Compliance Logbook TY2017

1. TY 2016 Statement Mailing Procedures and Proof Mailing
2. TY 2016 Return Filing Procedures and Proof of Filing
3. TY 2017 Form W-9 Initial Solicitation Procedures and Sample Form
4. Spring B-Notices CP2100 for TY 2015
5. Annotated Listing of Spring B-Notices Showing Research Results
6. Fall B-Notices CP2100 for TY 2016
7. Annotated Listing of Fall B-Notices Showing Research Results
8. Proposed Penalty Assessment Notice (972 CG for FY 2015 ($50 Penalties)
9. Annual Solicitation for Missing or Incorrect TINs (Other than B-
10. Training Log
11. List of Companies for Which Information Reporting is Performed
12. Memos and Correspondence

Audit Business Services, Inc.

TY 2016 Statement Mailing Procedures And Proof of Mailing

1

Use the **Payee Statement Mailing** tracking sheet and the **Department Sign-off** sheet to describe the steps you took to create printed taxpayer statement, and show proof that you mailed the statements postmarked no later than Monday, February 1, 2017.

NOTE: Form 1099-B and composite statements containing 1099-B information must be post-marked no later than Tuesday, February 16, 2017. 1099-MISC to Attorneys must be post-marked no later than Tuesday, February 16, 2017.

Payee Statement Mailing

Tracking Sheet

Form 1099 statements sent to payees by (check one):

☐ USPS ☐ Certified Mail ☐ Private Delivery Service ☐ Electronic Statements posted On website

Statement Mailing Deadline: Feb. 1, 2017
(deadline for 1099-B and composite statements containing 1099-B and attorney statements is Feb. 16, 2017)

VERIFICATION

Statements sent on time:

Yes No Date Sent: _______/_____/_______

(If no, explanation of why statements were mailed late attached or maintained at: ________________________________)

☐ If ☐ statements posted electronically, date posted: _____/___/_____; Deadline to post is Feb. 1, 2017

Prof of timely mailing (such as memo from mail room, postage receipt, or sample returned cover showing meter date) maintained at: ____)

Signed off by:

Name ____ Title ________________________

Department ______________________________ (Employee ID#, if applicable _______________)

Samples of statements maintained at: ____.

If substitute statement is used, statement is in compliance with the requirements of Pub. 1179's rules, because the statement includes:

- OMB Number
- Applicable instructions to taxpayer
- The sanction language that warns taxpayer that a negligence penalty may apply
- Form name, number, and tax year appear together on statement
- All returns of the same type (e.g. interest) are grouped together
- Our telephone number and contact name

The statement does NOT include:

- Marketing or sales messages
- The words "substitute statement" or "this statement issued in lieu of a Form 1099"
- Forms 1099-INT, DIV, OID, or PATR on the same page as a return type not in this group, except brokers may create a combined INT, DIV, OID and B.

Log of computer job run to create the statements maintained at: ______________________________
(includes detailed description of additional manual processing steps or adjustments that are performed to create statements)

Data files and all supporting data tables used to create statements located at: ____________________
Print Statement images stored at: ____

Form 1099 Tax Information Reporting for Tax Year 2016

Department/Source Accounting System

Year-End Sign-Off and Release

I have reviewed the contents of my department's year-end Form 1099 information for completeness and accuracy. All reportable transactions are included in this transmission, and there are no other transactions not included in this transmission that are required to be reported to Internal Revenue Service.

I have followed IRS required procedures for obtaining complete and correct information, especially as regards the correct taxpayer name, nine digit taxpayer identification number and dollar amount to report. I understand that the penalty for failure to correctly report a required reportable transaction is $50, which may be charged back to my department.

Department name ____

Department manager name and title ____

Date ______________________ Signed ____