(See Instructions on back)

Form **4804** (Rev. May 2002)	Department of the Treasury – Internal Revenue Service **Transmittal of Information Returns Reported Magnetically** Please type or print in **BLACK** ink **(Use a separate Form 4804 for each file.)**	IRS Use Only	OMB No. 1545-0367

1. Type of file represented by this transmittal

☐ Original ☐ Test

☐ Replacement ☐ Correction

2. **Tax year** for which media is submitted

3. Transmitter Control Code (TCC) (Required)

4. Name of transmitter (Owner of TCC)

5. Name/address of company and name/title of person who should receive correspondence on problem files (should be the same information as in 'T' record)

Company Name_____

Address _____

City _____ State _____ Zip _____

Contact Person _____ Telephone Number (_____) _____

E-mail Address _____

6. Forms 1098, 1099, 5498, W-2G Combined total of payee **'B'** records	7. Form 1042-S Total number of **'Q'** records	8. Form 8027 Total number of establishment(s) reported	9. Transmitter in-house media number(s)

Affidavit

Under penalties of perjury, I declare that I have examined this transmittal, including accompanying documents, and, to the best of my knowledge and belief, it is correct and complete.
(Normally, the payer must sign the affidavit above. The authorized agent of the payer may sign if all conditions are met as stated on the back.)

SIGNATURE (Required)

IRS Use Only

Title	Date