



American Data Group, Inc.

Integrated Enterprise Software
Solutions for Government

Support

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(303) 741-4966 - Fax
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The purpose of this mail is to notify you of Special Forms utilized by ADG Software for Tax Year 2020. Please be advised **THESE ARE THE ONLY FORMATS** to be adapted into American Data Groups' Fund Management, General Accounting and Payroll Processing Systems for 2020 filings. For W2 and 1099 reporting, we have adopted low cost laser formats that are identical forms from prior years. You will be able to view sample forms on our web site at the following link:
www.adginc.net/adginc/support-resources/help-documents/

Form 1099-NEC now replaces the 1099-MISC Box 7 Non Employee Compensation.

Affordable Care Act (ACA) reporting: An employer who offers health coverage through an employer sponsored self-insured health plan will have to complete and provide ACA forms. Self insured employers with 50 or more full time employees (including full time equivalent) are required to file Forms 1094-C and 1095-C *. Self insured employers with more than 250 employees are required to file Form 1095-C electronically. Small employers (less than 50 employees) sponsoring self insured group health plans will use Forms 1094-B and 1095-B **. If an employer is offering health coverage to employees other than self insured, such as through an insured health plan or a multiemployer health plan, the issuer of the insurance (or the sponsor) is required to furnish the information about their health coverage to enrolled employees. **ACA reporting is only available in the Web version of FMS (no ACA reporting is available in Progress FMS).**

* See instructions for filing Forms 1094-C and 1095-C www.irs.gov/pub/irs-prior/i109495c--2020.pdf

**See instructions for filing Forms 1094-B and 1095-B www.irs.gov/pub/irs-prior/i109495b--2020.pdf

In order to assure absolute accuracy, ADG Tax Form Printing Programs require that you purchase forms provided by Tim Fahlstedt of Colorado Advertising Products, Inc. Mention that you are an American Data Group customer to Mr. Fahlstedt/Colorado Advertising Products for discount pricing. **You will need to provide a copy of your Sales Tax Certificate of Exemption.** To assist you with purchasing, please refer to the following:

Colorado Advertising Products, Inc: Tim Fahlstedt (303) 437-0135

FORM NAME	PART#	ALWAYS ORDER EXTRAS
W2 - Laser (4 down page)	L87	1 Form for each Employee
1099-NEC	NEC5110/5111/5112	2 Vendors Per Copy Per Page
1099-M (Laser)	LMA/LMB/LMC	2 Vendors Per Copy Per Page

FORM NAME	PART#	ALWAYS ORDER EXTRAS
1099-G	LGA/LGB/LGC	3 Vendors Per Copy Per Page
1099-R	LRA/LRB/LRC	2 Employees Per Copy Per Page
1094-B	1094BT	1 Form for each Employer
1095-B	1095BIRS	1 Form for each Employee
1094-C	1094CT	1 Form for each Employer
1095-C	1095CIRS	1 Form for each Employee

The W2 Laser formats have four forms (perforated) on a single page. ADG only supports filing W2 's to the Social Security Administration electronically. You must have an account setup to file electronically. Please visit the SSA Internet Site (<http://www.ssa.gov>) for more information.

The 1099-MISC and 1099-NEC Laser Formats will require customers to run the 1099 printing program for each type of form (Copy A*, Copy B and Copy C) then match the copies for mailing. If you have 200 or more vendors, you are required to file electronically; however, we recommend everyone file electronically.

The 1099-G Laser Format will require customers to run the 1099-G printing program for each type of form (Copy A, Copy B and Copy C) then match the copies for mailing.

The 1099-R Laser Format will require customers to run the 1099-R printing program for each type of form (Copy A, Copy B and Copy C) then match the copies for mailing.

If you have any questions or require any additional information regarding the Special Forms for the 2020 calendar year, contact Jim Lipan at (303) 741-5711.

American Data Group
 Phone (303) 741-5711
support@adginc.net

Form **W-2 Wage and Tax Statement 2020**

c Employer's name, address, and ZIP code

e Employer's name, address, and ZIP code

15 State Employer's state I.D. no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Copy B To Be Filed With Employee's FEDERAL Tax Return

This information is being furnished to the Internal Revenue Service. OMB No. 1545-0048

Dept. of the Treasury - IRS
Use this IRG VAO Code: 1545-0048

This information is being furnished to the Internal Revenue Service. If you are required to file an income tax return, you may be required to file an information return with the IRS. See the instructions for Form 1040.

Form **W-2 Wage and Tax Statement 2020**

c Employer's name, address, and ZIP code

e Employer's name, address, and ZIP code

15 State Employer's state I.D. no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B)

OMB No. 1545-0048

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2020**

c Employer's name, address, and ZIP code

e Employer's name, address, and ZIP code

15 State Employer's state I.D. no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0048

Dept. of the Treasury - IRS

Form **W-2 Wage and Tax Statement 2020**

c Employer's name, address, and ZIP code

e Employer's name, address, and ZIP code

15 State Employer's state I.D. no. 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

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OMB No. 1545-0048

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Dept. of the Treasury - IRS

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0118		<div style="text-align: center; font-size: 2em; font-weight: bold;">2020</div> <div style="text-align: center;">Form 1099-NEC</div>			<div style="text-align: center; font-weight: bold;">Nonemployee Compensation</div>		
1 Nonemployee compensation				<div style="text-align: center;"> Copy A For Internal Revenue Service Center </div>					
\$									
PAYER'S TIN	RECIPIENT'S TIN	2		<div style="text-align: center;"> File with Form 1096. </div>					
RECIPIENT'S name		3		<div style="text-align: center;"> For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns. </div>					
Street address (including apt. no.)		4 Federal income tax withheld							
		\$							
City or town, state or province, country, and ZIP or foreign postal code		5							
		FATCA filing requirement							
		<input type="checkbox"/>							
Account number (see instructions)	2nd TIN not	5 State tax withheld	6 State/Payer's state no.	7 State income					
	<input type="checkbox"/>	\$		\$					
		\$		\$					

Form **1099-NEC** 41-0802411 www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service
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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		OMB No. 1545-0118		<div style="text-align: center; font-size: 2em; font-weight: bold;">2020</div> <div style="text-align: center;">Form 1099-NEC</div>			<div style="text-align: center; font-weight: bold;">Nonemployee Compensation</div>		
1 Nonemployee compensation				<div style="text-align: center;"> Copy A For Internal Revenue Service Center </div>					
\$									
PAYER'S TIN	RECIPIENT'S TIN	2		<div style="text-align: center;"> File with Form 1096. </div>					
RECIPIENT'S name		3		<div style="text-align: center;"> For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns. </div>					
Street address (including apt. no.)		4 Federal income tax withheld							
		\$							
City or town, state or province, country, and ZIP or foreign postal code		5							
		FATCA filing requirement							
		<input type="checkbox"/>							
Account number (see instructions)	2nd TIN not	5 State tax withheld	6 State/Payer's state no.	7 State income					
	<input type="checkbox"/>	\$		\$					
		\$		\$					

Form **1099-NEC** 41-0802411 NEC0110 www.irs.gov/Form1099NEC Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents \$	OMB No. 1545-0115		2020 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$				
		3 Other income \$	4 Federal income tax withheld \$			
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds \$	6 Medical and health care payments \$		Copy A For Internal Revenue Service Center	File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.
RECIPIENT'S name		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest \$			
Street address (including apt. no.)		9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$			
City or town, state or province, country, and ZIP or foreign postal code		11	12 Section 409A deferrals \$			
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonqualified deferred compensation \$		
		15 State tax withheld \$	16 State/Payer's state no.		17 State income \$	
		\$			\$	

Form 1099-MISC

41-0852411

www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents \$	OMB No. 1545-0115		2020 Form 1099-MISC	Miscellaneous Income
		2 Royalties \$				
		3 Other income \$	4 Federal income tax withheld \$			
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds \$	6 Medical and health care payments \$		Copy A For Internal Revenue Service Center	File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.
RECIPIENT'S name		7 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	8 Substitute payments in lieu of dividends or interest \$			
Street address (including apt. no.)		9 Crop insurance proceeds \$	10 Gross proceeds paid to an attorney \$			
City or town, state or province, country, and ZIP or foreign postal code		11	12 Section 409A deferrals \$			
Account number (see instructions)	FATCA filing requirement <input type="checkbox"/>	2nd TIN not <input type="checkbox"/>	13 Excess golden parachute payments \$	14 Nonqualified deferred compensation \$		
		15 State tax withheld \$	16 State/Payer's state no.		17 State income \$	
		\$			\$	

Form 1099-MISC

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www.irs.gov/Form1099MISC

Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			1 Gross distribution \$	OMB No. 1545-0119		
			2a Taxable amount \$	2020		
			2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>		
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld		Copy A For Internal Revenue Service Center File with Form 1099.	
		\$	\$			
RECIPIENT'S name			5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.)			7 Distribution code(s)	8 Other	For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.	
City or town, state or province, country, and ZIP or foreign postal code			9a Your percentage of total distribution %	9b Total employee contributions %		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.		16 State distribution \$
Account number (see instructions)			13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

Form 1099-R 41-0852411 www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service
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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and phone no.			1 Gross distribution \$	OMB No. 1545-0119		
			2a Taxable amount \$	2020		
			2b Taxable amount not determined <input type="checkbox"/>	Total distribution <input type="checkbox"/>		
PAYER'S TIN	RECIPIENT'S TIN	3 Capital gain (included in box 2a)	4 Federal income tax withheld		Copy A For Internal Revenue Service Center File with Form 1099.	
		\$	\$			
RECIPIENT'S name			5 Employee contributions/ Designated Roth contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
Street address (including apt. no.)			7 Distribution code(s)	8 Other	For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.	
City or town, state or province, country, and ZIP or foreign postal code			9a Your percentage of total distribution %	9b Total employee contributions %		
10 Amount allocable to IRR within 5 years \$	11 1st year of desig. Roth contrib.	12 FATCA filing requirement <input type="checkbox"/>	14 State tax withheld \$	15 State/Payer's state no.		16 State distribution \$
Account number (see instructions)			13 Date of payment	17 Local tax withheld \$	18 Name of locality	19 Local distribution \$

Form 1099-R LRA 41-0852411 5140 www.irs.gov/Form1099R Department of the Treasury - Internal Revenue Service

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Unemployment compensation \$	OMB No. 1545-0120	2020	Certain Government Payments
		2 State or local income tax refunds, credits, or offsets \$	Form 1099-G		
PAYER'S TIN	RECIPIENT'S TIN	3 Box 2 amount is for tax year	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center	
RECIPIENT'S name		5 RTAA payments \$	6 Taxable grants \$		
Street address (including apt. no.)		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>	File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.	
City or town, state or province, country, and ZIP or foreign postal code		9 Market gain \$			
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	10a State	10b State identification no.	11 State income tax withheld \$	

Form 1099-G 41-0852411 www.irs.gov/Form1099G Department of the Treasury - Internal Revenue Service
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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Unemployment compensation \$	OMB No. 1545-0120	2020	Certain Government Payments
		2 State or local income tax refunds, credits, or offsets \$	Form 1099-G		
PAYER'S TIN	RECIPIENT'S TIN	3 Box 2 amount is for tax year	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center	
RECIPIENT'S name		5 RTAA payments \$	6 Taxable grants \$		
Street address (including apt. no.)		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>	File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.	
City or town, state or province, country, and ZIP or foreign postal code		9 Market gain \$			
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	10a State	10b State identification no.	11 State income tax withheld \$	

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PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Unemployment compensation \$	OMB No. 1545-0120	2020	Certain Government Payments
		2 State or local income tax refunds, credits, or offsets \$	Form 1099-G		
PAYER'S TIN	RECIPIENT'S TIN	3 Box 2 amount is for tax year	4 Federal income tax withheld \$	Copy A For Internal Revenue Service Center	
RECIPIENT'S name		5 RTAA payments \$	6 Taxable grants \$		
Street address (including apt. no.)		7 Agriculture payments \$	8 Check if box 2 is trade or business income <input type="checkbox"/>	File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2020 General Instructions for Certain Information Returns.	
City or town, state or province, country, and ZIP or foreign postal code		9 Market gain \$			
Account number (see instructions)	2nd TIN not <input type="checkbox"/>	10a State	10b State identification no.	11 State income tax withheld \$	

Form 1099-G LGA 41-0852411 5156 www.irs.gov/Form1099G Department of the Treasury - Internal Revenue Service

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