

# Employer's Order Blank for Forms

Visit IRS Web Site @ www.irs.gov

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

|                      |             |                          |                           |          |  |
|----------------------|-------------|--------------------------|---------------------------|----------|--|
| <input type="text"/> | W-4 (2000)  | Name                     | _____                     |          |  |
| <input type="text"/> | W-4P (2000) | Number and Street        | _____ Apt/Suite/Room      |          |  |
| <input type="text"/> | W-4S (2000) | City                     | State                     | Zip Code |  |
| <input type="text"/> | 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.*