

LMRC Specification Guide for 1099 Filing

Version 2019.1
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Louisville Metro Revenue Commission

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1. Introduction

Taxpayers making payments of \$600.00 or more to recipients other than employees (i.e. non-employee compensation payments) for services performed within Louisville Metro, Kentucky are responsible to maintain records of those payments. The Louisville Metro Revenue Commission (LMRC) requires these records to be submitted each tax year.

Per Louisville Metro Ordinance 110 anyone who is required to report more than 25 reports (payee records) on behalf of themselves or their clients must submit the records electronically. Currently, LMRC will accept Federal Form 1099-MISC per IRS Publication 1220 in an electronic format. All fields on the 1099-MISC may be reported to LMRC.

This specification document outlines how to file the 1099 electronically. LMRC specs are based off IRS Publication 1220. Refer to the IRS specification for details on common field details. This document will detail the specifics regarding fields that may require clarification for LMRC filing. LMRC uses the field positions 685-696 in the Special Data Entries filed for the 1099-MISC layout.

Failure to submit a timely file will result in penalties.

1.1. Change Log

Section	Description	Change Date
Entire Document	Initial Publication	2019-10-29

1.2. What's New

1.2.1. Tax Year 2019

- On 8/22/2019 Louisville Metro Council passed Ordinance No. 120, series 2019, creating a new section for Ordinance Chapter 110. Taxpayers with more than 25 returns or reports are required to file electronically. This ordinance is effective for periods beginning on or after 1/1/2019 and governs all filings after 1/1/2020.
- 2019 is initial year for this specification guide.
- CD submission does not meet the electronic filing requirement.
- There is no longer an option to import from Excel for the eMINTS Keying Data Method.
- Waivers must be completed and approved if you cannot meet the electronic filing requirement.

2. Acceptable Format

There are two methods that meet the electronic filing requirement: eMINTS bulk upload method and eMINTS keying 1099 data method. CD submission does not meet the electronic filing requirement.

The file format for submitting your Form 1099 electronically is based on the federal format laid out in IRS Publication 1220.

For reporting of a 1099-MISC, the Publication 1220 allows fields 663-720 to be used exclusively by state and local agencies as they wish. LMRC uses fields 685-696 for the submitter to report any of the income that was earned within Louisville Metro, KY.

If these fields are left blank, LMRC will assume that the amount earned in Louisville Metro, KY is equal to the Nonemployee Compensation reported in the Payee Record, Field Position 127-138, Payment Amount 7.

2.1. eMINTS Bulk Upload Method

The preferred method of submitting 1099s is via the bulk upload functionality. You must have a logon with our online portal to upload. Submissions must follow the specifications outlined in this document.

2.2. eMINTS Keying Data Method

Within eMINTS 1099 information may be directly keyed. You must have a logon with our online portal to key information directly. We recommend this as an alternative method only if you have a small number of records to key.

2.3. Waiver Requests

A waiver must be submitted if you are unable to file your 1099s electronically. Waivers are granted for up to one year. A justification and details of how you will submit documentation must be included. Allow 45 days from time of filing the waiver for notice of approval or notice of denial.

3. Filing Requirements

If you have more than 25 records, you must submit via one of the acceptable formats listed above. Paper copies may not be submitted by payers issuing more than 25 1099s.

3.1. Tips to Remember

- The “B Record” contains LMRC defined fields that are mandatory for LMRC reporting. If this field is not filled out, the amount earned in Louisville Metro will be equal to the total of the Nonemployee Compensation reported in the Payee Record, Field Position 127-138, Payment Amount 7. (100% of total compensation was earned in Louisville Metro, KY)
- Form 1099-MISC is only required to be filed with LMRC when contractors/payees earned their income in Louisville Metro, KY (Jefferson County).
- Electronic filing is required when reporting more than 25 1099s.
- CD submission does not meet the electronic filing requirement.

4. Deadline

The deadline for filing the electronic 1099 is **February 28th** of the following year. When using eMINTS an email confirmation will be sent when file is successfully uploaded or keyed.

5. File Format

The file format for submitting your Form 1099, is based on the federal format laid out in IRS Publication 1220. Read both the IRS specification and our specification to ensure you are formatting properly.

Standard ASCII code is required for all files. A text file with .txt file extension is the only format that will be accepted. LMRC does not accept any zip files, self-extracting zip files or compressed files. The maximum file size LMRC will accept is 20 MB. If your file is larger than LMRC maximum file size, create and transmit separate files.

5.1. Record Specifications

The 1099-MISC data forwarded to the Revenue Commission must include only those contractors that earned income while working in Louisville Metro, KY (Jefferson County). The file must follow the specifications published by the IRS in Publication 1220 and this specification.

- Each Record must be a fixed length of 750 positions.
- For all fields marked “Required” the transmitter must provide the information described under Description and Remarks.
- For those fields not marked “Required”, the transmitter must allow for the field but may be instructed to enter blanks or zeros in the indicated field positions.
- All alpha characters entered must be in upper-case, except e-mail addresses which may be case sensitive.
- Do not use punctuation in the name and address fields.
- Pay special attention to the LMRC description and remarks. **Red text indicates LMRC filing specific details including why a file may be rejected.**

The following records from the IRS Publication 1220 specifications are required and will be processed by the Louisville Metro Revenue Commission.

“T” Transmitter Record - This is the first record on each file. The “T” record identifies the organization submitting the file.

“A” Payer Record - This record identifies the entity paying the income for the “B” record(s). The record layout is identical to that required for the IRS 1099.

“B” Payee Record - This record identifies the payment information.

The following records are not required by LMRC but per spec 1220 should be included. LMRC will not validate or use data from this record. If your system generates these records, leave them in the file.

“C” Summary of Payee B Record - This is a summary and money amounts for each payer record. Follow IRS Publication 1220 specifications if submitting. LMRC does not currently add any additional validations on these records.

“F” Record – End of Transmission

Follow IRS Publication 1220 specifications if submitting. LMRC does not currently add any additional validations on these records.

The “K” record is not required for LMRC reporting.

“K” Record – Summary of State(s) totals for (CF/SF).

The Louisville Metro Revenue Commission does not participate in the combined Federal/State Program.

5.2. LMRC Specific Fields

The Federal Format defines field position 663-722 in B(Payee) record as “Special Data Entries” for State or Local Government entities. LMRC will use field position 685-696 for additional data. Values in field position 663-684 may remain as they will be ignored by the LMRC. The Special Data Entries Field is

required if the amount of compensation earned in Louisville Metro is different than the Nonemployee Compensation reported in the Payee Record, Field Position 127-138, Payment Amount 7.

Leave the Special Data Entries Field blank if not reporting a different amount of compensation earned in Louisville Metro.

If this field does not include the amount earned in Louisville Metro per the LMRC Specifications listed below, the amount earned in Louisville Metro will be equal to the total of the Nonemployee Compensation reported in the Payee Record, Field Position 127-138, Payment Amount 7. (100% of total compensation was earned in Louisville Metro, KY)

5.3. Record and Field Format Details

The LMRC has additional validations on certain fields in the file. Listed below are details the validations used. If the file uploaded does not pass the validation rules, it will be rejected.

5.3.1. T (Transmitter) Record

- Must be the first record on each file and is followed by a Payer “A” record.
- Identifies the entity transmitting the electronic file.
- Identifies the entity to be contacted by LMRC.

Field Position	Field Title	Length	LMRC Description and Remarks
1	Record Type	1	Required. Must equal “T” or file will be rejected
2-5	Payment Year	4	Required. Enter current year. (ex “2019”) If reporting prior year data, report the year which applies and set the prior year data indicator to field position 6. Must not be greater than the current year or file will be rejected.
6	Prior Year Data Indicator	1	Required. Enter “P” only if reporting prior year. Otherwise, enter a blank. File will be rejected if not “P” or blank
7-15	Transmitter TIN	9	Required. Enter the transmitter’s nine-digit taxpayer identification number (TIN). File will be rejected if left blank.
16-20	Transmitter Control Code	5	Required. Enter the five-character alphanumeric Transmitter Control Code (TCC) assigned by the IRS.
21-27	Blank	7	Enter blanks.
28	Test File Indicator	1	Required. Enter a blank. LMRC does not accept test files. File will be rejected if equals “T”.
29	Transmitter Foreign Entity	1	Enter “1” (one) if the transmitter is a foreign entity. If the transmitter is not a foreign entity, enter a blank.
30-69	Transmitter Name	40	Required. Enter the transmitter name. Left justify the information and fill unused positions with blanks. File will be rejected if left blank.
70-109	Transmitter Name (Continuation)	40	Enter any additional information that may be part of the name. Left justify the information and fill unused positions with blanks.
110-149	Company Name	40	Required. Enter company name associated with the address in field positions 190-229.

Field Position	Field Title	Length	LMRC Description and Remarks
			File will be rejected if left blank.
150-189	Company Name (Continuation)	40	Enter any additional information that may be part of the company name.
190-229	Company Mailing Address	40	Required. Enter the mailing address associated with the Company Name in field positions 110-149 where correspondence should be sent. For U.S. address, the payer city, state, and ZIP Code must be reported as a 40-, 2-, and 9-position field, respectively. Filers must adhere to the correct format for the payer city, state, and ZIP Code. For foreign address, filers may use the payer city, state, and ZIP Code as a continuous 51-position field. Enter information in the following order: city, province or state, postal code, and the name of the country. When reporting a foreign address, the Foreign Entity Indicator in position 29 must contain a "1" (one). File will be rejected if left blank.
230-269	Company City	40	Required. Enter the city, town, or post office where correspondence should be sent.
270-271	Company State	2	Required. Enter U.S. Postal Service state abbreviation. File will be rejected if field does not equal a valid state or US territory abbreviation.
272-280	Company Zip Code	9	Required. Enter the nine-digit ZIP Code assigned by the U.S. Postal Service. If only the first five digits are known, left justify the information and fill unused positions with blanks. File will be rejected if left blank.
281-295	Blank	15	Enter blanks.
296-303	Total Number of Payees	8	*Required.* Enter the total number of Payee "B" Records reported in the file. Right justify the information and fill unused positions with zeros. File will be rejected if field does not match the actual payee count from the "B" records submitted.
304-343	Transmitter Contact Name	40	Required. Enter the name of the person to contact when problems with the file or transmission are encountered. File will be rejected if left blank.
344-358	Transmitter Contact Phone	15	Required. Enter the telephone number of the person to contact regarding electronic files. Omit hyphens. If no extension is available, left justify the information and fill unused positions with blanks. File will be rejected if left blank.
359-408	Transmitter Contact Email	50	Required if available. Enter the email address of the person to contact regarding electronic files. If no email address is available, enter blanks. Left justify.
409-499	Blank	91	Enter blanks.
500-507	Record Sequence Number	8	*Required.* Enter the number of the record as it appears within the file. The record sequence number for the "T" Record will always be "1" (one), since it is the first record on the file and the file can have only one "T" Record. Each

Field Position	Field Title	Length	LMRC Description and Remarks
			record, thereafter, must be increased by one in ascending numerical sequence, that is, 2, 3, 4, etc. Right-justify numbers with leading zeros in the field. For example, the "T" Record sequence number would appear as "00000001" in the field, the first "A" Record would be "00000002", the first "B" Record, "00000003", the second "B" Record, "00000004" and so on through the final record of the file, the "F" Record. File will be rejected if field has an incorrect sequence.
508-517	Blank	10	Enter blanks.
518	Vendor Indicator	1	Required. If the software used to produce this file was provided by a vendor or produced in-house, enter the appropriate code from the table below. If software was purchased from a vendor or other source use "V". If software was produced by in-house programmers use "I". Note: An in-house programmer is defined as an employee or a hired contract programmer. If the software is produced in-house, fields 519-558 titled Vendor Name are not required.
519-558	Vendor Name	40	Required. Enter the name of the company from whom the software was purchased. If the software is produced in-house, enter blanks.
559-598	Vendor Mailing Address	40	Required. Enter the mailing address. If the software is produced in-house, enter blanks. For U.S. address, the payer city, state, and ZIP Code must be reported as a 40-, 2-, and 9-position field, respectively. Filers must adhere to the correct format for the payer city, state, and ZIP Code. For foreign address, filers may use the payer city, state, and ZIP Code as a continuous 51-position field. Enter information in the following order: city, province or state, postal code, and the name of the country. When reporting a foreign address, the Foreign Entity Indicator in position 29 must contain a "1" (one).
599-638	Vendor City	40	Required. Enter the city, town, or post office. If the software is produced in-house, enter blanks.
639-640	Vendor State	2	Required. Enter U.S. Postal Service state abbreviation. If the software is produced in-house, enter blanks.
641-649	Vendor Zip	9	Required. Enter the valid nine-digit ZIP Code assigned by the U.S. Postal Service. If only the first five digits are known, fill unused positions with blanks. Left justify. If the software is produced inhouse, enter blanks.
650-689	Vendor Contact Name	40	Required. Enter the name of the person to contact concerning software questions. If the software is produced in-house, enter blanks.
690-704	Vendor Contact Phone	15	Required. Enter the telephone number of the person to contact concerning software questions. Omit hyphens. If no extension is available, left justify the information and fill

Field Position	Field Title	Length	LMRC Description and Remarks
			unused positions with blanks. If the software is produced in-house, enter blanks.
705-739	Blank	35	Enter blanks.
740	Vendor Foreign Entity	1	Enter "1" (one) if the vendor is a foreign entity. Otherwise, enter a blank.
741-748	Blank	8	Enter blanks.
749-750	Blank	2	Enter blanks or carriage return/line feed characters (CR/LF).

5.3.2. A (Payer) Record

- Must be the second record on the file and is followed by a Payee "B" Record.
- Identifies the person making payments. The payer will be held responsible for the completeness, accuracy, and timely submission of electronic files.
- A transmitter may include Payee "B" Records for more than one payer in a file. However, each group of "B" Records must be preceded by an "A" Record and followed by an End of Payer "C" Record.
- LMRC only accepts 1099-MISC filing form.

Field Position	Field Title	Length	LMRC Description and Remarks
1	Record Type	1	Required. Enter an "A." Must equal "A" or file will be rejected.
2-5	Payment Year	4	Required. Enter current year. (ex "2019") If reporting prior year data, report the year which applies. File will be rejected if year does not match year reported in "T" record.
6	Combined Federal State Filing Program	1	LMRC does not participate in Combined Federal/state filing program. Enter a blank.
7-11	Blank	5	Enter blanks.
12-20	TIN	9	Required. Enter the valid nine-digit taxpayer identification number assigned to the payer. Do not enter blanks, hyphens, or alpha characters. Filling the field with all zeros, ones, twos, etc., will result in an incorrect TIN. Note: For foreign entities that are not required to have a TIN, this field must be blank; however, the Foreign Entity Indicator, position 52 of the "A" Record, must be set to one (1). File will be rejected if left blank and Foreign Entity Indicator is not "1".
21-24	Payer Name Control	4	Enter the four characters of the name control or enter blanks.
25	Last Filing Indicator	1	Enter "1" (one) if this is the last year this payer name and TIN will file information returns electronically or on paper. Otherwise, enter a blank. File will be rejected if this is not a "1" or left blank.
26-27	Type of Return	2	Required. Enter the appropriate code. Left justify and fill unused positions with blanks. LMRC only accepts 1099-MISC. Enter code 'A' for 1099-MISC. Must equal "A" or file will be rejected.

Field Position	Field Title	Length	LMRC Description and Remarks																												
28-43	Amount Codes	16	<p>Required. Enter the appropriate amount code(s) for the type of return being reported. In most cases, the box numbers on paper information returns correspond with the amount codes used to file electronically. However, if discrepancies occur, Publication 1220 governs for filing electronically. Enter the amount codes in ascending sequence; numeric characters followed by alphas. Left justify the information and fill unused positions with blanks.</p> <p>Note: A type of return and an amount code must be present in every Payer "A" Record even if no money amounts are being reported. For a detailed explanation of the information to be reported in each amount code, refer to the appropriate paper instructions for each form.</p> <p>File will be rejected if this does not equal "1" through "8" or "A" through "E".</p>																												
<p>Amount Codes</p> <p>Form 1099-MISC, Miscellaneous Income</p> <p>Note 1: If only reporting a direct sales indicator (see "B" Record field position 547), use Type of Return "A" in field positions 26-27, and Amount Code 1 in field position 28 of the Payer "A" Record. All payment amount fields in the Payee "B" Record will contain zeros.</p> <p>Note 2: Do not report timber royalties under a "pay-as-cut" contract; these must be reported on Form 1099-S</p>			<p>For Reporting Payments on Form 1099-MISC:</p> <table border="1"> <thead> <tr> <th>Amount Type</th> <th>Amount Code</th> </tr> </thead> <tbody> <tr> <td>Rents</td> <td>1</td> </tr> <tr> <td>Royalties (see note 2)</td> <td>2</td> </tr> <tr> <td>Other Income</td> <td>3</td> </tr> <tr> <td>Federal income tax withheld (backup withholding or withholding on Indian gaming profits)</td> <td>4</td> </tr> <tr> <td>Fishing boat proceeds</td> <td>5</td> </tr> <tr> <td>Medical and health care payments</td> <td>6</td> </tr> <tr> <td>Nonemployee compensation (NEC)</td> <td>7</td> </tr> <tr> <td>Substitute payments in lieu of dividends or interest</td> <td>8</td> </tr> <tr> <td>Crop insurance proceeds</td> <td>A</td> </tr> <tr> <td>Excess golden parachute payment</td> <td>B</td> </tr> <tr> <td>Gross proceeds paid to an attorney in connection with legal services</td> <td>C</td> </tr> <tr> <td>Section 409A deferrals</td> <td>D</td> </tr> <tr> <td>Section 409A income</td> <td>E</td> </tr> </tbody> </table> <p>LMRC accepts all amount types from the 1099-MISC.</p>	Amount Type	Amount Code	Rents	1	Royalties (see note 2)	2	Other Income	3	Federal income tax withheld (backup withholding or withholding on Indian gaming profits)	4	Fishing boat proceeds	5	Medical and health care payments	6	Nonemployee compensation (NEC)	7	Substitute payments in lieu of dividends or interest	8	Crop insurance proceeds	A	Excess golden parachute payment	B	Gross proceeds paid to an attorney in connection with legal services	C	Section 409A deferrals	D	Section 409A income	E
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44-51	Blank	8	Enter blanks.																												
52	Foreign Entity Indicator	1	Must equal a "1" or left blank.																												
53-92	First Payer Name Line	40	<p>Required. Enter the name of the payer whose TIN appears in positions 12-20 of the "A" Record. (The transfer agent's name is entered in the Second Payer Name Line Field, if applicable). Left justify information and fill unused positions with blanks. Delete extraneous information.</p> <p>File will be rejected if left blank.</p>																												
93-132	Second Payer Name Line	40	If position 133 Transfer (or Paying) Agent Indicator contains a "1" (one), this field must contain the name of the transfer or paying agent. If position 133 contains a "0" (zero), this field may contain either a continuation of the First Payer Name Line or																												

Field Position	Field Title	Length	LMRC Description and Remarks						
			blanks. Left justify the information. Fill unused positions with blanks.						
133	Transfer Agent Indicator	1	<p>Required. Enter the appropriate numeric code from the Indicator table below.</p> <table border="1"> <thead> <tr> <th>Meaning</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>The entity in the Second Payer Name Line Field is the transfer (or paying) agent.</td> <td>1</td> </tr> <tr> <td>The entity shown is not the transfer (or paying) agent (that is, the Second Payer Name Line Field either contains a continuation of the First Payer Name Line Field or blanks).</td> <td>0</td> </tr> </tbody> </table> <p>File will be rejected if this does not equal a "1" or "0".</p>	Meaning	Code	The entity in the Second Payer Name Line Field is the transfer (or paying) agent.	1	The entity shown is not the transfer (or paying) agent (that is, the Second Payer Name Line Field either contains a continuation of the First Payer Name Line Field or blanks).	0
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134-173	Payer Shipping Address	40	<p>Required. If position 133 Transfer Agent Indicator is "1" (one), enter the shipping address of the transfer or paying agent. Otherwise, enter the actual shipping address of the payer. The street address includes street number, apartment or suite number, or P.O. Box address if mail is not delivered to a street address. Left justify the information and fill unused positions with blanks.</p> <p>For U.S. addresses, the payer city, state, and ZIP Code must be reported as 40-, 2-, and 9-position fields, respectively. Filers must adhere to the correct format for the payer city, state, and ZIP Code.</p> <p>For foreign addresses, filers may use the payer city, state, and ZIP Code as a continuous 51-position field. Enter information in the following order: city, province or state, postal code, and the name of the country. When reporting a foreign address, the Foreign Entity Indicator in position 52 must contain a "1" (one).</p> <p>File will be rejected if left blank.</p>						
174-213	Payer City	40	<p>Required. If the Transfer Agent Indicator in position 133 is a "1" (one), enter the city, town, or post office of the transfer agent. Otherwise, enter payer's city, town, or post office city. Do not enter state and ZIP Code information in this field. Left justify the information and fill unused positions with blanks.</p> <p>File will be rejected if left blank.</p>						
214-215	Payer State	2	<p>Required. Enter the valid U.S. Postal Service state abbreviation.</p> <p>File will be rejected if field does not equal a valid state or US territory abbreviation.</p>						
216-224	Payer Zip Code	9	<p>Required. Enter the valid nine-digit ZIP Code assigned by the U.S. Postal Service. If only the first five digits are known, left justify the information and fill unused positions with blanks. For foreign countries, alpha characters are acceptable as long as the filer has entered a "1" (one) in "A" Record, field position 52 Foreign Entity Indicator.</p> <p>File will be rejected if left blank.</p>						

Field Position	Field Title	Length	LMRC Description and Remarks
225-239	Payers Telephone Number	15	Enter the payer's telephone number and extension. Omit hyphens. Left justify the information and fill unused positions with blanks
240-499	Blank	260	Enter blanks.
500-507	Record Sequence Number	8	*Required.* Enter the number of the record as it appears within the file. The record sequence number for the "T" Record will always be "1" (one), since it is the first record on the file and the file can have only one "T" Record. Each record thereafter must be increased by one in ascending numerical sequence, that is, 2, 3, 4, etc. Right justify numbers with leading zeros in the field. For example, the "T" Record sequence number would appear as "00000001" in the field, the first "A" Record would be "00000002," the first "B" Record, "00000003," the second "B" Record, "00000004" and so on until the final record of the file, the "F" Record. File will be rejected if left blank or out of sequence order.
508-748	Blank	241	Enter blanks.
749-750	Blank	2	Enter blanks or carriage return/line feed (CR/LF) characters.

5.3.3. B (Payee) Record

- Identifies the person receiving the payments.
- Contains the payment information for Louisville Metro Revenue Commission reporting.
- The "B" Record must follow either an "A" Record or a "B" Record.
- A single file may contain "B" Records for multiple Payers but they must not be intermingled. A separate "A" Record is required for each group of "B" Records reported.
- Each group of "B" Records must be preceded by an "A" Record and followed by an End of Payer "C" Record.
- The record layout for field positions 1 through 543 is the same for all types of returns.
- Field positions 544 through 750 vary for each type of return to accommodate special fields for individual forms.
- The filer must allow for all sixteen Payment Amount Fields.
- DO NOT use decimal points (.) to indicate dollars and cents. Payment Amount Fields must be all numeric characters.
- IRS Publication 1220 defines field position 663-722 in B(Payee) record as "Special Data Entries" for State or Local Government entities. LMRC will use field position 685-696 for additional data.
 - This field is required if the amount of compensation earned in Louisville Metro is different than the Nonemployee Compensation reported in the Payee Record, Field Position 127-138, Payment Amount 7.
 - If left blank, LMRC will assume the amount earned in Louisville Metro is equal to the total of the Nonemployee Compensation reported in the Payee Record, Field Position 127-138, Payment Amount 7.

Field Position	Field Title	Length	LMRC Validations																		
1	Record Type	1	Required. Enter "B." Must equal "B" or file will be rejected.																		
2-5	Payment Year	4	Required. Enter current year. (ex "2019") If reporting prior year data, report the year which applies (2018, 2017, etc.). File will be rejected if year does not match year reported in "T" record.																		
6	Corrected Return Indicator	1	Required for corrections only. Indicates a corrected return. Enter a blank. LMRC does not accept corrected files File will be rejected if field is not blank.																		
7-10	Name Control	4	If determinable, enter the first four characters of the last name of the person whose TIN is being reported in positions 12-20 of the "B" Record. Otherwise, enter blanks. Last names of less than four characters must be left justified and fill the unused positions with blanks. Refer to Publication 1220 for more details on Name Control.																		
11	Payee TIN Type	1	<table border="1"> <thead> <tr> <th>TIN</th> <th>Type of Account</th> <th>Code</th> </tr> </thead> <tbody> <tr> <td>EIN</td> <td>A business, organization, some sole proprietors or other entity</td> <td>1</td> </tr> <tr> <td>SSN</td> <td>An individual, including some sole proprietors</td> <td>2</td> </tr> <tr> <td>ITIN</td> <td>An individual required to have a taxpayer identification number but who is not eligible to obtain an SSN</td> <td>2</td> </tr> <tr> <td>ATIN</td> <td>An adopted individual prior to the assignment of a SSN</td> <td>2</td> </tr> <tr> <td>N/A</td> <td>If the type of TIN is not determinable, enter a blank</td> <td>Blank</td> </tr> </tbody> </table> <p>File will be rejected if not "1", "2", or blank.</p>	TIN	Type of Account	Code	EIN	A business, organization, some sole proprietors or other entity	1	SSN	An individual, including some sole proprietors	2	ITIN	An individual required to have a taxpayer identification number but who is not eligible to obtain an SSN	2	ATIN	An adopted individual prior to the assignment of a SSN	2	N/A	If the type of TIN is not determinable, enter a blank	Blank
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12-20	Payee TIN	9	Required. Enter the nine-digit taxpayer identification number of the payee (SSN, ITIN, ATIN, or EIN). Do not enter hyphens or alpha characters. If an identification number has been applied for but not received, enter blanks. All zeros, ones, twos, etc., will have the effect of an incorrect TIN. If the TIN is not available, enter blanks. Note: If the filer is required to report payments made through Foreign Intermediaries and Foreign Flow-Through Entities on Form 1099, refer to IRS General Instructions for Certain Information Returns for reporting instructions. File will be rejected if left blank.																		
21-40	Payee Account Number	20	Required if submitting more than one information return of the same type for the same payee. The account number can be any combination of alpha,																		

Field Position	Field Title	Length	LMRC Validations
			numeric, or special characters. If fewer than 20 characters are used, filers may either left or right justify, filling the remaining positions with blanks. See IRS Publication 1220 for more details.
41-44	Payer Office Code	4	Enter the office code of the payer. Otherwise, enter blanks. For payers with multiple locations, this field may be used to identify the location of the office submitting the information returns. This code will also appear on backup withholding notices
45-54	Blank	10	Enter blanks.
Payment Amount Fields (Must be Numeric)			<p>Required. Filers should allow for all payment amounts. For those not used, enter zeros. Each payment field must contain 12 numeric characters. Each payment amount must contain U.S. dollars and cents. The right-most two positions represent cents in the payment amount fields. Do not enter dollar signs, commas, decimal points, or negative payments. Payment amounts must be right justified and fill unused positions with zeros.</p> <p>Note: If there are discrepancies between the payment amount fields and the boxes on the paper forms, the instructions in this publication must be followed for electronic filing.</p>
<p>Caution: If payment amounts exceed the 12 field positions allotted, a separate Payee “B” Record must be submitted for the remainder. The files cannot be exactly the same to avoid duplicate filing discrepancies. For example: For Form 1099-K reporting 12,000,000,000.00, the first “B” record would show 8,000,000,000.00 and the second “B” record would show 4,000,000,000.00. One substitute Form 1099-K may be sent to the recipient aggregating the multiple Forms 1099-K.</p>			
55-66	Payment Amount 1	12	The amount reported in this field represents payments for Amount Code 1 in the “A” Record. File will be rejected if not completed per Pub 1220.
67-78	Payment Amount 2	12	The amount reported in this field represents payments for Amount Code 2 in the “A” Record. File will be rejected if not completed per Pub 1220.
79-90	Payment Amount 3	12	The amount reported in this field represents payments for Amount Code 3 in the “A” Record. File will be rejected if not completed per Pub 1220.
91-102	Payment Amount 4	12	The amount reported in this field represents payments for Amount Code 4 in the “A” Record. File will be rejected if not completed per Pub 1220.
103-114	Payment Amount 5	12	The amount reported in this field represents payments for Amount Code 5 in the “A” Record. File will be rejected if not completed per Pub 1220.
115-126	Payment Amount 6	12	The amount reported in this field represents payments for Amount Code 6 in the “A” Record. File will be rejected if not completed per Pub 1220.
127-138	Payment Amount 7	12	The amount reported in this field represents payments for Amount Code 7 in the “A” Record. File will be rejected if not completed per Pub 1220.
139-150	Payment Amount 8	12	The amount reported in this field represents payments for Amount Code 8 in the “A” Record. File will be rejected if not completed per Pub 1220.
151-162	Payment Amount 9	12	The amount reported in this field represents payments for Amount Code 9 in the “A” Record. Amount Code 9 is not used for Form 1099-MISC.

Field Position	Field Title	Length	LMRC Validations
			File will be rejected if not completed per Pub 1220.
163-174	Payment Amount A	12	The amount reported in this field represents payments for Amount Code A in the "A" Record. File will be rejected if not completed per Pub 1220.
175-186	Payment Amount B	12	The amount reported in this field represents payments for Amount Code B in the "A" Record. File will be rejected if not completed per Pub 1220.
187-198	Payment Amount C	12	The amount reported in this field represents payments for Amount Code C in the "A" Record. File will be rejected if not completed per Pub 1220.
199-210	Payment Amount D	12	The amount reported in this field represents payments for Amount Code D in the "A" Record File will be rejected if not completed per Pub 1220.
211-222	Payment Amount E	12	The amount reported in this field represents payments for Amount Code E in the "A" Record. File will be rejected if not completed per Pub 1220.
223-234	Payment Amount F	12	The amount reported in this field represents payments for Amount Code F in the "A" Record. Amount Code F is not used for Form 1099-MISC. File will be rejected if not completed per Pub 1220.
235-246	Payment Amount G	12	The amount reported in this field represents payments for Amount Code G in the "A" Record. Amount Code G is not used for Form 1099-MISC. File will be rejected if not completed per Pub 1220.
247	Foreign Country Indicator	1	If the address of the payee is in a foreign country, enter a "1" (one) in this field. Otherwise, enter blank. When filers use the foreign country indicator, they may use a free format for the payee city, state, and ZIP Code. Enter information in the following order: city, province or state, postal code, and the name of the country. Do not enter address information in the First or Second Payee Name Lines. File will be rejected is field does not equal "1" or blank.
248-287	First Payee Name Line	40	Required. Enter the name of the payee (preferably last name first) whose taxpayer identification number (TIN) was provided in positions 12-20 of the Payee "B" Record. Left justify the information and fill unused positions with blanks. If more space is required for the name, use the Second Payee Name Line Field. If reporting information for a sole proprietor, the individual's name must always be present on the First Payee Name Line. The use of the business name is optional in the Second Payee Name Line Field. End the First Payee Name Line with a full word. Extraneous words, titles, and special characters (that is, Mr., Mrs., Dr., period, apostrophe) should be removed from the Payee Name Lines. A hyphen (-) and an ampersand (&) are the only acceptable special characters for First and Second Payee Name Lines. Note: If a filer is required to report payments made through Foreign Intermediaries and Foreign Flow-Through Entities on Form 1099, refer to IRS General

Field Position	Field Title	Length	LMRC Validations
			Instructions for Certain Information Returns for reporting instructions. File will be rejected if left blank.
288-327	Second Payee Name Line	40	If there are multiple payees (for example, partners, joint owners, or spouses), use this field for those names not associated with the TIN provided in positions 12-20 of the "B" Record, or if not enough space was provided in the First Payee Name Line, continue the name in this field. Do not enter address information. It is important that filers provide as much payee information to the IRS as possible to identify the payee associated with the TIN. See the Note under the First Payee Name Line. Left justify the information and fill unused positions with blanks.
328-367	Blank	40	Enter blanks.
368-407	Payee Mailing Address	40	Required. Enter the mailing address of the payee. The street address should include number, street, apartment or suite number, or P.O. Box if mail is not delivered to a street address. Left justify the information and fill unused positions with blanks. Do not enter data other than the payee's mailing address. File will be rejected if left blank.
408-447	Blank	40	Enter blanks.
448-487	Payee City	40	Required. Enter the city, town or post office. Enter APO or FPO if applicable. Do not enter state and ZIP Code information in this field. Left justify the information and fill unused positions with blanks. File will be rejected if left blank.
488-489	Payee State	2	Required. Enter the valid U.S. Postal Service state abbreviations for states or the appropriate postal identifier. File will be rejected if field does not equal a valid state or US territory abbreviation.
490-498	Payee Zip	9	Required. Enter the valid ZIP Code (nine-digit or five-digit) assigned by the U.S. Postal Service. For foreign countries, alpha characters are acceptable as long as the filer has entered a "1" (one) in the Foreign Country Indicator, located in position 247 of the "B" Record. If only the first five-digits are known, left justify the information and fill the unused positions with blanks. File will be rejected if left blank.
499	Blank	1	Enter blank.
500-507	Record Sequence Number	8	*Required.* Enter the number of the record as it appears within the file. The record sequence number for the "T" Record will always be one (1), since it is the first record on the file and the file can have only one "T" Record in a file. Each record, thereafter, must be increased by one in ascending numerical sequence, that is, 2, 3, 4, etc. Right justify numbers with leading zeros in the field. For example, the "T" Record sequence number would appear as "0000001" in the field, the first "A" Record would be

Field Position	Field Title	Length	LMRC Validations
			“00000002,” the first “B” Record, “00000003,” the second “B” Record, “00000004”, and so on until the final record of the file, the “F” Record. File will be rejected if left blank or out of sequence order.
508-543	Blank	36	Enter blanks.
Field Positions 544-750 are defined by form type			LMRC accepts 1099-MISC in this electronic format.
544	Second TIN Notice (Optional)	1	Enter “2” (two) to indicate notification by the IRS twice within three calendar years that the payee provided an incorrect name and/or TIN combination. Otherwise, enter a blank.
545-546	Blank	2	Enter blanks.
547	Direct Sales Indicator (See Note)	1	Enter “1” (one) to indicate sales of \$5,000 or more of consumer products to a person on a buy-sell, deposit-commission, or any other commission basis for resale anywhere other than in a permanent retail establishment. Otherwise, enter a blank. Note: If reporting a direct sales indicator only, use Type of Return “A” in Field Positions 26-27, and Amount Code 1 in Field Position 28 of the Payer “A” Record. All payment amount fields in the Payee “B” Record will contain zeros.
548	FATCA Filing Requirement	1	Enter "1" (one) if there is FATCA filing requirement. Otherwise, enter a blank.
549-662	Blank	114	Enter blanks.
663-684	Reserved for KY DOR special fields	22	LMRC does not need this information.
685-696	Louisville Metro Compensation NOTE: Field position 685-696 in the special data entries field is used by LMRC.	12	This field is required if the amount of compensation earned in Louisville Metro is different than the Nonemployee Compensation reported in the Payee Record, Field Position 127-138, Payment Amount 7. If left blank, we will assume the amount earned in Louisville Metro is equal to the total of the Nonemployee Compensation reported in the Payee Record, Field Position 127-138, Payment Amount 7.
697-722	Special Data Entries	26	Enter blanks. Currently, not used.
723-734	State Income Tax Withheld	12	State income tax withheld is for the convenience of the filers. The payment amount must be right justified and unused positions must be zero-filled. Not used by LMRC.
735-746	Local Income Tax Withheld	12	Local income tax withheld is for the convenience of the filers. The payment amount must be right justified and unused positions must be zero-filled.
747-748	Combined Federal State Code	2	Enter blanks. LMRC is not participating in this program.
749-750	Blank	2	Enter blanks or carriage return/line feed (CR/LF) characters.

6. Correcting a Processed File

LMRC does not accept corrected 1099s electronically. Submit a paper correction for each contractor. Indicate on the form a corrected 1099. If you submit electronically more than one record for a contractor, they will be aggregated. This may result in LMRC overreporting payments to payees.

7. FAQs

Should I include income paid to entities for work outside of Louisville?

No. If you include work for income earned outside of Louisville, based on our file specifications, we will consider 100% of the amount earned within Louisville Metro.

What if I have never submitted my 1099s electronically?

You will need to create a login through our online portal, eMINTS. Instructions for this can be found on our website at <https://louisvilleky.gov/government/revenue-commission/emints-access#signup>

Where can I find more information about the waiver?

Visit our website www.metrorevenue.org for more information. A copy of the waiver can be found under Forms and Publications.

I haven't filed a waiver and the due date for the filing is closer than 45 days. What do I do now?

Complete and submit the waiver request immediately. Penalties could be assessed if 1099s are not filed timely and a waiver has not yet been reviewed/approved. Assessment of penalties will be reviewed on a case by case basis.

Can I submit an exact copy of what I file to the IRS or Kentucky DOR?

It depends. You should submit 1099s only for contractors/payees who earned their income in Louisville Metro, KY (Jefferson County). If all the payees you are reporting worked in Louisville 100% of the time, you may submit a copy of the file you sent to the IRS. In addition, you can also indicate the specific amount earned in the Louisville Metro area if it differs from the total compensation. See Louisville Metro Compensation field in the payee record for more details.

How will I know if I have generated an acceptable file?

Your file must meet the specifications per this document, and you will receive real time validation. LMRC will not accept the file if it doesn't pass our validation rules. Once your file is accepted, you will receive an email confirmation. LMRC may contact you if we have any additional questions.

Can I submit records for 1099s issued below \$600.00?

Yes. LMRC will accept the data we receive if the income was earned in Louisville Metro area.

As a payer, do I have any other obligations?

You may let payees know they have a filing requirement with the LMRC. Persons receiving non-employee compensation payments for services performed in Louisville and Jefferson County will be required to report and pay local tax on that income. Since many persons receiving this income are not aware of the local tax requirements, LMRC asks that you advise them to contact the Louisville Metro Revenue Commission to obtain a local tax reporting number and tax forms. The payee's failure to obtain a tax number and file the proper forms can result in substantial penalties, fines, and court costs.