

## Attention:

Copy A of this form is provided for informational purposes only. Copy A appears in red, similar to the official IRS form. The official printed version of Copy A of this IRS form is scannable, but the online version of it, printed from this website, is not. Do **not** print and file copy A downloaded from this website; a penalty may be imposed for filing with the IRS information return forms that can't be scanned. See part O in the current General Instructions for Certain Information Returns, available at [www.irs.gov/form1099](http://www.irs.gov/form1099), for more information about penalties.

Please note that Copy B and other copies of this form, which appear in black, may be downloaded and printed and used to satisfy the requirement to provide the information to the recipient.

To order official IRS information returns, which include a scannable Copy A for filing with the IRS and all other applicable copies of the form, visit [www.IRS.gov/orderforms](http://www.IRS.gov/orderforms). Click on [Employer and Information Returns](#), and we'll mail you the forms you request and their instructions, as well as any publications you may order.

Information returns may also be filed electronically using the IRS Filing Information Returns Electronically (FIRE) system (visit [www.IRS.gov/FIRE](http://www.IRS.gov/FIRE)) or the IRS Affordable Care Act Information Returns (AIR) program (visit [www.IRS.gov/AIR](http://www.IRS.gov/AIR)).

See IRS Publications 1141, 1167, and 1179 for more information about printing these tax forms.

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FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S federal identification no.	OMB No. 1545-2205		<b>2017</b>	<b>Payment Card and Third Party Network Transactions</b>
		PAYEE'S taxpayer identification no.				
		<b>1a</b> Gross amount of payment card/third party network transactions \$	Form <b>1099-K</b>			
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"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		<b>1b</b> Card Not Present transactions \$	<b>2</b> Merchant category code	<b>Copy A For Internal Revenue Service Center</b>
		<b>3</b> Number of payment transactions	<b>4</b> Federal income tax withheld \$			
PAYEE'S name		<b>5a</b> January \$	<b>5b</b> February \$		<b>File with Form 1096.</b>  For Privacy Act and Paperwork Reduction Act Notice, see the <b>2017 General Instructions for Certain Information Returns.</b>	
		<b>5c</b> March \$	<b>5d</b> April \$			
Street address (including apt. no.)		<b>5e</b> May \$	<b>5f</b> June \$			
		<b>5g</b> July \$	<b>5h</b> August \$			
City or town, state or province, country, and ZIP or foreign postal code		<b>5i</b> September \$	<b>5j</b> October \$			
		<b>5k</b> November \$	<b>5l</b> December \$			
PSE'S name and telephone number		<b>6</b> State	<b>7</b> State identification no.	<b>8</b> State income tax withheld \$		
		Account number (see instructions) <span style="background-color: #cccccc; display: inline-block; width: 100px; height: 1em;"></span>	2nd TIN not. <input type="checkbox"/>			\$

Form **1099-K**

Cat. No. 54118B

www.irs.gov/form1099k

Department of the Treasury - Internal Revenue Service

**Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page**

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**Payment Card and  
Third Party  
Network  
Transactions**

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S federal identification no.	OMB No. 1545-2205	
		PAYEE'S taxpayer identification no.	<b>2017</b>	
		<b>1a</b> Gross amount of payment card/third party network transactions \$		
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"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		<b>Copy 1 For State Tax Department</b>
		<b>1b</b> Card Not Present transactions \$	<b>2</b> Merchant category code	
Payment settlement entity (PSE) <input type="checkbox"/> Electronic Payment Facilitator (EPF)/Other third party <input type="checkbox"/>		<b>3</b> Number of payment transactions	<b>4</b> Federal income tax withheld \$	
		PAYEE'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>5a</b> January \$
PSE'S name and telephone number		<b>5c</b> March \$	<b>5d</b> April \$	
		<b>5e</b> May \$	<b>5f</b> June \$	
Account number (see instructions)		<b>5g</b> July \$	<b>5h</b> August \$	
		<b>5i</b> September \$	<b>5j</b> October \$	
		<b>5k</b> November \$	<b>5l</b> December \$	
		<b>6</b> State	<b>7</b> State identification no.	<b>8</b> State income tax withheld \$ ----- \$

CORRECTED (if checked)

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S federal identification no.	OMB No. 1545-2205		
		PAYEE'S taxpayer identification no.	<b>2017</b>		
		<b>1a</b> Gross amount of payment card/third party network transactions \$			Form <b>1099-K</b>
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"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		<b>Copy B For Payee</b>	
		<b>1b</b> Card Not Present transactions \$	<b>2</b> Merchant category code		This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.
		<b>3</b> Number of payment transactions	<b>4</b> Federal income tax withheld \$		
PAYEE'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>5a</b> January \$	<b>5b</b> February \$		
		<b>5c</b> March \$	<b>5d</b> April \$		
		<b>5e</b> May \$	<b>5f</b> June \$		
		<b>5g</b> July \$	<b>5h</b> August \$		
		<b>5i</b> September \$	<b>5j</b> October \$		
		<b>5k</b> November \$	<b>5l</b> December \$		
PSE'S name and telephone number					
Account number (see instructions)		<b>6</b> State	<b>7</b> State identification no.	<b>8</b> State income tax withheld \$ ----- \$	

Form **1099-K**

(Keep for your records)

[www.irs.gov/form1099k](http://www.irs.gov/form1099k)

Department of the Treasury - Internal Revenue Service

## Instructions for Payee

You have received this form because you have either: (a) accepted payment cards for payments, or (b) received payments through a third party network that exceeded \$20,000 in gross total reportable transactions and the aggregate number of those transactions exceeded 200 for the calendar year. Merchant acquirers and third party settlement organizations, as payment settlement entities (PSE), must report the proceeds of payment card and third party network transactions made to you on Form 1099-K under Internal Revenue Code section 6050W. The PSE may have contracted with an electronic payment facilitator (EPF) or other third party payer to make payments to you.

If you have questions about the amounts reported on this form, contact the FILER whose information is shown in the upper left corner on the front of this form. If you do not recognize the FILER shown in the upper left corner of the form, contact the PSE whose name and phone number are shown in the lower left corner of the form above your account number.

See the separate instructions for your income tax return for using the information reported on this form.

**Payee's taxpayer identification number.** For your protection, this form may show only the last four digits of your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN). However, the issuer has reported your complete identification number to the IRS.

**Account number.** May show an account number or other unique number the PSE assigned to distinguish your account.

**Box 1a.** Shows the aggregate gross amount of payment card/third party network transactions made to you through the PSE during the calendar year.

**Box 1b.** Shows the aggregate gross amount of all reportable payment transactions made to you through the PSE during the calendar year where the card was not present at the time of the transaction or the card number was keyed into the terminal. Typically, this relates to online sales, phone sales, or catalogue sales. If the box for third party network is checked, or if these are third party network transactions, card not present transactions will not be reported.

**Box 2.** Shows the merchant category code used for payment card/third party network transactions (if available) reported on this form.

**Box 3.** Shows the number of payment transactions (not including refund transactions) processed through the payment card/third party network.

**Box 4.** Shows backup withholding. Generally, a payer must backup withhold if you did not furnish your taxpayer identification number (TIN) or you did not furnish the correct TIN to the payer. See Form W-9, Request for Taxpayer Identification Number and Certification, and Pub. 505. Include this amount on your income tax return as tax withheld.

**Boxes 5a–5l.** Shows the gross amount of payment card/third party network transactions made to you for each month of the calendar year.

**Boxes 6–8.** Shows state and local income tax withheld from the payments.

**Future developments.** For the latest information about developments related to Form 1099-K and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/form1099k](http://www.irs.gov/form1099k).

CORRECTED (if checked)

**Payment Card and  
Third Party  
Network  
Transactions**

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.	FILER'S federal identification no.	OMB No. 1545-2205			
	PAYEE'S taxpayer identification no.	<b>2017</b>			
	<b>1a</b> Gross amount of payment card/third party network transactions \$	Form <b>1099-K</b>			
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"/>	Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>	<b>1b</b> Card Not Present transactions \$	<b>2</b> Merchant category code	<b>Copy 2</b>	
		<b>3</b> Number of payment transactions	<b>4</b> Federal income tax withheld \$		
PAYEE'S name	<b>5a</b> January \$	<b>5b</b> February \$			To be filed with the recipient's state income tax return, when required.
	<b>5c</b> March \$	<b>5d</b> April \$			
	<b>5e</b> May \$	<b>5f</b> June \$			
	<b>5g</b> July \$	<b>5h</b> August \$			
	<b>5i</b> September \$	<b>5j</b> October \$			
	<b>5k</b> November \$	<b>5l</b> December \$			
Street address (including apt. no.)	City or town, state or province, country, and ZIP or foreign postal code	<b>6</b> State	<b>7</b> State identification no.	<b>8</b> State income tax withheld \$	
		-----		\$	
PSE'S name and telephone number					
Account number (see instructions)					

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**Payment Card and  
Third Party  
Network  
Transactions**

**2017**

Form **1099-K**

**Copy C  
For FILER**

For Privacy Act  
and Paperwork  
Reduction Act  
Notice, see the  
**2017 General  
Instructions for  
Certain Information  
Returns.**

FILER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		FILER'S federal identification no.	OMB No. 1545-2205			
		PAYEE'S taxpayer identification no.				
		<b>1a</b> Gross amount of payment card/third party network transactions \$				
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"/>		Check to indicate transactions reported are: Payment card <input type="checkbox"/> Third party network <input type="checkbox"/>		<b>1b</b> Card Not Present transactions \$		
		<b>3</b> Number of payment transactions	<b>2</b> Merchant category code	<b>4</b> Federal income tax withheld \$		
PAYEE'S name  Street address (including apt. no.)  City or town, state or province, country, and ZIP or foreign postal code		<b>5a</b> January \$	<b>5b</b> February \$			
		<b>5c</b> March \$	<b>5d</b> April \$			
		<b>5e</b> May \$	<b>5f</b> June \$			
		<b>5g</b> July \$	<b>5h</b> August \$			
		<b>5i</b> September \$	<b>5j</b> October \$			
		<b>5k</b> November \$	<b>5l</b> December \$			
		PSE'S name and telephone number				
		Account number (see instructions)			<b>6</b> State	<b>7</b> State identification no.
2nd TIN not. <input type="checkbox"/>				\$		

**Instructions for FILER Who is a Payment Settlement Entity or Electronic Payment Facilitator/Other Third Party**

To complete Form 1099-K, use:

- the 2017 General Instructions for Certain Information Returns, and
- the 2017 Instructions for Form 1099-K.

To order these instructions and additional forms, go to [www.irs.gov/form1099k](http://www.irs.gov/form1099k).

**Caution:** Because paper forms are scanned during processing, you cannot file Forms 1096, 1097, 1098, 1099, 3921, 3922, or 5498 that you print from the IRS website.

**Due dates.** Furnish Copy B of this form to the recipient by January 31, 2018.

File Copy A of this form with the IRS by February 28, 2018. If you file electronically, the due date is April 2, 2018. To file electronically, you must have software that generates a file according to the specifications in Pub. 1220. The IRS does not provide a fill-in form option.

**Need help?** If you have questions about reporting on Form 1099-K, call the information reporting customer service site toll free at 1-866-455-7438 or 304-263-8700 (not toll free). Persons with a hearing or speech disability with access to TTY/TDD equipment can call 304-579-4827 (not toll free).