

Employer's Order Blank for Forms

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OMB No. 1545-1059

► Please send your order to IRS as soon as possible

USE THIS PORTION FOR 1999 FORMS ONLY

Instructions.— Enter the quantity next to the form you are ordering. Type or print your name and complete mail delivery address in the space provided below. An accurate mail delivery address is necessary to ensure delivery of your order. Use the top portion for 1999 items ONLY. Use the bottom portion for ordering 2000 items ONLY.

Some of the forms listed are printed two on a sheet; some are printed three on a sheet. **PLEASE ORDER THE NUMBER OF FORMS NEEDED, NOT THE NUMBER OF SHEETS.** None of the items on the order blank are available in continuous feed version. You will automatically receive one instruction with any form on this order blank.

QUANTITY	ITEM	TITLE	QUANTITY	ITEM	TITLE
_____	W-2	Wage and Tax Statement (1999)*	_____	1098	Mortgage Interest Statement (1999)**
_____	W-2c	Corrected Wage and Tax Statement (1999)*	_____	1099-A	Acquisition or Abandonment of Secured Property (1999)**
_____	W-2G	Certain Gambling Winnings (1999)**	_____	1099-B	Proceeds From Broker and Barter Exchange Transactions (1999)**
_____	W-3	Transmittal of Wage and Tax Statements (1999)	_____	1099-C	Cancellation of Debt (1999)**
_____	W-3c	Transmittal of Corrected Wage and Tax Statements (1999)	_____	1099-DIV	Dividends and Distributions (1999)**
_____	W-4	Employee's Withholding Allowance Certificate (1999)	_____	1099-G	Certain Government Qualified Program Payments (1999)**
_____	W-4P	Withholding Certificate for Pension or Annuity Payments (1999)	_____	1099-INT	Interest Income (1999)**
_____	W-4S	Request for Federal Income Tax Withholding From Sick Pay (1999)	_____	1099-LTC	Long-Term Care and Accelerated Death Benefits(1999)**
_____	W-5	Earned Income Credit Advance Payment Certificate (1999)	_____	1099-MISC	Miscellaneous Income (1999)**
_____	941	Employer's Quarterly Federal Tax Return (1999)	_____	1099-MSA	Distributions From Medical Savings Accounts (1999)**
_____	941	Employer's Record of Federal Tax Liability (11/98)	_____	1099-MSA	Distributions From Medical Savings Accounts (1999)**
_____	941c	Supporting Statement To Correct Information (10/98)	_____	1099-MSA	Distributions From Medical Savings Accounts (1999)**
_____	943	Employer's Annual Tax Return for Agricultural Employees (1999)	_____	1099-MSA	Distributions From Medical Savings Accounts (1999)**
_____	943-A	Agricultural Employer's Record of Federal Tax Liability (07/98)	_____	1099-MSA	Distributions From Medical Savings Accounts (1999)**
_____	945	Annual Return of Withheld Federal Income Tax (1999)	_____	1099-MSA	Distributions From Medical Savings Accounts (1999)**
_____	945-A	Annual Record of Federal Tax Liability (10/97)	_____	1099-MSA	Distributions From Medical Savings Accounts (1999)**
_____	1096	Annual Summary and Transmittal of U.S. Information Returns (1999)	_____	1099-MSA	Distributions From Medical Savings Accounts (1999)**
_____			_____	5498	Individual Retirement Arrangement Information (1999)**
_____			_____	5498-MSA	Medical Savings Account Information (1999)**
_____			_____	Pub 213	You May Need to Check Your Withholding (1999)
_____			_____	Pub 1494	Table for Figuring Amount Exempt From Levy on Wages, Salary, and Other Income (1999)

*two per sheet
 **three per sheet

Note: See reverse for the Paperwork Reduction Act and Where to Send Your Order.

USE THIS PORTION FOR 2000 FORMS ONLY

PLEASE DO NOT USE YOUR PEEL OFF LABEL TO ORDER FORMS FROM THIS ORDER BLANK. AFFIX THE PEEL OFF LABEL ON FORM W-3.

QUANTITY

	W-4 (2000)	Name _____	
	W-4P (2000)	Number and Street _____	Apt/Suite/Room _____
	W-4S (2000)	City _____	State _____ Zip Code _____
	W-5 (2000)	Foreign Country _____	International Postal Code _____
(2000 Revisions)		() _____	
		Daytime Telephone Number _____	

Where To Send Your Order

Send your order to the Internal Revenue Service address for the Area Distribution Center closest to your state.

Central Area Distribution Center
P.O. Box 8908
Bloomington, IL 61702-8908

Western Area Distribution Center
Rancho Cordova, CA 95743-0001

Eastern Area Distribution Center
P.O. Box 85075
Richmond, VA 23261-5075

Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Your response is voluntary.

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 Code section 6103.

The time needed to complete this form will vary depending on the individual circumstances. The estimated average time is 3 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.

Please **DO NOT** send your order Form 7018 to the Tax Forms Committee. Send your forms order to the IRS Area Distribution Center closest to your state.

NOTE: *An order blank for 2000 forms and information returns will be sent to you in December 1999, in either Circular E, (Publication 15) Employer's Tax Guide, or Circular A, (Publication 51) Agricultural Employer's Tax Guide.*