

# Example 3: 1099-NEC Forms on Pressure Seal Blank Forms

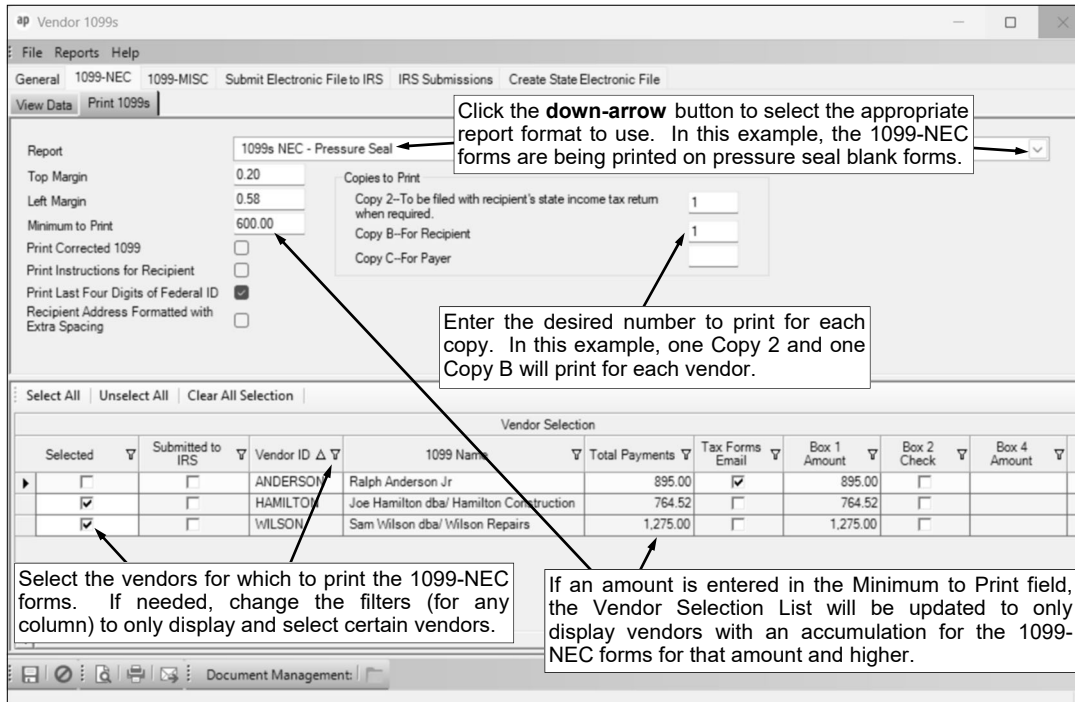
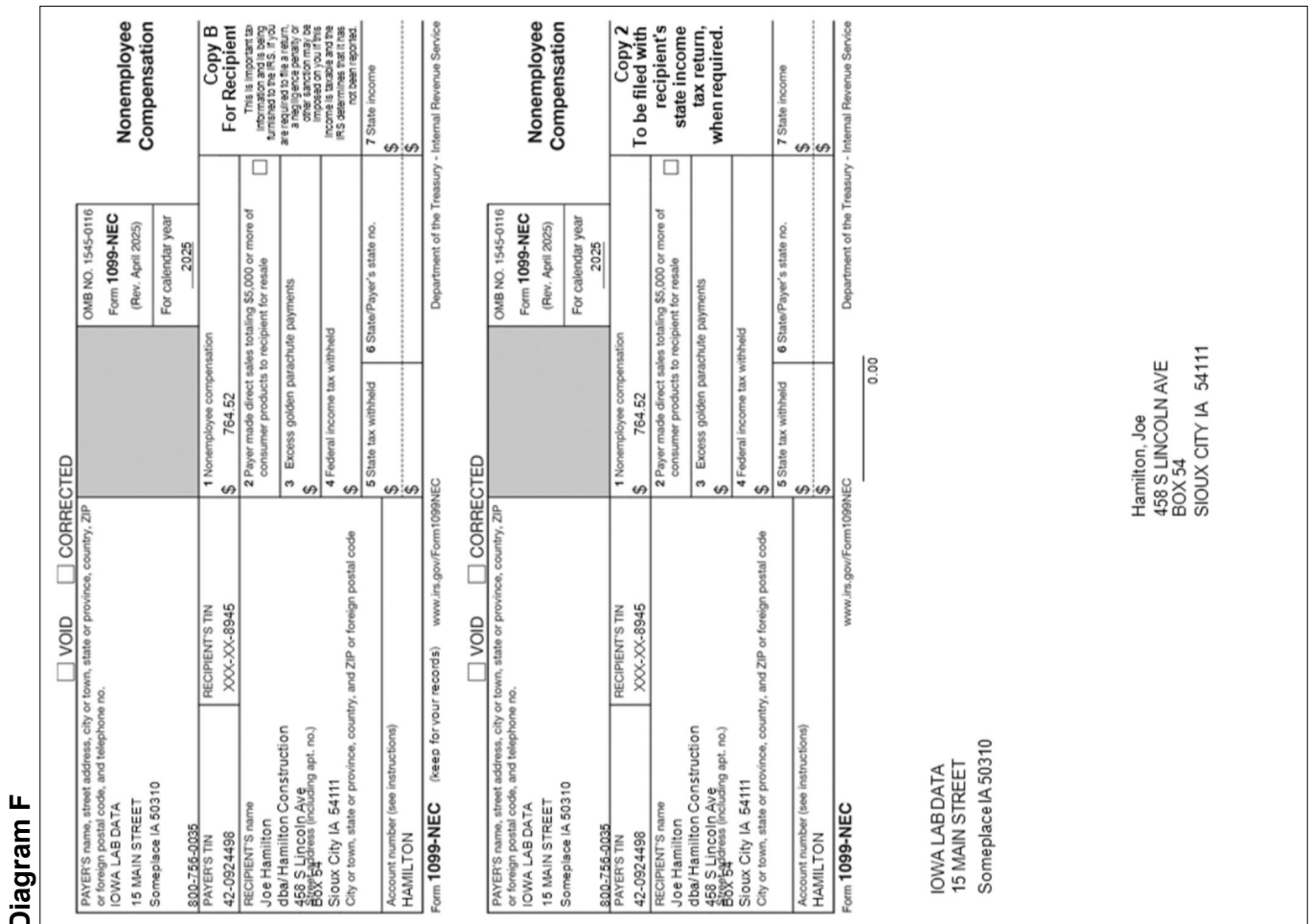


Diagram E



# Example 4: 1099-MISC Forms on Pressure Seal Blank Forms

**Report**  
 1099s MISC - Pressure Seal

**Copies to Print**  
 Copy 2-To be filed with recipient's state income tax return when required: 1  
 Copy B-For Recipient: 1  
 Copy C-For Payer: 1

**Minimum to Print**  
 600.00

Selected	Submitted to IRS	Vendor ID	1099 Name	Total Payments	Tax Forms Email	Box 1 Amount	Box 2 Amount	Box 3 Amount
<input checked="" type="checkbox"/>	<input type="checkbox"/>	JOHNSTONAB	Johnston, Abraham, & Black LP	750.00	<input checked="" type="checkbox"/>			

**Annotations:**  
 - Click the **down-arrow** button to select the appropriate report format to use. In this example, the 1099-MISC forms are being printed on pressure seal blank forms.  
 - Enter the desired number to print for each copy. In this example, one Copy 2 and one Copy B will print for each vendor.  
 - Select the vendors for which to print the 1099-MISC forms. If needed, change the filters (for any column) to only display and select certain vendors.  
 - If an amount is entered in the Minimum to Print field, the Vendor Selection List will be updated to only display vendors with an accumulation for the 1099-MISC forms for that amount and higher.

**Diagram G**

**Diagram H**

**Form 1099-MISC**  
 OMB No. 1545-0115  
 Form 1099-MISC (Rev. January 2022)  
 For calendar year 2025

**PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.**  
 IOWA LAB DATA  
 15 MAIN STREET  
 Someplace IA 50310

**PAYER'S TIN**  
 800-766-0035

**RECIPIENT'S TIN**  
 XX-XX-6643

**RECIPIENT'S name, street address including apt. no. if any, city or town, state or province, country, and ZIP or foreign postal code**  
 Johnston, Abraham, & Black LLP  
 315 N. Main Street  
 Sioux Falls SD 57101

**Account number (see instructions)**  
 JOHNSTONAB

**13 FATCA filing requirement**  
 **CORRECTED (if checked)**

**1** Flats: \$  
**2** Royalties: \$  
**3** Other income: \$  
**4** Federal income tax withheld: \$  
**5** Medical and health care payments: \$  
**6** Payer made direct sales (including \$5,000 or more in gross proceeds) to the recipient for resale: \$  
**7** Crop insurance proceeds: \$  
**8** Gross proceeds paid to an attorney: \$ 750.00  
**9** Fish purchased for resale: \$  
**10** Section 409A deferrals: \$  
**11** Nonqualified deferred compensation: \$  
**12** State tax withheld: \$  
**13** State income tax withheld: \$  
**14** State tax: \$  
**15** State income tax: \$  
**16** State income tax withheld: \$  
**17** State/Recipient's state no.: \$  
**18** State income tax: \$

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 OMB No. 1545-0115  
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**15** State income tax: \$  
**16** State income tax withheld: \$  
**17** State/Recipient's state no.: \$  
**18** State income tax: \$

**Department of the Treasury - Internal Revenue Service**

**Johnston, Abraham, & Black LLP**  
 315 N. MAIN STREET  
 SIOUX FALLS SD 57101