

1099-R Upload Instructions

Payer and Recipient Information with form data

Document Overview

Tax Year	Version	Last Updated on	New Updates
2025	1099R_Payer_Recipient_2.0	Nov, 2025	New code Y for box 7: Added a new code "Y" to the list of codes for box 7 to identify a qualified charitable distribution (QCD).
2024	1099R_Payer_Recipient_1.0	Oct, 2024	No new updates
2023	1099R_Payer_Recipient_1.0	Sep, 2023	No new updates

General Instructions

File Specifications

- **File Format:** Ensure the file is saved as .CSV (Comma-Separated Values). Other formats like .xls or .xlsx are not supported. [See how to convert other file formats to CSV.](#)
- **File Size:** The file size should not exceed the specified limit (e.g., 15 MB). Split large files into smaller ones if necessary.
- **Row Limit:** Rows exceeding 20,000 entries should be split into multiple files to ensure smooth processing.
- **Encoding:** Use UTF-8 encoding to avoid errors with special characters or unsupported languages.

Data and Input Specifications

- **Mandatory Fields:** Fields marked as required or mandatory must be filled for every record.
- **Empty Fields:** If a value is not applicable, leave the field blank rather than using placeholders like "N/A" or "NULL."
- **Comma in Values:** If any of the values contain commas, enclose them in double quotes (EX. "Brown, Davis & Partners").

- **Headers & Column Order:**
 - Headers can be edited as needed.
 - **Do not change the order of columns**, as the system maps data based on column position.
- **Duplicate Records:** Duplicates can cause errors or inconsistencies in the submission process. Therefore, ensure that each record is unique by removing any duplicate rows.
- **Predefined Values:** For fields with fixed-choice options, ensure you use values exactly as defined in the template instructions.
- **Special Characters:** All special characters are allowed except < > ; { } [] _ \ ! : ? = (These characters will be removed before upload.) If any text has a dot followed by letters, a space will be added after the dot.

- **Contact Information:**
 - For each recipient, you can add up to 5 contact information.
 - Even if a payer has multiple recipients, the maximum allowed is 5 contacts per payer.
 - If a 6th contact is added for the same payer in the Bulk Upload Template and uploaded through the UI, the system will throw an error.
 - In the UI, the user can set any one of the 5 contacts as the primary contact.

Field Name	Description	Maximum Length	Allowed Input Characters
Payer reference number	The payer reference number is a unique identifier assigned to each payer (business).	50	Alphabets and Numbers All special characters allowed
Payer type of TIN (1=EIN 2=SSN)*	The type of the Taxpayer Identification Number (TIN) applicable to the payer.	4	Allowed values are 1, 2, EIN, SSN 1 = EIN 2 = SSN
Payer TIN*	A nine-digit number issued to businesses, U.S. citizens, permanent residents, and temporary (working) residents. The	11	Numbers Allowed special character is - TIN is allowed with or without hyphen

	acceptable formats are 22-5454665, 234-54-5434, 898765463.		
If the type of TIN is individual TIN (SSN, ITIN, ATIN, and Other), First name and Last name fields are mandatory.			
Payer business name (if the payer TIN is EIN)*	Payer name refers to the name of the entity or business responsible for making payments.	75	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Payer first name (if the payer TIN is SSN)*	The first name of the payer	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Payer middle initial (if the payer TIN is SSN)	The middle initial of the payer	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Payer last name (if the payer TIN is SSN)*	The family or surname of the payer	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Payer suffix (if the payer TIN is SSN) (1=Jr 2=Sr 3=I 4=II 5=III 6=IV 7=V 8=VI 9=VII)	Generational or professional titles (e.g., Jr., Sr., III) to the payer name for accurate identification.	6	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? = Allowed values: "Junior", "Jr", "Senior", "Sr", "I", "II", "III", "IV", "V", "VI", and "VII".
Payer DBA/trade name	The registered name under which a business operates and conducts its affairs, distinct from its legal or registered	75	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? = If you have multiple trade

	name.		names separate them with a comma.
Payer country*	Enter the Country or Country Code as per the IRS standards. Refer to IRS Country Codes	27	Alphabets Note: If left blank, it will be considered as "US".
Payer address line 1*	Enter the primary street address for the payer's residence or business.	46	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Payer address line 2	For additional address details, such as apartment, suite, unit, or building number.	46	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Payer city/town*	The municipality or urban area where the payer resides or conducts business.	50	Alphabets and Numbers Allowed special characters only . ' -
Payer state/province/territory*	State/province/territory in which the payer resides or conducts business.	50	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Payer ZIP code/postal code*	If the payer is from the US, the zip code must be filled out. Otherwise, the postal code should be provided.	16	US: Numbers - 5 digits, plus an optional 4 digits (ZIP+4 format). Foreign: Up to 16 characters allowed. Special character allowed hyphen (-) slash (/).
Contact person first name	The first name of the contact person.	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =

Contact person middle name	The middle initial of the contact person.	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Contact person last name	The family or surname of the contact person.	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Contact person suffix (1=Jr 2=Sr 3=I 4=II 5=III 6=IV 7=V 8=VI 9=VII)	Generational titles (e.g., Jr., Sr., III) to the payer name for accurate identification. (If individual)	6	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? = Allowed values: "Junior", "Jr", "Senior", "Sr", "I", "II", "III", "IV", "V", "VI", and "VII"
Contact person email address	Enter the contact person's email address	100	Alphabets and Numbers Allowed special characters are . - _ + and @
Contact person phone number	Enter the contact person's phone number	15	Numbers Allowed special characters are + - () and spaces
Group names	Enter the group name you want to assign to this payer.	75	Alphabets and Numbers Allowed special characters are ! # \$ % & @ ' * + - / = ? ^ _ { } ~
Recipient reference number	The recipient reference number is a unique identifier assigned to each recipient.	50	Alphabets and Numbers All special characters allowed

<p>Recipient type of TIN (1=EIN 2=SSN 3=ITIN 4=ATIN 5=TIN not provided)*</p>	<p>The type of the Taxpayer Identification Number (TIN) applicable to the recipient.</p>	<p>16</p>	<p>Allowed entries are EIN, SSN, ITIN, ATIN, Others. Alternatively, you can use the following numbers to indicate TIN type.</p> <p>1 = EIN 2 = SSN 3 = ITIN 4 = ATIN 5 = TIN not provided 10 = Others</p> <p>If you leave the Recipient TIN field blank, it will be considered an error. The Recipient TIN cannot be empty.</p> <p>When the TIN type is 'TIN not provided', the recipient name field is mandatory.</p> <p>If you provide 'Others', TIN type will be considered as 'SSN'.</p>
<p>Recipient TIN*</p>	<p>A nine-digit number issued to businesses, U.S. citizens, permanent residents, and temporary (working) residents. The acceptable formats are 22-5454665, 234-54-5434, 898765463</p>	<p>11</p>	<p>Numbers Allowed special character is - TIN is allowed with or without hyphen</p>
<p>Recipient business name (if recipient TIN is EIN or TIN not provided)*</p>	<p>Full legal name of the entity receiving the payment. (Applicable only if</p>	<p>75</p>	<p>Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =</p>

	the recipient is a business)		
Recipient first name (if the recipient TIN is SSN, ATIN or ITIN)*	First name of the individual receiving the payment. (Applicable only if the recipient is an individual)	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Recipient middle initial (if the recipient TIN is SSN, ATIN or ITIN)	Middle initial of the individual receiving the payment. (Applicable only if the recipient is an individual)	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Recipient last name (if the recipient TIN is SSN, ATIN or ITIN)*	The family or surname of the individual receiving the payment. (Applicable only if the recipient is an individual)	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Recipient suffix (if the recipient TIN is SSN, ATIN or ITIN) (1=Jr 2= Sr 3=I 4=II 5=III 6=IV 7=V 8=VI 9=VII)	Use this field to add generational or professional titles (e.g., Jr., Sr., III) to the recipient's name for accurate identification.	6	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? = Allowed values: "Junior", "Jr", "Senior", "Sr", "I", "II", "III", "IV", "V", "VI", and "VII".

Recipient DBA/trade name	A DBA/trade name is a registered name under which a business operates and conducts its affairs, distinct from its legal or registered name. It allows businesses to operate under a name different from the owner's legal name.	75	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? = If you have multiple trade names separate them with a comma.
Recipient country*	Enter the Country or Country Code as per the IRS standards. Refer to IRS Country Codes	27	Alphabets Note: If left blank, it will be considered as "US".
Recipient address line 1*	Enter the primary street address for the recipient's residence or business.	46	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Recipient address line 2	For additional address details, such as apartment, suite, unit, or building number.	46	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Recipient city/town*	The city/town refers to the municipality or urban area where the taxpayer resides or conducts business.	50	Alphabets and Numbers Allowed special characters only . ' -
Recipient state/province/territory*	It typically requires the taxpayer to indicate the state/province/territory in which they reside or have	50	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =

	earned income subject to state taxation.		
Recipient ZIP code/postal code*	If the recipient is from the US, the zip code must be filled out. Otherwise, the postal code should be provided.	16	US: Numbers - 5 digits, plus an optional 4 digits (ZIP+4 format). Foreign: Up to 16 characters allowed. Special character allowed hyphen (-) slash (/).
Recipient email address	Enter the recipient's email address if you want to opt for online access for the recipient. Online Access is a feature that allows recipients to view or download the form copies online.	100	Alphabets and Numbers Allowed special characters are ! # \$ % & @ ' * + - / = ? ^ _ { } ~
Recipient phone number	Enter the recipient's phone number	15	Numbers Allowed special characters are + - () and spaces.
Account number	Account number is a unique identifier used to distinguish the same type of return filed for the recipient for the same tax year.	20	Alphabets and Numbers All special characters allowed except < > ; { } [] _ \ ! : ? =
Box 1 Gross distribution*	Enter the total amount of the distribution before income tax or other deductions were withheld.	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs
Box 2a Taxable amount	Enter the taxable amount. If you are unable to reasonably	13	Numbers including decimals

	obtain the data needed to compute the taxable amount, leave this box blank.		Note: Do not enter amounts with positive/negative signs
Box 2b Taxable amount not determined	Enter an "X" in this box if, - You are unable to reasonably obtain the data needed to compute the taxable amount. - You are an FFI reporting in box 1 to satisfy your chapter 4 reporting requirement under the election described in Regulations section 1.1471-4(d)(5)(i)(B).	5	Allowed values are Yes/No or 1/0 or True/False or X=Yes (Checked) Y=No (Unchecked) Note: If you leave this field blank, it will be automatically assigned as 'No' for the recipient.
Box 2b Total distribution	Enter an "X" in this box only if the payment shown in box 1 is a total distribution.	5	Allowed values are Yes/No or 1/0 or True/False or X=Yes (Checked) Y=No (Unchecked) Note: If you leave this field blank, it will be automatically assigned as 'No' for the recipient.
Box 3 Capital gain (included in box 2a)	If any amount is taxable as a capital gain, report it in box 3.	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs
Box 4 Federal income tax withheld	Enter any federal income tax withheld.	13	Numbers including decimals Note: Do not enter amounts with

			positive/negative signs
Box 5 Employee contributions /Designated Roth contributions or insurance premiums	Enter the employee's contributions, designated Roth account contributions, or insurance premiums that the employee may recover tax free this year (even if they exceed the box 1 amount).	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs
Box 6 Net unrealized appreciation in employer's securities	Enter all the NUA in employer securities if this is a lump-sum distribution. If this is not a lump-sum distribution, enter only the NUA in employer securities attributable to employee contributions.	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs
Box 7a Distribution code(s)*	Enter the appropriate code to indicate the type of distribution.	1	Allowed values - 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, D, E, F, G, H, J, K, L, M, N, P, Q, R, S, T, U, W, Y
Box 7b Distribution code(s) → IRA / SEP / SIMPLE	Specify the type of plan.	1	Allowed values are Yes/No or 1/0 or True/False or X=Yes (Checked) Y=No (Unchecked) Note: If you leave this field blank, it will be automatically assigned as 'No' for the recipient.

Box 8 Other in dollar	Enter the current actuarial value of an annuity contract that is part of a lump-sum distribution. Do not include this item in boxes 1 and 2a.	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs
Box 8a Other in percentage	Enter the percentage of the total annuity contract.	2	Numbers without decimals
Box 9a Your percentage of total distribution	If this is a total distribution to more than one person, enter the recipient's share of the total distribution.	2	Numbers without decimals
Box 9b Total employee contributions	Enter the total employee contributions or designated Roth contributions. This information may be helpful to the recipient.	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs
Box 10 Amount allocable to IRR within 5 years	Enter the amount of the distribution allocable to an IRR made within the 5-year period beginning with the first day of the year in which the rollover was made.	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs

Box 11 1st year of desig. Roth contrib.	Enter the first year of the 5-tax-year period. This is the year in which the designated Roth account was first established by the recipient.	4	Enter the year in YYYY format.
Box 12 FATCA filing requirement	Specify if the FATCA filing requirement is applicable or not.	5	Allowed values are Yes/No or 1/0 or True/False or X=Yes (Checked) Y=No (Unchecked) Note: If you leave this field blank, it will be automatically assigned as 'No' for the recipient.
Box 13 Date of Payment	Enter here the date payment was made for reportable death benefits under section 6050Y.	10	Enter the date in MM/DD/YYYY format.
Box 14a State tax withheld	This refers to the total amount of state income tax withheld from the payments made to the recipient during the tax year.	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs
Box 15a State	This refers to the state account number of the payer.	20	Alphabets Numbers Allowed special characters are / - space
Box 15a Payer state no.	This refers to the state account number of the payer.	20	Alphabets Numbers Allowed special characters are / - space

Box 16a State distribution	Report the amount of the distribution subject to state tax, if applicable.	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs
Box 17a Local tax withheld	Enter the amount of local income tax withheld, if applicable.	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs
Box 18a Name of locality	Enter the name of the locality for which the tax was withheld.	20	Alphabets and Numbers Allowed special characters are / () - space
Box 19a Local distribution	Report the amount of distribution subject to local tax, if applicable.	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs
Box 15b Second State	This refers to the state account number of the payer.	20	Alphabets and Numbers Allowed special characters are / - space
Box 15b Second Payer State No.	This refers to the state account number of the payer.	20	Alphabets and Numbers Allowed special characters are ! # \$ % & @ ' * + - / = ? ^ _ { } ~
Box 16b Second State Distribution	Report the amount of the distribution subject to state tax, if applicable.	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs
Box 17b Second Local Tax Withheld	Enter the amount of local income tax withheld, if applicable.	13	Numbers including decimals Note: Do not enter amounts with

			positive/negative signs
Box 18b Second Name of Locality	Enter the name of the locality for which the tax was withheld.	20	Alphabets and Numbers Allowed special characters are / - space
Box 19b Second Local Distribution	Report the amount of distribution subject to local tax, if applicable.	13	Numbers including decimals Note: Do not enter amounts with positive/negative signs

Below are the accepted state ID Number Formats

State	State ID Number Format 1	State ID Number Format 2	State ID Number Format 3	State ID Number Format 4	State ID Number Format 5
Alabama (AL)	123456	R00799999 9	-	-	-
Arizona (AZ)	99-9999999	999999999	23-123456	-	-
Arkansas (AR)	99999999-Z ZZ	999999999	-	-	-
California (CA)	999-9999-9	999999999	Z9999999	99999999999 9	999999999
Colorado (CO)	999999999	99-99999	99-99999- 999	99999999999	-
Connecticut (CT)	999999999-9 99	999999999 -999	999999999 9-999	99-9999999	-
Delaware (DE)	9-99999999 9-999	-	-	-	-
District of Columbia (DC)	9999999999 99	-	-	-	-
Georgia (GA)	99999999-AA	-	-	-	-
Hawaii (HI)	999999999-9 9	W99999999 9-99	GE-999-99 9-99999-9 9	GE-999-999-9 999-99	-
Idaho (ID)	9999999999	-	-	-	-

Illinois (IL)	99-9999999	99-999999 9 999	-	-	-
Indiana (IN)	9999999999 999	9999999999 9 999 9	-	-	-
Iowa (IA)	99-9999999 999	99-999999 9-999	-	-	-
Kansas (KS)	036999999 999F99	036-Z9999 9999Z99	999-Z9999 9999Z99	-	-
Kentucky (KY)	999999	-	-	-	-
Louisiana (LA)	9999999-99 9	9999999999 9	-	-	-
Maine (ME)	99-9999999 AA	99-999999 999	-	-	-
Maryland (MD)	99999999	-	-	-	-
Massachusetts (MA)	99-9999999	999-999-9 99	99999999	WTH-9999999 9-999	-
Michigan (MI)	ZZ-9999999	99-999999 9	-	-	-
Minnesota (MN)	1234567	-	-	-	-
Mississippi (MS)	99-9999999	9999-9999	99-999999 9-9	99-9999999 9	-
Missouri (MO)	99999998	-	-	-	-
Montana (MT)	9999999-99 9-WTH	-	-	-	-
Nebraska (NE)	9999999	99999999	999999999	21-999999999	-
New Jersey (NJ)	999999999/ 999	999-999-9 99/999	-	-	-
New Mexico (NM)	99-999999- 99-9	99-999999 -999	-	-	-
New York (NY)	999999999	99999999- 9	-	-	-
North Carolina (NC)	999999999	-	-	-	-
North Dakota (ND)	1234567890 1	-	-	-	-

Ohio (OH)	99-999999	99 999999	59 999999	-	-
Oklahoma (OK)	99-99999999	WTH-9999 9999-99	9999999999	-	-
Oregon (OR)	99999999-9	-	-	-	-
Pennsylvania (PA)	9999 9999	999999999	-	-	-
Rhode Island (RI)	99-99999999	9999999999	9999999999 99	-	-
South Carolina (SC)	9999999999	999999999- 9	-	-	-
Utah (UT)	1234567890 1WTH	999999999- 999-WTH	-	-	-
Vermont (VT)	4309999999 999F99	WHT12345 678	-	-	-
Virginia (VA)	30V9999999 99F999	99-Z99999 999F-999	9999999999 9	-	-
West Virginia (WV)	999999999	-	-	-	-
Wisconsin (WI)	3699999999 9999	036-99999 99999-99	-	-	-