

Tax Forms

Official Tax Documents & Folders

2017



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Laser W-2 & W-3 Forms

360W2A Federal Copy A

360W2B Employee Federal Copy B

360W2C Employee Record Copy C

360W2D1 Employer Copy D, State/City Copy 1

360W22 Employee State/City Copy 2

Laser W-2 Sets or Individual

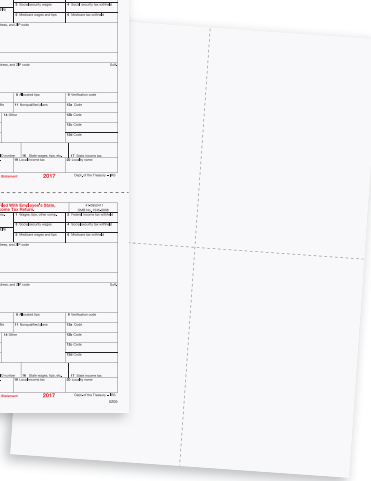
Laser W-2 Forms are available in 4, 6 or 8-part sets. Each set contains 25 sheets of Copy A, B, C, D (1 and 2) that services 50 employees. Each part can also be purchased in packages of individual forms for 100 employees.

Lot Prices (Order by number of employees, not number of sheets.)								
Set#	Pts.	50	100	200	300	500	1000	2000
360820	4	49.54	68.80	105.37	140.60	207.13	352.16	598.12
360830	6	70.97	96.31	141.01	183.34	264.20	470.61	886.21
360850	8	92.91	133.39	188.39	239.06	348.14	612.34	1127.34

ENV #359860, 359860SS (R)

Lot Prices (Order by number of employees, not number of sheets.)								
Item#	Pts.	100	200	300	500	1000	2000	
360W2A	1 Copy A	20.70	36.15	47.69	68.29	102.28	170.67	
360W2B	1 Copy B	20.70	36.15	47.69	68.29	102.28	170.67	
360W2C	1 Copy C	20.70	36.15	47.69	68.29	102.28	170.67	
360W2D1	1 Copy D/1	20.70	36.15	47.69	68.29	102.28	170.67	
360W22	1 Copy 2	20.70	36.15	47.69	68.29	102.28	170.67	

ENV #359860, 359860SS (R)



Laser W-2, 4-Up

The Laser W-2, 4-Up Form includes Employee Copy B, C, 2 and 2 or extra copy. The W-2, 4-Up Blank has one vertical center perforation and one horizontal center cross perforation. One sheet per employee. Order by number of employees.

Lot Prices (Order by number of employees, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
3604UP	1	20.70	36.15	58.50	71.59	102.28	170.36	298.08
3604UPBL	1	20.70	36.15	58.50	71.59	102.28	170.36	298.08

ENV #359864, 359864SS (R)



Laser W-2, Blank Form

Use blank, perforated paper to generate the entire format for any W-2 Form your software supports.

Lot Prices (Order by number of employees, not number of sheets.)								
Item#	Pts.	100	200	300	500	1000	2000	
360804	1	20.70	36.15	47.69	68.29	102.28	170.67	

ENV #359860, 359860SS (R)

Laser W-3 Transmittal

The W-3 Transmittal of Income Form must accompany W-2 Forms filed with the Social Security Administration.

Lot Prices (Order by number of employees, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
360890	1	20.70	36.15	58.50	71.59	102.28	170.39	298.08

(R)

Laser 1099 MISC Income Form

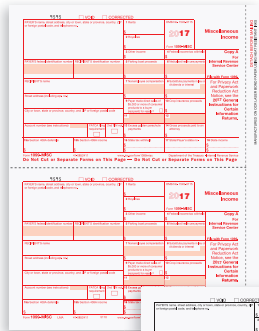
Report miscellaneous income quickly and easily. Laser 1099 MISC are available in 4 or 5-part sets. The sets contain 25 sheets of each form that are required to service 50 recipients. Each part can also be purchased in packages of individual forms for 100 recipients. Two 360LMC Forms are required for a 5-part form.

Lot Prices (Order by number of recipients, not number of sheets.)								
Set#	Pts.	50	100	200	300	500	1000	2000
360810	4	49.54	68.80	105.37	140.60	207.13	352.16	598.12
360815	5	60.26	82.61	123.19	161.92	235.66	411.38	742.12

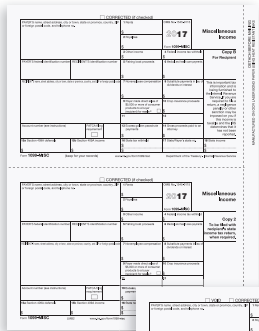
ENV #359875, 359875SS (R)

Lot Prices (Order by number of recipients, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
360LMA	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360LMB	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360LMC	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360LM2	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67

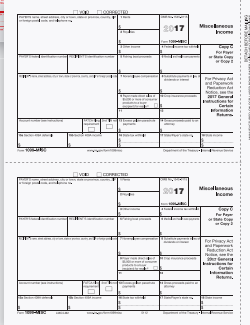
ENV #359875, 359875SS (R)



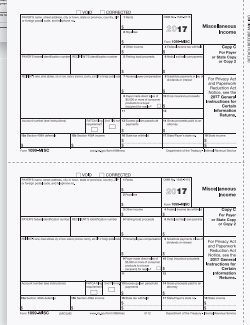
360LMA
Federal
Copy A



360LMB
Recipient
Copy B



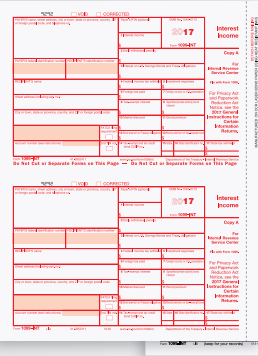
360LMC
Payer/State Copy C



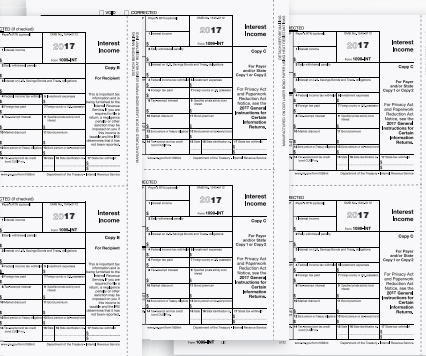
360LM2
Recipient/State Copy 2

360LIA
Federal Copy A

360LIC
Payer/State Copy C



360LIB
Recipient Copy B



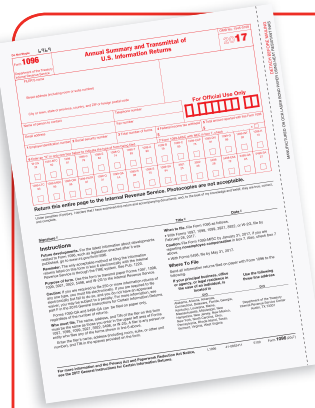
360LIC
Payer/State Copy C

Laser 1099 Interest Income Form

When ordering 1099 Laser Forms, order by the number of recipients. All laser sheets are IRS approved and printed on 20# laser bond paper.

Lot Prices (Order by number of recipients, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
360800	4	49.54	68.80	105.37	140.60	207.13	352.16	598.12
360LIA	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360LIB	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360LIC	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67

ENV #359875, 359875SS (R)

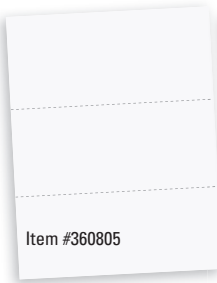


Laser 1096 Transmittal Form

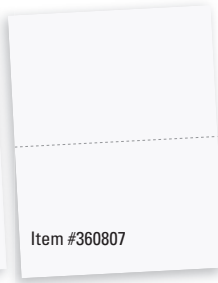
Use the 1096 Transmittal Form to summarize and transmit all 1099 Forms.

Lot Prices (Order by number of employees, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
360880	1	20.70	36.15	58.50	71.59	102.28	170.39	298.08

(R)



Item #360805



Item #360807

Laser 1099, Blank Form

Use blank, perforated paper to generate the entire format for any 1099 Form your software supports.

Interest Laser Blank Lot Prices (Order by number of recipients, not number of sheets.)								
Item#	Pts.	75	150	300	600	900	1500	2100
360805	1	13.70	20.70	31.00	54.59	71.69	102.28	129.37

ENV #359870, 359870SS (R)

MISC Laser Blank Lot Prices (Order by number of recipients, not number of sheets.)							
Item#	Pts.	100	200	300	500	1000	2000
360807	1	20.70	36.15	47.69	68.29	102.28	170.67

ENV #359875, 359875SS (R)

Form 1095-B Health Coverage
 Department of the Treasury
 Internal Revenue Service
 Information about Form 1095-B and its separate instructions is at www.irs.gov/form1095b.

VOID
CORRECTED
2017

560335
OMB No. 1545-0047

Part I Responsible Individual

1. Name of responsible individual
 2. Social Security number (SSN)
 3. Date of birth (or EIN, if not applicable)
 4. Street address (including apartment no.)
 5. City or town
 6. State or province
 7. County and ZIP or foreign postal code
 8. Small Business Health Options Program (SHOP) enrollment effective date

Part II Employer Sponsored Coverage (Use instructions)

9. Enter either identifying Origin of the Policy (see instructions for codes)
 10. Employer name
 11. Employer identification number (EIN)
 12. Street address (including apartment or suite no.)
 13. City or town
 14. State or province
 15. County and ZIP or foreign postal code
 16. Plan name
 17. Employee identification number (EIN)
 18. Contact telephone number
 19. Street address (including apartment or suite no.)
 20. City or town
 21. State or province
 22. County and ZIP or foreign postal code

Part III Issuer or Other Coverage Provider (Use instructions)

23. Street address (including apartment or suite no.)
 24. City or town
 25. State or province
 26. County and ZIP or foreign postal code

Part IV Covered Individuals (Enter the information for each covered individual)

(a) Name of covered individual	(b) SSN	(c) Date of birth (or EIN, if applicable)	(d) Month of coverage													
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
23			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

560335
OMB No. 1545-0047
Form 1095-B (2017)

Laser 1095-B Health Coverage

For self-insured employers with fewer than 50 employees or health insurance providers. 8½" x 11". Black Ink. Laser printer compatible.

Lot Prices (Order by number of employees, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
3601095B	1	20.70	36.15	58.50	71.59	102.28	170.36	298.08

(R)

Form 1094-B Transmittal of Health Coverage Information Returns
 Department of the Treasury
 Internal Revenue Service
 Information about Form 1094-B and its separate instructions is at www.irs.gov/form1094b.

1315
OMB No. 1545-0046
2017

1. Name of preparer to contact
 2. Employer identification number (EIN)
 3. Street address (including house or suite no.)
 4. City or town
 5. State or province
 6. County and ZIP or foreign postal code

For Official Use Only

7. Total number of Forms 1095-B submitted with this transmittal
 8. Under penalty of perjury, I declare that I have prepared this return and accompanying documents, and, to the best of my knowledge and belief, they are true, correct and complete.

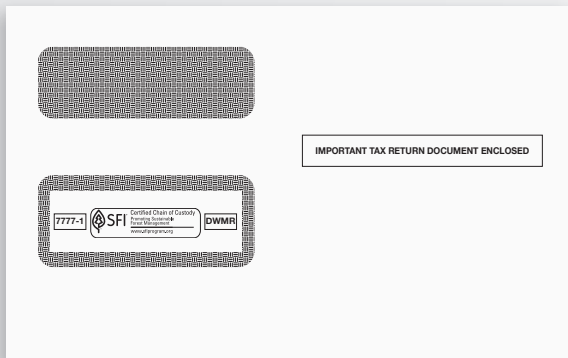
9. Signature
 Title
 Date
 Form 1094-B (2017)

Laser 1094-B Transmittal

Transmittal of Health Coverage Information Returns Form. 11" x 8½". Black ink. Laser printer compatible.

Lot Prices (Order by number of employees, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
3601094B	1	20.70	36.15	58.50	71.59	102.28	170.36	298.08

(R)



ACA Envelopes

359875 - Gummed

359875SS - Self Seal

5½" x 9"

Top Window 3⅜" x 1⅛"

Bottom Window 3⅜" x 1⅞"

ACA Envelopes

Item#	Lot Prices						
	50	100	200	300	500	1000	2000
359875	39.45	48.41	69.11	83.84	112.99	181.69	318.89
359875SS	49.34	60.67	86.42	109.08	146.98	236.18	414.68

Only these envelopes are compatible with the ACA forms shown here. (R)

Form 1095-C Employer-Provided Health Insurance Offer and Coverage
 Department of the Treasury | Internal Revenue Service
 Information about Form 1095-C and its separate instructions is at www.irs.gov/1095c
 Applicable Large Employer Member (Employer)
 Form 1095-C (2017) OMB No. 1545-0045

Part I Employee
 1. Name of employee
 2. Social Security Number (SSN)
 3. Other address (including room or suite no.)
 4. City or town
 5. State or province
 6. Country and ZIP or foreign postal code

Part II Employee Offer and Coverage
 7. Plan start month (Enter 2-digit number):
 8. Months of coverage
 9. Employee's share of the cost of the plan
 10. Employee's share of the cost of the plan (if self-insured)

Part III Covered Individuals
 If employer provided self-insured coverage, check the box and enter the information for each covered individual.
 11. Name of covered individual
 12. SSN
 13. Other address (if not same as 3)
 14. City or town
 15. State or province
 16. Country and ZIP or foreign postal code
 17. Months of coverage
 18. Employee's share of the cost of the plan
 19. Employee's share of the cost of the plan (if self-insured)

Laser 1095-C Employer-Provided Health Insurance Offer and Coverage

For employers with 50 or more full-time employees. This is for self-insured or fully-insured. 8½" x 11". Black ink. Laser printer compatible. 50 pack.

Lot Prices (Order by number of employees, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
3601095C	1	20.70	36.15	58.50	71.59	102.28	170.36	298.08

Form 1094-C Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns
 Department of the Treasury | Internal Revenue Service
 Information about Form 1094-C and its separate instructions is at www.irs.gov/1094c
 Applicable Large Employer Member (ALE Member)
 Form 1094-C (2017) OMB No. 1545-0045

Part I ALE Member Information
 1. Name of ALE Member (Employer)
 2. Employer identification number (EIN)
 3. Street address (including room or suite no.)
 4. City or town
 5. State or province
 6. Country and ZIP or foreign postal code
 7. Name of person to contact
 8. Contact telephone number
 9. Email address (including domain name)
 10. Employee identification number (EIN)
 11. Street address (including room or suite no.)
 12. State or province
 13. Country and ZIP or foreign postal code
 14. City or town
 15. Contact telephone number
 16. Name of person to contact

Part II ALE Member Information
 17. Received
 18. Total number of Forms 1095-C submitted with this transmittal
 19. Is this the authoritative transmittal for this ALE Member? If "Yes," check the box and continue. If "No," see instructions.
 20. Total number of Forms 1095-C filed by and/or on behalf of ALE Member
 21. Is ALE Member a member of an Aggregated ALE Group?
 22. Certification of Eligibility select all that apply:
 A. Qualifying Offer Method
 B. Qualifying Offer Method Transition Relief
 C. Section 4980A Transition Relief
 D. 99% Offer Method

Laser 1094-C Transmittal

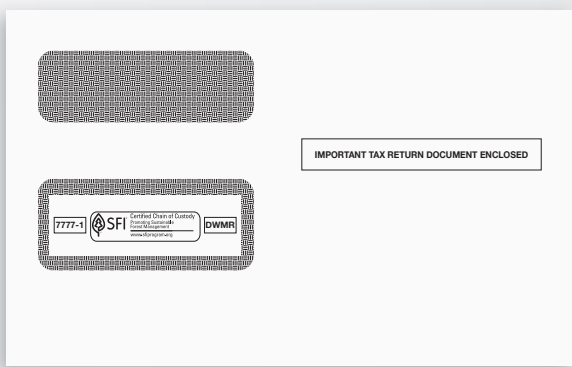
Transmittal of employer-provided health insurance offer and coverage information returns form. 11" x 8½". Black ink. Laser printer compatible. 25 pack.

Lot Prices (Order by number of employees, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
3601094C	1	20.70	36.15	58.50	71.59	102.28	170.36	298.08

ACA Envelopes
359875 - Gummed
359875SS - Self Seal
 5½" x 9"
 Top Window 3⅞" x 1⅞"
 Bottom Window 3⅞" x 1⅞"

ACA Envelopes								Lot Prices							
Item#	50	100	200	300	500	1000	2000	50	100	200	300	500	1000	2000	
359875	39.45	48.41	69.11	83.84	112.99	181.69	318.89								
359875SS	49.34	60.67	86.42	109.08	146.98	236.18	414.68								

Only these envelopes are compatible with the ACA forms shown here. (R)



Laser 1099 & 1098 Forms

Laser 1099-R Form

Use the 1099-R Form to report distributions from investment and retirement plans. This form comes in 4 or 6 parts.

360LRB Recipient
Federal Copy B

360LRA Federal
Copy A

360LRC Recipient Records
Copy C or Recipient State
Copy 2

360LRD1 Payer Records
Copy D, State/City Copy 1

Lot Prices (Order by number of recipients, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
360870	4	49.54	68.80	105.37	140.60	207.13	352.16	598.12
360875	6	70.97	96.31	141.01	183.34	264.20	470.61	886.21
360LRA	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360LRB	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360LRC	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360LR2	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360LRD1	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67

ENV #359875, 359875SS (R)

360LDA Federal
Copy A

360LDB Recipient
Copy B

360LDC Payer/State
Copy C

Laser 1099 Dividend Form

The 1099 DIV Form is sent by investment fund companies to investors. All taxable capital gains and dividends paid to an investor are recorded in this form. Two 360LDC copies are required for a 4-part form.

Lot Prices (Order by number of recipients, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
360860	3	38.83	54.90	87.45	119.27	178.60	292.83	454.02
360865	4	49.54	68.80	105.37	140.60	207.13	352.16	598.12
360LDA	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360LDB	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360LDC	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67

ENV #359875, 359875SS (R)

360L18A Federal
Copy A

360L18B Payer/State
Copy B

360L18C Recipient/State
Copy C

Laser 1098 Form Reprogrammed

The 1098 Form is available in 3 or 4 parts and details mortgage-related expenses and interest paid on mortgages. Two 360L18B copies are required for a 4-part form.

Lot Prices (Order by number of recipients, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
360885	3	38.83	54.90	87.45	119.27	178.60	292.83	454.02
360895	4	49.54	68.80	105.37	140.60	207.13	352.16	598.12
360L18A	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360L18B	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67
360L18C	1	n/a	20.70	36.15	47.69	68.29	102.28	170.67

ENV #359875, 359875SS (R)



Continuous W-2, One-Wide Form

The W-2, One-Wide Form is our most popular form because of its construction and versatility. Carbonless copies available in 4 or 6 parts.

Lot Prices (Order by number of employees, not number of sheets.)								
Item#	Pts.	50	100	200	300	500	1000	2000
359820	4	49.75	71.69	108.67	133.49	186.84	318.89	576.80
359830	6	60.05	80.24	136.48	174.89	250.81	434.76	785.79

ENV #359860, 359860SS (R)

AB W-2 Envelopes		Lot Prices						
Item#		50	100	200	300	500	1000	2000
359860		39.45	48.41	69.11	83.84	112.99	181.69	318.89
359864		39.45	48.41	69.11	83.84	112.99	181.69	318.89
359860SS		49.34	60.67	86.42	109.08	146.98	236.18	414.68
359864SS		49.34	60.67	86.42	109.08	146.98	236.18	414.68

(R)

CD 1099 Envelopes		Lot Prices						
Item#		50	100	200	300	500	1000	2000
359870		29.87	41.41	54.38	66.33	88.99	145.02	255.85
359875		39.45	48.41	69.11	83.84	112.99	181.69	318.89
359870SS		40.38	54.08	70.76	86.21	120.30	195.80	345.46
359875SS		49.34	60.67	86.42	109.08	146.98	236.18	414.68

(R)

State W-2 Requirements

States Requiring 6 Parts

AL*, AR, AZ, CA, CO, CT, DC, DE*, GA, HI, IA, ID, IL, IN, KS, KY*, LA, MA, MD, ME, MI*, MN, MO*, MS, MT, NC, ND, NE, NJ, NM, NY*, OH*, OK, OR, PA*, RI, SC, UT, VA, VT, WI, WV

*Certain cities in Alabama, Delaware, Kentucky, Michigan, Missouri, New York, Ohio and Pennsylvania require an 8-part all purpose W-2 Form.

States Requiring 4 Parts

AK, FL, NV, NH, SD, TN, TX, WA, WY

Add extra parts for any city withholding tax.

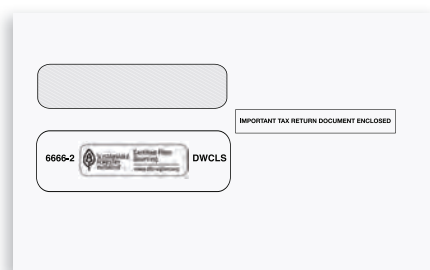
W-2 Parts Allocation

	4-part	6-part	8-part
Copy A Employer federal copy	•	•	•
Copy 1 Employer state copy		•	•
Copy 1 Employer city or local copy			•
Copy D Employer record copy	•	•	•
Copy B Employee federal copy	•	•	•
Copy 2 Employee state copy		•	•
Copy 2 Employee city or local copy			•
Copy C Employee record city	•	•	•

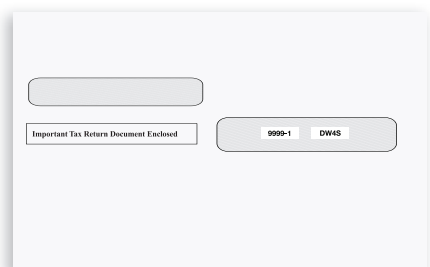


Your satisfaction is guaranteed. We're proud of the work we do. If we don't do it right, we'll make it right.

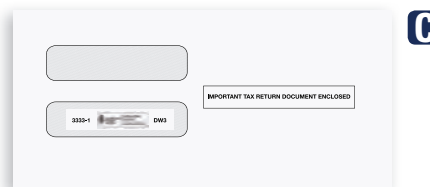
Please inspect your tax forms immediately and make certain they are compatible with your printer and software. Any W-2 or 1099 returns must be completed by **December 31, 2017**. Prices, conditions and specifications are subject to change without notice. Printed August 2017. Not all formats were available at time of printing, when actual forms are shipped they will be the new and approved versions.



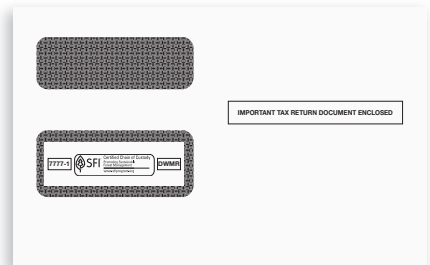
A W-2 Laser/Continuous
359860 - Gummed
359860SS - Self Seal
 5 5/8" x 9 1/4"
 Top Window 4" x 1 5/16"
 Bottom Window 4" x 1 5/16"



B W-2 Laser 4UP
359864 - Gummed
359864SS - Self Seal
 5 5/8" x 9"
 Top Window 3 7/8" x 1 1/16"
 Bottom Window 3 7/8" x 1 1/16"



C 1098 Laser
359870 - Gummed
359870SS - Self Seal
 3 7/8" x 8 3/8"
 Top Window 3 3/8" x 7/8"
 Bottom Window 3 3/8" x 1 1/16"



D 1099 Interest & MISC for Laser/Continuous
359875 - Gummed
359875SS - Self Seal
 5 5/8" x 9"
 Top Window 3 3/8" x 1 1/8"
 Bottom Window 3 3/8" x 1 1/16"

Tax Document Folders



Capacity Tax Folder with Foil Imprint 08-65-CON

Size 9½" x 12" closed, with two 4" pockets. Each pocket holds up to 90 sheets and lays flat. Free card slot and window options available upon request. Your choice of one foil color on one linen stock color, as shown below. Other colors and imprint options are available.

Production time: 7 working days



Tax Cover with Foil Imprint 75-09

Size 8¾" x 11¼" two-piece tax cover with a 2" x 4" window in front cover. Ideal for use with binding machines. Your choice of one foil color on one linen stock color as shown below. Other colors and imprint options are available.

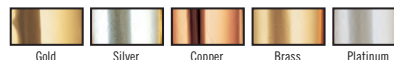
Production time: 5 working days

Imprint area: One 36 square-inch area on front cover. Submit one-color art, sized to fit the imprint area. Send vector .eps art with all type converted to outlines. No .jpeg, .gif or web images. Avoid screen copy with tight intricate detail. Typesetting services are available.

100# Linen



Standard Metallic Foil Colors

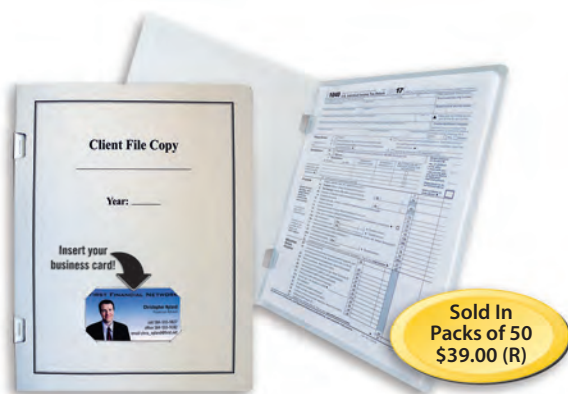


Item#	Lot Prices						
	250	500	1000	1500	2000	2500	3000
08-65-CON	782.50	1065.00	1522.00	1950.00	2500.00	2987.50	3468.00

(R)

Item#	Lot Prices						
	250	500	1000	1500	2000	2500	3000
75-09	485.75	657.50	985.00	1279.50	1674.00	2015.00	2334.00

(R)



Quick Ship Stock Tax Cover

Size 9" x 11¾" closed. Scored one-piece cover with tabs at the left edge for stapling returns. Holds up to 50 pages. Stock "Client File Copy" design prints in black ink on 80# gray fiber stock. Four corner horizontal business card slits at bottom of front cover. Individual preparer attaches their business card to the front cover.



Item#	Sold in packs of 50				
	1Pk	2Pk	3Pk	4Pk	5Pk
Quick Ship Tax Cover	39.00	78.00	117.00	156.00	195.00

(R)



Tax Return Folder 08-84

Size 8¾" x 11¾" closed, with one 3¼" pocket. 1½" scored tab at top of back cover folds over to hold up to 45 pages. Free card slot and window options available upon request. Your choice of any one PMS color on one standard stock as shown below. Other stocks and imprint options available.

Production time: 5 working days

Imprint Area: Add your imprint to front and back cover plus pocket. Download design template from website. No heavy coverage.

80# Fiber



Item#	Lot Prices						
	250	500	1000	1500	2000	2500	3000
08-84	647.75	772.50	1116.00	1417.50	1778.00	2112.50	2445.00

(R)

More tax folders available online at foldersolutions.com