

**Transmittal of Information Returns Reported  
 Magnetically/Electronically  
 (Continuation of Form 4804)**

Transmitter control code

Form 4802 is a continuation of Form 4804 and should only be used if you are reporting more than four types of returns and/or more than four payers. For further instructions, see Form 4804.

Page \_\_\_\_\_ of \_\_\_\_\_

|  |                     |                         |  |                     |                         |
|--|---------------------|-------------------------|--|---------------------|-------------------------|
| <b>1</b> Name and address of payer ( <i>street, city, state and ZIP code</i> ) |                     |                         | <b>2</b> Name and address of payer ( <i>street, city, state and ZIP code</i> ) |                     |                         |
| Employer identification number ( <i>Must be entered</i> )                      |                     |                         | Employer identification number ( <i>Must be entered</i> )                      |                     |                         |
| Type of return   | Total payee records | Transmitter's media no. | Type of return   | Total payee records | Transmitter's media no. |
| <b>3</b> Name and address of payer ( <i>street, city, state and ZIP code</i> ) |                     |                         | <b>4</b> Name and address of payer ( <i>street, city, state and ZIP code</i> ) |                     |                         |
| Employer identification number ( <i>Must be entered</i> )                      |                     |                         | Employer identification number ( <i>Must be entered</i> )                      |                     |                         |
| Type of return   | Total payee records | Transmitter's media no. | Type of return   | Total payee records | Transmitter's media no. |
| <b>5</b> Name and address of payer ( <i>street, city, state and ZIP code</i> ) |                     |                         | <b>6</b> Name and address of payer ( <i>street, city, state and ZIP code</i> ) |                     |                         |
| Employer identification number ( <i>Must be entered</i> )                      |                     |                         | Employer identification number ( <i>Must be entered</i> )                      |                     |                         |
| Type of return   | Total payee records | Transmitter's media no. | Type of return   | Total payee records | Transmitter's media no. |
| <b>7</b> Name and address of payer ( <i>street, city, state and ZIP code</i> ) |                     |                         | <b>8</b> Name and address of payer ( <i>street, city, state and ZIP code</i> ) |                     |                         |
| Employer identification number ( <i>Must be entered</i> )                      |                     |                         | Employer identification number ( <i>Must be entered</i> )                      |                     |                         |
| Type of return   | Total payee records | Transmitter's media no. | Type of return   | Total payee records | Transmitter's media no. |