







### FORM TYPE (1099K)

<b>1099-K Payment Card and Third Party Network Transactions – State of Kansas (Detail)</b>			
<b>Column #</b>	<b>Field Name ( * Required)</b>	<b>Field Type</b>	<b>Description</b>
26	Account_Number	Alphanumeric	Max of 50 characters
27	1a_Gross_Amt_Pay-Card	Numeric or Null	Gross amount of payment card/third party network transactions (II II II .II II )
28	1b_Card_Not_Prs_Trnsctn	Numeric or Null	Card Not Present transactions (II II II II .II II )
29	2_Merchant_Category	Numeric	Merchant Category Code (II II II II )
30	3_Num_Paymt_Transactns	Numeric	Number of Payment Transactions (up to 13digits)
31	4_Fed_Income	Numeric or Null	Federal Income Tax Withheld (II II II II .II II )
32	5a_Pmt_January	Numeric or Null	January Payment (II II II II .II II )
33	5b_Pmt_February	Numeric or Null	February Payment (II II II II .II II )
34	5c_Pmt_March	Numeric or Null	March Payment (II II II II .II II )
35	5d_Pmt_April	Numeric or Null	April Payment (II II II II .II II )
36	5e_Pmt_May	Numeric or Null	May Payment (II II II II .II II )
37	5f_Pmt_June	Numeric or Null	June Payment (II II II II .II II )
38	5g_Pmt_July	Numeric or Null	July payment (II II II II .II II )
39	5h_Pmt_August	Numeric or Null	August Payment (II II II II .II II )
40	5i_Pmt_September	Numeric or Null	September Payment (II II II II .II II )
41	5j_Pmt_October	Numeric or Null	October Payment (II II II II .II II )
42	5k_Pmt_November	Numeric or Null	November Payment (II II II II .II II )
43	5l_Pmt_December	Numeric or Null	December Payment (II II II II .II II )
44	6_State_Name_1	Alphanumeric	State Line 1 Maximum 50 characters
45	7_State_No_1	Numeric or Null	State Identification Number Line 1 (II II - 20 for KS)
46	8_State_Income_1	Numeric or Null	State Income Tax Withheld Line 1 (II II II II .II II )

### FORM TYPE (1099LTC)

<b>1099-LTC Long Term Care and Accelerated Death Benefits – State of Kansas (Detail)</b>			
<b>Column #</b>	<b>Field Name ( * Required)</b>	<b>Field Type</b>	<b>Description</b>
26	SSN_FEIN	Alphanumeric	<b>Insured's Social Security Number (Maximum of 9 characters)</b>
27	Last_Name	Alphanumeric	Insured's Last Name (Maximum of 57 characters)
28	Middle_Name	Alphanumeric	Insured's Middle Name (Maximum of 15 characters)
29	First_Name	Alphanumeric	Insured's First Name (Maximum of 15 characters)
30	Suffix	Alphanumeric	Insured's Suffix(Maximum of 4 characters)
31	Street1	Alphanumeric	Insured's Street Address, Line 1 (Maximum of 40 characters)
32	Street2	Alphanumeric	Insured's Street Address, Line 2 (Maximum of 40 characters)
33	City	Alphanumeric	Insured's City(Maximum of 40 characters)
34	State	Alphanumeric	Insured's State(Must be 2 characters)
35	Zip	Alphanumeric	Insured's Zip Code (9 digit zip, if known, without hyphen. II II II II II II II II )
36	Country_Code	Alphanumeric	Insured's County Code(2 characters)
37	Account_Number	Alphanumeric	(Maximum 50 Characters)
38	1_Gross_Long_Term_Care_Benefits*	Numeric or Null	Gross Long-Term Care Benefits Paid (II II II II .II II )
39	2_Death_Benefits*	Numeric or Null	Accelerated Death Benefits Paid (II II II II .II II )

**FORM TYPE (1099MISC)**

<b>1099-MISC Miscellaneous Income – State of Kansas (Detail)</b>			
<b>Column #</b>	<b>Field Name ( * Required)</b>	<b>Field Type</b>	<b>Description</b>
26	Account_Number	Alphanumeric	Max of 50 characters
27	1_Rents*	Numeric or Null	Rents (####.##)
28	2_Royalties*	Numeric or Null	Royalties (####.##)
29	3_Other_Income*	Numeric or Null	Other Income (####.##)
30	4_Federal_Income*	Numeric or Null	Federal Income Tax Withheld (####.##)
31	5_Fishing_Boat*	Numeric or Null	Fishing Boat Proceeds (####.##)
32	6_Med_and_Health*	Numeric or Null	Medical and Health Care Payments (####.##)
33	7_Direct_Sale_For_Resale	Numeric or Null	Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale (Enter "Y" for yes or "N" or blank for no.)
34	8_Substitute_Payments*	Numeric or Null	Substitute Payments in Lieu of Dividends or Interest (####.##)
35	9_Crop_Insurance	Alphanumeric	Crop Insurance Proceeds (####.##)
36	10_Gross_Proceeds_Attorney	Numeric or Null	Gross Proceeds Paid to an Attorney (####.##)
37	12_Section_409A_Deferrl	Numeric or Null	Section 409A Deferrals (####.##)
38	13_Excess_Golden*	Numeric or Null	Excess Golden Parachute Payments (####.##)
39	14_Nonqual_Def_Compns	Numeric or Null	Nonqualified Deferred Compensation (####.##)
40	15_State_Tax1	Numeric or Null	State Tax Withheld Line 1 (####.##)
41	16_State/Payers_State_Num1	Numeric or Null	State/Payer's State Number; Line 1 (## - 20 for KS)
42	FATCA Indicator	Alphanumeric	Filing indicator (Y, N or blank)

**FORM TYPE (1099NEC)**

<b>1099-NEC Nonemployee Compensation – State of Kansas (Detail)</b>			
<b>Column #</b>	<b>Field Name ( * Required)</b>	<b>Field Type</b>	<b>Description</b>
26	Account_Number	Alphanumeric	Max of 50 characters
27	1_Nonemployee_Compensation	Numeric or Null	Nonemployee Compensation (####.##)
28	4_Fed_Income	Numeric or Null	Federal Income Tax Withheld (####.##)
29	5_State Tax Withhld 1	Numeric or Null	State Tax Withheld (####.##)
30	6 Payer State No 1	Numeric or Null	State/Payer's state number (## - 20 for KS)
31	7_State_Income_1	Numeric or Null	State Income (####.##)
32	FATCA File Rqrmt Ind	Alphanumeric	FATCA filing requirement indicator (Y, N, or blank)

**FORM TYPE (1099OID)**

<b>1099-OID Original Issue Discount – State of Kansas (Detail)</b>			
<b>Column #</b>	<b>Field Name ( * Required)</b>	<b>Field Type</b>	<b>Description</b>
26	Account_Number	Alphanumeric	Max of 50 characters
27	1_original_issue_discount*	Numeric or Null	Original Issue Discount for 2007 (####.##)
28	2_other_interest*	Numeric or Null	Other Periodic Interest (####.##)
29	4_federal_income	Numeric or Null	Federal Income Tax Withheld (####.##)
30	7_investment_expenses	Numeric or Null	Investment Income (####.##)
31	Historical Do Not Use		
32	Historical Do Not Use		
33	Historical Do Not Use		
34	FATCA Indicator	Alphanumeric	Filing Indicator (Y, N or blank)

**FORM TYPE (1099PATR)**

<b>1099-PATR Taxable Distributions Received from Cooperatives – State of Kansas (Detail)</b>			
<b>Column #</b>	<b>Field Name ( * Required)</b>	<b>Field Type</b>	<b>Description</b>
26	Account_Number	Alphanumeric	Max of 50 characters
27	1_Patronage_Divs*	Numeric or Null	Patronage Dividends (####.##)
28	2_Nopatrage_Distributions*	Numeric or Null	Nonpatronage Dividends (####.##)
29	3_Per_Unit_Retain*	Numeric or Null	Per-Unit Retain Allocations (####.##)
30	4_Fed_Income_Tax	Numeric or Null	Federal Income Tax Withheld (####.##)
31	5_Redemption_of_Notices*	Numeric or Null	Redemption of Nonqualified Notices and Retain Allocations (####.##)

**FORM TYPE (1099R)**

<b>1099-R Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance</b>			
<b>Column #</b>	<b>Field Name ( * Required)</b>	<b>Field Type</b>	<b>Description</b>
26	Account_Number	Alphanumeric	Maximum 50 characters
27	1_Gross_Distribution	Numeric or Null	Gross Distributions (####.##)
28	2a_Taxable_Amt *	Numeric or Null	Taxable Amount (####.##)
29	3_Capital_Gain	Numeric or Null	Capital Gain (Included in Box 2a) (####.##)
30	4_Fed_Income	Numeric or Null	Federal Income Tax Withheld (####.##)
31	10_InPlan_Roth_Rollover	Numeric or Null	Rollover amount (####.##)
32	11_1 <sup>st</sup> _Yr_Roth_Contrib	Numeric or Null	Year (####)
33	12_State_Tax_Withheld_1 *	Numeric or Null	State Tax Withheld Line 1 (####.##)
34	13_State_No_1 *	Numeric or Null	State/Payer's State Number Line 1 (## – 20 for KS)
35	14_State_Distribution_1 *	Numeric or Null	State Distribution Line 1 (####.##)
36	FATCA_Indicator	Alphanumeric	Filing Indicator (Y, N or blank)
37	Date_of_Payment	Date	Date of Payment (YYYYMMDD)

**FORM TYPE (1099S)**

<b>1099-S Proceeds from Real Estate Transactions – State of Kansas (Detail)</b>			
<b>Column</b>	<b>Field Name ( * Required)</b>	<b>Field Type</b>	<b>Description</b>
26	Account_Number	Alphanumeric	Account or Escrow Number (Max of 50 characters)
27	1_Date_of_Closing	Date	Date of Closing (YYYYMMDD)
28	2_Gross_Proceeds*	Numeric or Null	Gross Proceeds from Sale (####.##)
29	3_Address_or_Description	Alphanumeric	Address or Description (Maximum 50 characters)
30	4_Property_Received	Numeric or Null	Property or Services Indicator (Enter "Y" if the transferor received or will receive property or services as part of consideration, otherwise enter "N" or leave blank.)
31	5_Buyers_Real_Estate_Tax	Numeric or Null	Buyer's Part of Real Estate Tax (####.##)

**FORM TYPE (1099SA)**

<b>1099-SA Distributions from an HAS, Archer MSA, or Medicare Advantage MSA – State of Kansas (Detail)</b>			
<b>Column #</b>	<b>Field Name ( * Required)</b>	<b>Field Type</b>	<b>Description</b>
26	Account_Number	Alphanumeric	Account or Escrow Number (Max of 50 characters)
27	1_Gross_Distribution*	Numeric or Null	Gross Distribution (####.##)
28	2_Earnings_on_Excess	Numeric or Null	Earnings on Excess Contributions (####.##)
29	4_FMV_on_Death_Date	Numeric or Null	Fair Market Value on Date of Death (####.##)

**FORM TYPE (W2G)**

<b>W-2G Certain Gambling Winnings – State of Kansas (Detail)</b>			
<b>Column</b>	<b>Field Name ( * Required)</b>	<b>Field Type</b>	<b>Description</b>
26	1_Gross_Winnings*	Numeric or Null	Gross Winnings (####.##)
27	2_Fed_Income	Numeric or Null	Federal Income Tax Withheld (####.##)
28	13_State/Payers_Identification*	Alphanumeric	State/Payer's State Identification Number (Maximum of 50 characters)
29	14_State_Income_Tax*	Numeric or Null	State Income Tax Withheld (####.##)