



STATE OF CALIFORNIA
 DATA EXCHANGE MS L120
FRANCHISE TAX BOARD
 PO BOX 1468
 SACRAMENTO CA 95812-1468
 916.845.3778

Filing Application
 For first time filers on cartridge,
 CD, or diskette.

Application is hereby made to transmit annual 1098/1099/5498/W-2G information returns to Franchise Tax Board.

Name of Firm (Transmitter):		Date: / /
Address:		Federal Employer Identification Number: —
City, State, and ZIP Code:		Reporting will begin with Tax Year: _____
Contact for Technical Information (Name):	Title:	Telephone (Area Code & Ext.) . . .

REPORTING INFORMATION

Please indicate the document type(s) you plan to file on cartridge, diskette, or CD.

1098 1099 5498 W-2G

Do you plan to act as a transmitter for other Payers?

Yes No

MEDIA PREFERENCE

CARTRIDGE CD DISKETTE

NOTE: 4mm or 8mm cartridges, and 9-track tape reels are not acceptable.

AUTHORIZED REPRESENTATIVE OF ORGANIZATION REQUESTING APPROVAL

Name (Type or Print):	Title:	
Signature:	Date:	

**Note: This completed form can be faxed to: Data Exchange
 916.845.5550**