

INSIGHT = INNOVATION = EXPERIENCE

# 2009 1099 Guide

In order to provide greater functionality and more value to our customers Sage MIP Fund Accounting has partnered with Aatrix<sup>®</sup> to handle all 1099 processing and filing. You now have the option to electronically file as well as print and file. This document covers how to produce your 1099's through MIP/Aatrix<sup>®</sup>.

#### **IMPORTANT NOTES**

### All printing and filing of 1099's in MIP is done through Aatrix<sup>®</sup>.

See the Quick Start Guide on the next page for simplified instructions.

There is no charge for filing the 1099's if you print and produce on your own. e-req filings will incur a charge.

Pre-printed forms are not required and will not work with Aatrix<sup>®</sup>. You will need blank perforated forms.

## You should submit eFilings to Aatrix<sup>®</sup> 2 business days before the filing deadline.

Failure to do so may result in a \$20 expedited filing fee (even if your filing is free) and Aatrix<sup>®</sup> cannot guarantee timely filing, if your eFile is submitted within 2 days of the filing deadline.

#### 2009 1099 Quick Start Guide

This document is a quick walkthrough of the 2009 1099 process. If you have problems or questions on any of the steps please give us a call.

#### Step 1 – Select Forms

1-Go to Activities → Produce Vendor 1099's

2-Select the Form Type as New

3-Select the 1099 Type that you want to produce

4-Click on the Form Updates button if available to get the latest forms and updates

5-Make sure to enter 2009 in your Year

elect Form						
		Form Description				
Form Type:	New	[Annual] Use this t	o process 1099-MISCs.			Form Updates
Form:	2008 1099-MISC	T				
Year:	2008	-				
	12000					
llters	Available Filter		Selected Filter	Compares To	Criteria 1	Criteria 2
Vendor ID					1	
Vendor Name Vendor Class						
Fund						
Grant						
Dept						
117						
		<				
					0	

Step 2 – Verify TIN Numbers									
2	Recipient TIN	TIN Flag	Optional Na	Recipient A	Recipient A				
	SSN or FEIN	Check if FEIN	Full Name	Address Li	Address Li				
1	01-1234567	V		5678 Congre					
2	65-4646464			7100 Highwa					
3	399-64-5545	Γ		2121 West Gr					
4	000-00-0000	Γ	John Madisso	1200 South C					
5	74-9548446		Robert Windel	3747 Town	PO Box 3747				
Totals									

St	Step 3 – Verify TIN Flag is Selected										
	Recipient TIN	TIN Flag	Optional Na	Recipient A	Recipient A						
	SSN or FEIN	Check if FEIN	Full Name	Address Li	Address Li						
	01-1234567	•		5678 Congre							
	65-4646464			7100 Highwa							
	399-64-5545			2121 West Gr							
	000-00-0000		John Madisso	1200 South C							
	74-9548446	•	Robert Windel	3747 Town	PO Box 3747						
otals											

#### Step 4 – Verify Nam and Address

2	Recipient L	Recipient Fi	Recipient Mi	Recipient C	Recipient TIN	TIN Flag	Optional Na	Recipient A	Recipient A	Recipient City	Recipient St	Recipient Zi
	Last Name	First Name	Middle Name	Company N	SSN or FEIN	Check if FEIN	Full Name	Address Li	Address Li	City	State	ZIP Code
				City Construc	01-1234567			5678 Congre		Austin	TX	78701
				Williams & Erri	65-4646464			7100 Highwa		Austin	TX	78346-5744
				Mulberry & Th	399-64-5545			2121 West Gr		Austin	TX	78705-1111
				Transportatio	000-00-0000		John Madisso	1200 South C		Austin	TX	787046455
				Windell Prope	74-9548446		Robert Windel	3747 Town	PO Box 3747	Austin	TX	78705-5445
als												

#### Step 5 – Verify Amount of State Wages and any Withholding

#### Step 6 – Verify Destination State (PA)

Ì	à				Prev Step	Next Step								
Ï	Box 2	Box 3	Box 4	Box 5	Box 6	Box 7	Box 8	Box 9	Box 10	Box 13	Box 14	Box 15a	Box 15b	Destination State
l	Royatties	Other Income	Federal Inc	Fishing Boa	Medical an	Nonemploy	Substitute	Payer Made	Crop Insura	Excess Gol	Gross Proc	Section 40	Section 40	Destination State
						1894.12								TX
						242704.55								TX
						222101.81								TX
						8987.46								TX
														TX
l	0.00	0.00	0.00	0.00	0.00	475687.94	0.00		0.00	0.00	0.00	0.00	0.00	0.00

# Step 7 – Check information. Populate all boxes in red

Step 8 – Select Filing Opions	
Step 9 - Print	

Please fill out Company Name or Payer Name, or both if desired.	Company Name Company Name : Social Service Agency Payer Name First Middle Last Name : Name : Name :								
Payer Info TIN: Address line 1: Address line 2: City: State: Zip Code:	74-4568484 313 East Anderson La Suite 101 Austin TX I	Telephone # : Payer Title : Contact Name : Email : Fax Number : Transfer Agent : (if required)							
	< Back	Red fields are required information.	p						

Pricing and Filing Options		×
My eFile Center Options <u>Tell mer</u>	nore Cost per Recipier	r nt YourCost
Complete 1099 eFiling Service	ce Minimum Price	\$19.95
Print & Mail Recipient 1099s, eFile Fede eFile all applicable State 1099/1096*	ral 1099/1096,	
⊂ eFile Federal & State 1099/1	096* Minimum Price	\$19.95
⊂ eFile Federal 1099/1096 only	Minimum Price	\$0.00
⊂ eFile State 1099/1096* only	Minimum Price	\$19.95
C No eFiling at this time		
My Printing Options Tell mer	nore	
Print copies alone or in combination with	any eFile option above	
<ul> <li>Print Recipient 1099 copies</li> <li>Print Federal 1099/1096 copies</li> <li>Print State 1099/1096* copies</li> <li>Print Payer 1099 copies</li> </ul>	1	Postage Forms Envelopes Your Labor
* State 1096 or other required forms will be filed	l with 1099s	
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