withheld

Box 5a through 5l

These boxes show the merchant's monthly gross amount of reportable payment transactions.

Box 6

Merchant's state listed in this box

Box 7

State Identification Number

Box 8

The total amount of State Income Tax Withheld

1099 - K Explanation Form

1010 VOID CORRECTED

A FILER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.		FILER'S federal identification no. I		OMB No. 1545-2205 2013		Payment Card and Third Party Network Transactions Form 1099-K
		PAYEE'S taxpayer identification no. J		Form 1099-K		
Check to indicate if FILER is a (an): Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/> B		Check to indicate transactions reported are: Payment card <input type="checkbox"/> C Third party network <input type="checkbox"/>		1 Gross amount of payment card/third party network transactions \$ K	2 Merchant category code	Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2013 General Instructions for Certain Information Returns.
PAYEE'S name D		3 Number of payment transactions K	4 Federal income tax withheld \$			
Street address (including apt. no.) E		5a January \$	5b February \$			
City or town, province or state, country F P or foreign postal code		5c March \$	5d April \$			
PSE'S name and telephone number G		5e May \$	5f June \$			
Account number (see instructions) H		5g July \$	5h August \$			
		5i September \$	5j October \$			
		5k November \$	5l December \$			
		6 State	7 State identification no.	8 State income tax withheld \$		
				\$		