

# **AP-38 Run 1099 Report & Update 1099 Code on an Invoice After Payment**

## **Purpose**

The purpose of this Quick Reference Guide (**QRG**) is to provide an overview and steps on how to Run the 1099 Invoice Maintenance Report and Update 1099 codes after the invoice has been paid in the North Carolina Financial System (**NCFS**).

## **Introduction and Overview**

To be able to run the 1099 report, the user needs to get access to the new **NC AP Tax Reports** role. Please work with your agency's Security Administrator to secure this role for agency staff who will be running the custom 1099 Maintenance Report and the Printing the 1099 forms. There is no course requirement for this role currently.

## **Report Overview**

The NCFS 1099 Maintenance Report can be found in this location -> **Shared Folders > Custom > FBR Custom > Report > Accounts Payable > Tax Reports**

This report contains Tax ID information for suppliers, keep this report secure.

Validate NCFS 1099 invoice lines that are marked at the invoice distribution level (Column R on the report).

## Parameters to run the report:

- Select agency Legal Entity
- Select agency Business Unit
- From Payment Date = 1/1/20XX
- To Payment Date = 12/31/20XX
- Natural Account - Optional
- Supplier Number - Optional

## Report will create a Detail and Summary Tab:

- Use the summary tab to see the Subtotal by Supplier TIN and Tax Code Type.
- Use the detail tab for invoice line distribution tax code validation.

*See sample report for additional information.*

## Summary Tab sample

### Image

^^Please note that this report contains sensitive information (TINs/PIN)^^

#### Parameters

|                       |                                     |
|-----------------------|-------------------------------------|
| Legal Entity          | NC OFFICE OF THE STATE CONTROLLER   |
| Business Unit         | 1400 OFFICE OF THE STATE CONTROLLER |
| From Payment Date     | 01/01/2023                          |
| To Payment Date       | 12/31/2023                          |
| Natural Account Range | All                                 |
| Supplier Number       | All                                 |

| Legal Entity                      | Business Unit                       | Business Unit Tax ID | Supplier Name      | Supplier Number | Supplier Tax ID | Income Tax Type | Income Tax Type Amount |
|-----------------------------------|-------------------------------------|----------------------|--------------------|-----------------|-----------------|-----------------|------------------------|
| NC OFFICE OF THE STATE CONTROLLER | 1400 OFFICE OF THE STATE CONTROLLER | 987654321            | 1099 Test Supplier | 210110          | 123456789       | MISC7           | \$ 84,716.73           |

**Details Tab** sample – Important columns are highlighted in yellow. Please read the notes written below the columns for more information.

Image

| **Please note that this report contains sensitive information (TINs/PIN)** |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
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| NC OFFICE OF THE STATE CONTROLLER                                          |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
| 1400 OFFICE OF THE STATE CONTROLLER                                        |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
| 01/01/2023                                                                 |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
| 12/31/2023                                                                 |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
| All                                                                        |                      | Can narrow down to specific accounts if needed. |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
| All                                                                        |                      | Can narrow down to specific suppliers if        |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
| Business Unit                                                              | Business Unit Tax ID | Supplier Name                                   | Supplier Number | Supplier Tax ID | Supplier Site | Supplier Site Income Tax Reporting Flag | Invoice Number       | Invoice Date | Invoice Line Number | Invoice Line Amount | Invoice Line Income Tax Type | Invoice Accounted Flag | Invoice Correction Flag | Distribution Line Number | Distribution Amount | Distribution Income Tax Type | Distribution Natural Account | Natural Account Description | Withheld Amount | Supplier Income Tax Reporting Site Address | Federal Withholding Amount | Federal Withholding Code | Payment Date | Payment Number |       |
| 1400 OFFICE OF THE STATE CONTROLLER                                        | 987654321            | 1099 Test Supplier                              | 21010           | 12E-081         | R14PT.01      | Y                                       | NCAS_1099_CONVERSION | 10/05/2023   | 3                   | \$ 84,716.73        | MISC7                        | Y                      | N                       |                          | \$ 84,716.73        | MISC7                        | 559000000                    | OTHER EXPENSES              | \$ 0.00         | 3111 GLENWOOD AVE, RALEIGH, NC, 27612      | \$ 0.00                    |                          |              | 12/29/2023     | 41229 |
| Agency/Legal Entity Tax ID as Reporter                                     |                      | Supplier TIN                                    |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
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|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |
|                                                                            |                      |                                                 |                 |                 |               |                                         |                      |              |                     |                     |                              |                        |                         |                          |                     |                              |                              |                             |                 |                                            |                            |                          |              |                |       |

- [AP-33 1099 Codes and Descriptions](#)

### **By January 31st of each year**

- Agencies to print 1099 Forms.
- Agencies to mail 1099 forms to suppliers – Must be postmarked on or before January 31st of each year.
- OSC will submit the Electronic Media File to the IRS by January 31st of each year.

## **Update 1099 Code on Invoices After Payment**

To update the 1099 code on invoices after payment, please follow the steps below. There are 7 steps to complete this process.

Step 1. Navigate to invoice and click **Actions > Edit**.

Image

## Manage Invoices ②

Search Results 108480

### Invoice Details

Invoice Date 12/20/23  
 Invoice Type Standard  
 Supplier or Party MORIS INC  
 Supplier Site PR 14PTA  
 Address PO BOX 27531, RALEIGH, NC 27611

Invoice Amount 44.50 USD  
 Applied Prepayments 0.00 USD  
 Unpaid Amount 0.00 USD  
 Holds 0  
 Notes

Validated Actions Save Save and Close Cancel

Business Line Edit  
 Payment Business Unit Check Funds  
 Payment Terms Validate  
 Payment Currency Request Override  
 Attachments Approval  
 Cancel Invoice  
 Post to Ledger  
 Account in Draft

Lines Holds and Approvals Payments Installments Distribution Details

### Approval and Notification History

View ▾

| Workflow Type    | Line | Action      | Action Date      | Approver        | Review Amount | Comments | Hold Reason |
|------------------|------|-------------|------------------|-----------------|---------------|----------|-------------|
| Invoice approval |      | Initiated   | 12/20/23 9:30 AM | KAREN FAGGART   | 64.50 US      |          |             |
| Invoice approval |      | Automatic x | 12/20/23 9:31 AM | Workflow system | 64.50 US      |          |             |

### Holds ②

View ▾

| Hold     |        |         |           |         |      | Release |        |             |      |         |
|----------|--------|---------|-----------|---------|------|---------|--------|-------------|------|---------|
| Name     | Reason | Details | Line Held | Held By | Date | Name    | Reason | Released By | Date | Details |
| No holds |        |         |           |         |      |         |        |             |      |         |

Step 2. Click the **Triangle** icon to expand lines section of invoice.

Image

Edit Invoice: 108480 ?

Validated Invoice Actions Save Save and Close Cancel

Last Saved 12/22/23 6:58 AM

Invoice Header Show More

Identifying PO  
Business Unit 1400 OFFICE OF THE STATE CONTROLLER  
Supplier MORTS INC  
Supplier Number 111133  
Supplier Site R 14PT.A  
Legal Entity NC OFFICE OF THE STATE CONTROLLER  
Invoice Group

Number 108480  
\* Amount USD - US Dollar 64.50  
Type Standard  
Description OSC Fiscal Integrity Award  
Work Order: 252435

Date 12/20/23  
Payment Terms Net 30  
Terms Date 12/20/23  
Requester  
Attachments Morts 12212023.pdf  
Note

Lines ? Match Invoice Lines

Taxes

Totals

|       |         |               |             |                      |       |
|-------|---------|---------------|-------------|----------------------|-------|
| Items | Freight | Miscellaneous | Tax         | Included Prepayments | Total |
| 64.50 | 0.00    | 0.00          | 0.00        | 0.00                 | 64.50 |
|       |         | Retainage     | Withholding | Applied Prepayments  | Due   |
|       |         | 0.00          | 0.00        | 0.00                 | 64.50 |

Step 3. Click the **Distributions** button.

Image

 Validated
 Invoice Actions ▼
  Save
  Save and Close
  Cancel

#### 4 Invoice Header [Show More](#)

|             |                                                  |       |
|-------------|--------------------------------------------------|-------|
| Number      | 108480                                           |       |
| * Amount    | USD - US Dollar                                  | 64.50 |
| Type        | Standard                                         |       |
| Description | OSC Fiscal Integrity Award<br>Work Order: 252435 |       |

Date 12/20/23  
Payment Terms Net 30  
Terms Date 12/20/23  
Requester  
Attachments [Morts 12212023.pdf](#)  
Note

Match Invoice Lines

View       Detach Allocate  Cancel Line Distributions

| Distribution | Budgetary Control | Reference | Tax | Purchase Order | Asset | Project |
|--------------|-------------------|-----------|-----|----------------|-------|---------|
|--------------|-------------------|-----------|-----|----------------|-------|---------|

|                 |      |       |          |                                   | m/d/yy                   |                 |                               |               |           |                                           |                    |                  |        |
|-----------------|------|-------|----------|-----------------------------------|--------------------------|-----------------|-------------------------------|---------------|-----------|-------------------------------------------|--------------------|------------------|--------|
| * Number * Type |      |       | * Amount | Distribution                      |                          |                 | Budgetary Control             |               | Reference |                                           | Tax                |                  |        |
|                 |      |       |          | Distribution Set                  | Distribution Combination | Accounting Date | Prorate Across All Item Lines | * Budget Date | Status    | Description                               | Tax Classification | Ship-to Location | Number |
| 1               | Item | 64.50 | -        | 1400-102000-55840000-1401000-0000 | 12/20/23                 |                 |                               | 12/20/23      | Reserved  | OSC Fiscal Integrity Award/Work Order: 21 |                    | 1400OSCIN-14101  |        |

► Taxes

4 Totals

|       |         |               |             |                      |       |
|-------|---------|---------------|-------------|----------------------|-------|
| Items | Freight | Miscellaneous | Tax         | Included Prepayments | Total |
| 64.50 | 0.00    | 0.00          | 0.00        | 0.00                 | 64.50 |
|       |         | Retainage     | Withholding | Applied Prepayments  | Due   |
|       |         | 0.00          | 0.00        | 0.00                 | 64.50 |

Step 4. **Manage Distribution** window will display, select the **Invoice Line** that needs to be updated.

Image

**Manage Distributions** ✕

View ▾ + ✕ 📅 📄 Detach Invoice Line 1 ▾ Reverse Adjust Tax Recovery Check Funds View Results

Budgetary Control Status Purchase Order Receipt Tax All

| Line | * Distribution | * Type | * Search... | Combination                       | * Accounting Date | Description            | Budgetary<br>* Budget Date |
|------|----------------|--------|-------------|-----------------------------------|-------------------|------------------------|----------------------------|
| 1    | 1              | Item   | 64.50       | 1400-102000-55840000-1401000-0000 | 12/20/23          | OSC Fiscal Integrity A | 12/20/23                   |

Distributions Total Amount 64.50

Remaining Amount ✔ 0.00

Line Amount 64.50

Save and Close Cancel

Step 5. Scroll to the **Income Tax Type** field and select the correct **1099 code**. To unflag a line for 1099 reporting select **DAU/AR Miscellaneous - Other**.

Note : If you do not see the **Income Tax** menu, click on the **View** dropdown list, and include **Income Tax** menu to the distribution view.

Image

**Manage Distributions**

View Detach Invoice Line 1 Reverse Adjust Tax Recovery Check Funds View Results

Budgetary Control Status Purchase Order Receipt Tax Income Tax Project

| Line | * Distribution | * Type | * Amount | Receipt      |        |      | Tax  | Income Tax      | Project        |             |                       |
|------|----------------|--------|----------|--------------|--------|------|------|-----------------|----------------|-------------|-----------------------|
|      |                |        |          | Distribution | Number | Line | Type | Type            | Project Number | Task Number | Expenditure Item Date |
| 1    | 1              | Item   | 64.50    |              |        |      |      | DAU/AR Miscell: |                |             |                       |

MISC1 Rent  
MISC10 Crop Insurance Proceeds. Reported in 1099-MISC Box 9 from 2020.  
MISC11 Fish purchased for resale  
MISC13 Excess golden parachute payments. Reported in 1099-MISC Box 14 from 2020.  
MISC14 Gross proceeds paid to an attorney. Reported in 1099-MISC Box 10 from 2020.  
MISC15a NT Section 409A non-taxable deferrals. Reported in 1099-MISC Box 12 from 2020.  
MISC15a T Section 409A taxable deferrals. Reported in 1099-MISC Box 12 from 2020.  
MISC15b Nonqualified deferred compensation. Reported in 1099-MISC Box 15 from 2022.  
MISC2 Royalties  
MISC3 Other Income  
MISC4 Federal income tax withheld  
MISC5 Fishing boat proceeds  
MISC6 Medical and health care payments  
MISC7 Non-employee compensation. Reported in Form 1099-NEC from 2020.  
MISC8 Payments in lieu of dividend or interest  
MISC9 Consumer Products for Resale. Reported in 1099-MISC Box 7 from 2020.  
RETE/D Withholding Tax Exemption Based on International Conventions  
RETE/R Withholding Tax - Reduced Rate  
TVA/47 VAT on Royalties (to be deducted)  
TVA/55 VAT on Royalties (to be added)

Step 6. Click **Save and Close**.

Image



- Virtual Instructor-Led Training (VILT)
  - [AP101: Invoice Management](#)

## **First Published**

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