



ORDER BY NOVEMBER 30TH
SEND by fax: (541) 385-3225
or email: taxforms@centroprintsolutions.com
NO RETURNS ACCEPTED AFTER 12/1/19 • PRIOR AUTHORIZATION REQUIRED

GAMMA
2019 TAX FORMS
 GUARANTEED COMPATIBLE

ORDER EXTRA - AVOID SHORTAGES • DON'T DELAY ORDER TODAY • ORDER EXTRA - AVOID SHORTAGES • DON'T DELAY ORDER TODAY • ORDER EXTRA - AVOID SHORTAGES • DON'T DELAY ORDER TODAY • ORDER EXTRA - AVOID SHORTAGES • DON'T DELAY ORDER TODAY • ORDER EXTRA - AVOID SHORTAGES • DON'T DELAY ORDER TODAY

COMPANY NAME	CONTACT / ATTN.	TITLE / DEPT.	PHONE	FAX	ORDER DATE
SHIP TO	BILL TO (If different than Ship To)		EMAIL		PURCHASE ORDER NO.

2019 PRICE LIST (PRICES PER PACKAGE OF 50)

ITEM NUMBER	DESCRIPTION	ENVELOPE NUMBER	PRICE PER PK / 50	ORDER QTY	ITEM NUMBER	DESCRIPTION	ENVELOPE NUMBER	PRICE PER PK / 50	ORDER QTY		
W-2 LASER CUT SHEETS (PACKAGES OF 50)					1099 K (PACKAGES OF 50)						
L4UP	EMPLOYEE'S COPIES B, C, 2 & 2 (1 EMPLOYEE PER PAGE)	DW4S	15.40		LKA	FEDERAL COPY A	DWMR	15.40			
LW2A	EMPLOYER'S FEDERAL COPY A (2 EMPLOYEES PER PAGE)	DWCL	15.40		LKB	RECIPIENT COPY B	"	15.40			
LW2B	EMPLOYEE'S FEDERAL COPY B (2 EMPLOYEES PER PAGE)	"	15.40		LKC	PAYER / STATE COPY C	"	15.40			
LW2C	EMPLOYEE'S RECORD COPY C (2 EMPLOYEES PER PAGE)	"	15.40		1099 DIV (PACKAGES OF 50)						
LW2D1	EMPLOYER'S STATE/LOCAL COPY 1 OR COPY D (2 EMPLOYEES PER PAGE)	"	15.40		LDA	FEDERAL COPY A (2 PER PAGE)	DWMR	15.40			
LW22	EMPLOYEE'S STATE/LOCAL COPY 2 (2 EMPLOYEES PER PAGE)	"	15.40		LDB	RECIPIENT COPY B (2 PER PAGE)	DWMR	15.40			
1099 MISC (PACKAGES OF 50)					1099 INT (PACKAGES OF 50)						
LMA	FEDERAL COPY A (2 PER PAGE)	DWMR	15.40		LIA	FEDERAL COPY A (2 PER PAGE)	DWMR	15.40			
LMB	RECIPIENT COPY B (2 PER PAGE)	"	15.40		LIB	RECIPIENT COPY B (2 PER PAGE)	DWMR	15.40			
LMC	PAYER / STATE COPY C (2 PER PAGE)	"	15.40		LIC	PAYER / STATE COPY C (2 PER PAGE)	DWMR	15.40			
LM2	RECIPIENT / STATE COPY 2 (2 PER PAGE)	"	15.40		ACA FORMS FOR EMPLOYERS WITH 50+ EMPLOYEES (SELF OR FULLY INSURED)						
1099 R (PACKAGES OF 50)					1095BCBLK	Form 1095-C Employer-Provided Health Insurance Offer and Coverage Blank Format with Instructions (1 pack = 50 recipients)	DWMR DWMRS	15.40			
LRA	FEDERAL COPY A (2 PER PAGE)	DWMR	15.40		1094CT	Form 1094-C Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns			3 Included With Your Order		
LRB	RECIPIENT FEDERAL COPY B (2 PER PAGE)	"	15.40		PS1095C500	Form 1095-C Employer-Provided Health Insurance Offer and Coverage 14" Pressure Seal EZ Fold (Packs of 500 only = 500 recipients)		318.00			
LRC	RECIPIENT RECORDS COPY C (2 PER PAGE)	"	15.40		ACA FORMS FOR SELF-INSURED EMPLOYERS WITH FEWER THAN 50 EMPLOYEES OR HEALTH INS PROVIDERS						
LR2	RECIPIENT STATE COPY 2 (2 PER PAGE)	"	15.40		1095BCBLK	Form 1095-B Health Coverage (1 pack = 50 recipients) Blank Format with Instructions	DWMR DWMRS	15.40			
LRD1	PAYER RECORDS / STATE / LOCAL COPY D/1 (2 PER PAGE)	"	15.40		1094BT	Form 1094-B Transmittal of Health Coverage Information Returns for Form 1095-B (25 Sheets)			3 Included With Your Order		
1099 PATR (PACKAGES OF 50)					PS1095B500	Form 1095-B Health Coverage 14" Pressure Seal EZ Fold (Packs of 500 only = 500 recipients)		318.00			
LPA	FEDERAL COPY A (3 PER PAGE)	DW19	15.40		ENVELOPE PRICES PER 50						
LPB	RECIPIENT COPY B (3 PER PAGE)	"	15.40		SELF-SEAL*	ALL SIZES SAME PRICE					
LPC	PAYER / STATE COPY C (3 PER PAGE)	"	15.40		REGULAR	18.50					
1099 S (PACKAGES OF 50)					ENVELOPE ORDER						
LSA	FEDERAL COPY A (3 PER PAGE)	DW19	15.40		ITEM NO.	DWCL	DW19	DWMR	DWMRS	DW4S	TOTAL
LSB	TRANSFEROR COPY B (3 PER PAGE)	"	15.40		QTY						\$
LSC	FILER / STATE COPY C (3 PER PAGE)	"	15.40								

PLEASE CALL US IF YOU HAVE ANY QUESTIONS
 1-888-828-1999
 taxforms@centroprintsolutions.com

• ALLOW FOR ERRORS - RECOMMENDED ORDER QUANTITY = 2 x NO. EMPLOYEES FILING
 • PRE-APPROVED CREDIT UP TO \$500 FOR ALL GAMMA CLIENTS.
 • PRICED VALID THROUGH 12/31/19, SUBJECT TO CHANGE THEREAFTER.
 • TERMS: 1% 10 DAYS, NET 30.
 • \$35.00 MINIMUM INVOICE.
 • NO SPLIT PACKAGES.
 • NO RETURNS AFTER 12/1/19. SUBJECT TO 25% RESTOCKING FEE. PRIOR AUTHORIZATION REQUIRED.

ENVELOPE PRICES PER 50	ALL SIZES SAME PRICE
SELF-SEAL*	18.50
REGULAR	13.70

ENVELOPE ORDER	ITEM NO.	DWCL	DW19	DWMR	DWMRS	DW4S	TOTAL
	QTY						\$

*Add an 'S' to Item Number for Self-Seal Envelope.

FORM NO. GSI-W2