

# LASER W2 AND 1099 FORMS

If you have ordered the software for laser W2s and/or 1099s from CMI, you will need to order forms that are BLANK, perforated where you wish, and with instructions printed on the back. These forms are available from your forms vendor (Data Design, CJ Business Forms, etc.) and most office supply stores.

## 1099s

Users may print either 1, 2, or 3 1099s per sheet. Most CMI clients order the forms that print two 1099s to a page. This blank, perforated, 8-1/2 X 11 form has a perforation horizontally across the middle. With these forms, you may decide to print one 1099 per vendor (for example: Copy B, where the top half will be one vendor and the bottom half will be another vendor), or you may print any combination of 1099 copies for the same vendor (for example, Copy B on the top half and Copy 2 on the bottom half).

The 1099G form (Tax) prints 1099s per sheet and there is a stub on the right side of the form that is to be detached before mailing.

## W2s

Users may print either 1, 2, 3, or 4 W2s per sheet. Most clients order the forms that allow 4 W2s to print on each sheet. There are three formats available: 4-up, 4-down, and Universal/Univ. You should order the forms that have the perforations in the correct spot for the format chosen--Do not order forms with perforations for the 4-up form and then try to print the Univ format on them.

There are also two mailers available, one for the 4-up W2 (this is simply called "mailer" in the software) and one for the Universal/Univ format (called "Univ mailer" in the software). A machine is recommended to seal and fold these forms.

Samples of the forms may be found on the following pages.

# 4Up W2 Form

Copy To: All Other City/County/State			2010	OH-616 12-15-09
1. Employer's name, address, and ZIP code <b>CREATIVE MICRO SYSTEMS</b> 22 HILLSIDE COURT ENGLEWOOD, OH 43122				
2. Social Security number 02-6				
3. Employee's name, address, and ZIP code <b>JOHN SWIFT</b> 101 N. H. STREET ENGLEWOOD, OH 43122				
4. Social Security type 0		5. Other Social Security type 0		6. Other Social Security payment 0
7. Dependent's name and address 0			8. Dependent's Social Security number 0	
9. Tax status 0		10. Tax status 0		11. Tax status 0
12. OH 2-123-56 16265 ZT		13. OH 2-123-56 657-78		14. OH 2-123-56 657-78
15. OH 2-123-56 16265 ZT		16. OH 2-123-56 657-78		17. OH 2-123-56 657-78

Form 1042-C (Copy to Taxpayer) 2010 Dept. of the Treasury - ES  
This information is being furnished to the Internal Revenue Service. 12-15-09

Copy To: All Other City/County/State			2010	OH-616 12-15-09
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2. Social Security number 02-6				
3. Employee's name, address, and ZIP code <b>JOHN SWIFT</b> 101 N. H. STREET ENGLEWOOD, OH 43122				
4. Social Security type 0		5. Other Social Security type 0		6. Other Social Security payment 0
7. Dependent's name and address 0			8. Dependent's Social Security number 0	
9. Tax status 0		10. Tax status 0		11. Tax status 0
12. OH 2-123-56 16265 ZT		13. OH 2-123-56 657-78		14. OH 2-123-56 657-78
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Form 1042-C (Copy to Taxpayer) 2010 Dept. of the Treasury - ES  
This information is being furnished to the Internal Revenue Service. 12-15-09

Copy To: EMPLOYER'S RECORDS (Do Not Fill Out Unless Designated As Such by Copy)			2010	OH-616 12-15-09
1. Employer's name, address, and ZIP code <b>CREATIVE MICRO SYSTEMS</b> 22 HILLSIDE COURT ENGLEWOOD, OH 43122				
2. Social Security number 02-6				
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4. Social Security type 0		5. Other Social Security type 0		6. Other Social Security payment 0
7. Dependent's name and address 0			8. Dependent's Social Security number 0	
9. Tax status 0		10. Tax status 0		11. Tax status 0
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Form 1042-C (Copy to Employer) 2010 Dept. of the Treasury - ES  
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1. Employer's name, address, and ZIP code <b>CREATIVE MICRO SYSTEMS</b> 22 HILLSIDE COURT ENGLEWOOD, OH 43122				
2. Social Security number 02-6				
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4. Social Security type 0		5. Other Social Security type 0		6. Other Social Security payment 0
7. Dependent's name and address 0			8. Dependent's Social Security number 0	
9. Tax status 0		10. Tax status 0		11. Tax status 0
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Form 1042-C (Copy to Employer) 2010 Dept. of the Treasury - ES  
This information is being furnished to the Internal Revenue Service. 12-15-09

# 4 Down W2 Form

Form 1042-S (U.S. Person) Tax Information		OMB No. 1545-0047		12/19/2018		Department of the Treasury - Internal Revenue Service	
<b>Employer name (or other name used by payor)</b> Corp. B To Be Filled With Employer's EIN TIN: 123456789		<b>Employer's EIN (or other TIN)</b> 12-3456789		<b>File number</b> 123456789		<b>Payment of the form</b> 123456789	
<b>Employee name (or other name used by employee)</b> JOHN DOE EIN: 987654321 INCIDENCE ID: 12345		<b>Employee's EIN (or other TIN)</b> 987654321		<b>File number</b> 123456789		<b>Payment of the form</b> 123456789	
<b>U.S. Social Security number</b> 12-3456789		<b>U.S. State identification number</b> 123456789		<b>U.S. Federal identification number</b> 123456789		<b>U.S. State identification number</b> 123456789	

  

Form 1042-S (U.S. Person) Tax Information		OMB No. 1545-0047		12/19/2018		Department of the Treasury - Internal Revenue Service	
<b>Employer name (or other name used by payor)</b> Corp. C To Be Filled With Employer's EIN TIN: 123456789		<b>Employer's EIN (or other TIN)</b> 12-3456789		<b>File number</b> 123456789		<b>Payment of the form</b> 123456789	
<b>Employee name (or other name used by employee)</b> JOHN DOE EIN: 987654321 INCIDENCE ID: 12345		<b>Employee's EIN (or other TIN)</b> 987654321		<b>File number</b> 123456789		<b>Payment of the form</b> 123456789	
<b>U.S. Social Security number</b> 12-3456789		<b>U.S. State identification number</b> 123456789		<b>U.S. Federal identification number</b> 123456789		<b>U.S. State identification number</b> 123456789	

  

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<b>Employer name (or other name used by payor)</b> Corp. D To Be Filled With Employer's EIN TIN: 123456789		<b>Employer's EIN (or other TIN)</b> 12-3456789		<b>File number</b> 123456789		<b>Payment of the form</b> 123456789	
<b>Employee name (or other name used by employee)</b> JOHN DOE EIN: 987654321 INCIDENCE ID: 12345		<b>Employee's EIN (or other TIN)</b> 987654321		<b>File number</b> 123456789		<b>Payment of the form</b> 123456789	
<b>U.S. Social Security number</b> 12-3456789		<b>U.S. State identification number</b> 123456789		<b>U.S. Federal identification number</b> 123456789		<b>U.S. State identification number</b> 123456789	

  

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<b>Employer name (or other name used by payor)</b> Corp. E To Be Filled With Employer's EIN TIN: 123456789		<b>Employer's EIN (or other TIN)</b> 12-3456789		<b>File number</b> 123456789		<b>Payment of the form</b> 123456789	
<b>Employee name (or other name used by employee)</b> JOHN DOE EIN: 987654321 INCIDENCE ID: 12345		<b>Employee's EIN (or other TIN)</b> 987654321		<b>File number</b> 123456789		<b>Payment of the form</b> 123456789	
<b>U.S. Social Security number</b> 12-3456789		<b>U.S. State identification number</b> 123456789		<b>U.S. Federal identification number</b> 123456789		<b>U.S. State identification number</b> 123456789	







1099-MISC

VOID  CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone number <b>CM</b> 52 HILLSIDE CT ENGLISWOOD OH 45322		OR name \$ OR address \$ OR phone number \$	OLD tax year <b>2010</b> Form 1099-MISC	PAYER'S EIN \$ PAYER'S U.S. TIN \$		<b>Miscellaneous Income</b>  Copy B For Recipient  This document is intended only for the recipient of the income reported on this form. It is not to be used for any other purpose. If you are not the recipient of the income reported on this form, you should not use this information for any other purpose.
PAYER'S Federal identification number	RECIPIENT'S EIN or TIN number	PAYING business name	RECIPIENT'S business name	PAYER'S gross payment to recipient	RECIPIENT'S gross payment	
51-9876543	12-1234567	\$ 750.00		\$	\$	
RECIPIENT'S name, street address (including apt. no., city, state, and ZIP code) JOHN SMITH 101 MAIN STREET DAYTON OH 45335		If recipient is a corporation \$ 750.00 If recipient is an individual \$ 1500 or more of covered proceeds to be reported for state <input type="checkbox"/> \$	If state payment info. of a business \$ If recipient is an individual \$	If recipient is an individual \$ If recipient is an individual \$	If recipient is an individual \$ If recipient is an individual \$	
00000						
\$	\$	\$	\$	\$	\$	
1099-MISC		Payer (or payee) only		Department of the Treasury - Internal Revenue Service		

VOID  CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone number <b>CM</b> 52 HILLSIDE CT ENGLISWOOD OH 45322		OR name \$ OR address \$ OR phone number \$	OLD tax year <b>2010</b> Form 1099-MISC	PAYER'S EIN \$ PAYER'S U.S. TIN \$		<b>Miscellaneous Income</b>  Copy 2  To be filed with recipient's state income tax return, when required.
PAYER'S Federal identification number	RECIPIENT'S EIN or TIN number	PAYING business name	RECIPIENT'S business name	PAYER'S gross payment to recipient	RECIPIENT'S gross payment	
51-9876543	12-1234567	\$ 750.00		\$	\$	
RECIPIENT'S name, street address (including apt. no., city, state, and ZIP code) JOHN SMITH 101 MAIN STREET DAYTON OH 45335		If recipient is a corporation \$ 750.00 If recipient is an individual \$ 1500 or more of covered proceeds to be reported for state <input type="checkbox"/> \$	If state payment info. of a business \$ If recipient is an individual \$	If recipient is an individual \$ If recipient is an individual \$	If recipient is an individual \$ If recipient is an individual \$	
00000						
\$	\$	\$	\$	\$	\$	
1099-MISC		Payer (or payee) only		Department of the Treasury - Internal Revenue Service		

# 1099-G

VOID  CORRECTED

PAYEE'S name, last address, city, state, ZIP code, and telephone no.  PAYEE'S federal identification number  PAYEE'S TIN (if any), address, and ZIP code  Account number (see instructions)	1. Employer's organization 2. State of your employment (if not U.S. citizen) 3. EIN (if any) 4. State of your residence (if not U.S. citizen) 5. Check if you are a U.S. citizen	6. Taxable amount 7. Other payments 8. Check if you are a U.S. citizen	9. Total amount paid 10. Total amount due	2005 Form 1099-G	Certain Government Payments  Copy C For Payer or State Copy  For Priority Mail and Priority Mail Express, see the 2005 General Instructions for Forms 1099, 1042, 1042-S, and 1043.
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Form 1099-G Printed on Recycled Paper Department of the Treasury Internal Revenue Service

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VOID  CORRECTED

PAYEE'S name, last address, city, state, ZIP code, and telephone no.  PAYEE'S federal identification number  PAYEE'S TIN (if any), address, and ZIP code  Account number (see instructions)	1. Employer's organization 2. State of your employment (if not U.S. citizen) 3. EIN (if any) 4. State of your residence (if not U.S. citizen) 5. Check if you are a U.S. citizen	6. Taxable amount 7. Other payments 8. Check if you are a U.S. citizen	9. Total amount paid 10. Total amount due	2005 Form 1099-G	Certain Government Payments  Copy C For Payer or State Copy  For Priority Mail and Priority Mail Express, see the 2005 General Instructions for Forms 1099, 1042, 1042-S, and 1043.
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VOID  CORRECTED

PAYEE'S name, last address, city, state, ZIP code, and telephone no.  PAYEE'S federal identification number  PAYEE'S TIN (if any), address, and ZIP code  Account number (see instructions)	1. Employer's organization 2. State of your employment (if not U.S. citizen) 3. EIN (if any) 4. State of your residence (if not U.S. citizen) 5. Check if you are a U.S. citizen	6. Taxable amount 7. Other payments 8. Check if you are a U.S. citizen	9. Total amount paid 10. Total amount due	2005 Form 1099-G	Certain Government Payments  Copy C For Payer or State Copy  For Priority Mail and Priority Mail Express, see the 2005 General Instructions for Forms 1099, 1042, 1042-S, and 1043.
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DETACH BEFORE MAILING  
 MANUFACTURED IN U.S.A. ON RECYCLED PAPER (50% POST CONSUMER WASTE)

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