



STATE OF CALIFORNIA
 DATA EXCHANGE MS L120
FRANCHISE TAX BOARD
 PO BOX 1468
 SACRAMENTO CA 95812-1468

**Transmittal of Annual 1098, 1099, 5498, W-2G Information
 For Tax Year _____**

Date File Submitted ____/____/____

PLEASE COMPLETE THE FOLLOWING INFORMATION

Transmitter Information

FEIN: -	Type of file: <input type="checkbox"/> Original <input type="checkbox"/> Correction <input type="checkbox"/> Replacement
Current Name, Address, City, State, ZIP Code	Last Year's Name & Address (if different this year)

Reporting Information

Information Return Type(s):

1098	1098C	1098E	1098T	1099A	1099B	1099C	1099DIV
<input type="checkbox"/>							
1099G	1099INT	1099LTC	1099MISC	1099OID	1099PATR	1099Q	1099R
<input type="checkbox"/>							
1099S	5498	5498ESA	8300	W2-G			
<input type="checkbox"/>							

Total Payer "A" Records _____ Total Payee "B" Records _____

Note: The totals above must match the accumulated totals on your media file. A mismatch could delay processing, and we may return your file to you for replacement.

Signature _____ Title _____ Date _____

Media Characteristics

CARTRIDGES	Media No.	External Label No.	DISKETTES/COMPACT DISCS
Internal Header Labels: <input type="checkbox"/> Yes <input type="checkbox"/> No	1 of		Filename(s) and Extension(s) Used: _____ _____ _____
Recording Mode: <input type="checkbox"/> EBCDIC <input type="checkbox"/> ASCII	2 of		
Record Length = 750	3 of		
Blocksize =	4 of		
	5 of		
	6 of		

Person to contact for media problems: _____ Email address _____

Name _____ Telephone (____) _____ - _____ Ext. _____

Send your file (or files) to:

Shipping

DATA EXCHANGE MS L120
 FRANCHISE TAX BOARD
 SACRAMENTO CA 95827

U.S. Mail

DATA EXCHANGE MS L120
 FRANCHISE TAX BOARD
 PO BOX 1468
 SACRAMENTO CA 95812-1468

FTB 3601

A. Form Preparation

Prepare a separate FTB 3601 Transmittal for each type of medium; e.g., if your organization reports on tape cartridge and diskette or compact disc (CD), then a separate FTB 3601 Transmittal must be attached for the tape cartridge and one for the diskette or CD.

1. Transmitter Information

- FEIN: The Federal Employer Identification Number of the agency sending the file to the Franchise Tax Board.
- Type of file: Indicate if you are **submitting** this file for the first time (original) or you are **correcting** a portion of the records from your original file (corrections). **Do not** send a replacement file unless you receive a notice from us asking for a replacement for your entire original file.
- Address: The address of the agency sending the media file to us. If your business name or address has changed from what you reported last year, enter both the new and the old information in the appropriate boxes.

2. Reporting Information

- Total payers is the total number of all payer "A" records reported in the entire file.
- Total payees is the total number of payee "B" records reported in the entire file.
- The responsible person must sign this form on the line provided. An organization transmitting for others may sign the form, provided that the represented payers have granted written permission. In that case, the organization becomes the transfer agent and assumes responsibility for data quality and completeness.

3. Media Characteristics

- Indicate the cartridge/diskette/CD recording characteristics by filling in the necessary information and checking the appropriate boxes. Obtain this information from someone in your data processing area.
- If you report your information on cartridges, enter the media numbers so we can process them in the proper sequence. Also, enter the corresponding external label number that your organization has assigned. If we experience any file problems, we may refer to these numbers when we call.
- Multiply the number of records in each block by 750 to get the block size.

4. Person to contact for media problems

- Enter the email address, name, and telephone number of a person we can contact for technical information, or to resolve media problems.

B. File Preparation

1. Submitters must label all submitted media, even if they only submit one file. Identify each of your media with a gummed label or permanent marker. Indicate the transmitter's name, type of reporting (e.g., 1099, 1098, W-2G), and the tax year being reported.
2. If you submit multiple volumes, list the volume sequence numbers on the media labels (e.g., 1 of 2, 2 of 2). If you submit one volume, list it as "1 of 1."

INFORMATION CONTACT

For more information about information return reporting, please call Data Exchange at 916.845.3778.