2023 Scan Line Form Scenario Test Pack

This test pack contains two data-filled scenarios per scan line form. When you generate your substitute documents for test submission, use the data in the test pack to populate two iterations of each form, then create the corresponding scan lines for each form.

This test pack should coincide with use of the "2023 Idaho Substitute Return Specifications" for scan line substitute document form development and test submissions.

Note: In the scenarios listed below, you'll see RED boxes that say SCAN LINE HERE indicating areas of scan line placement. These boxes aren't part of the forms. For exact specifications of scan line placement, please refer to "2023 Idaho Substitute Return Specifications"

ID-VP Income Tax Voucher Payment

State Tax Comm		ID-VP ne Tax Voud	cher Payme	2023	Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
Tax type X Individual (01) Business (05)	Filing period	Tran code 95	Amount paid with	voucher	100	00
Name as shown on your ind JOHN DOE	dividual or business retu	m			Full Social Security number or EIN 888582023	ı
Spouse's name, if a joint in SARAH DOE	dividual retum				Full Spouse's Social Security number 505772023	
Current mailing address 1000 MAIN STRE	ET					
City BOISE				State ID	ZIP Code 83702	
EFO00316 08-23-2023				SCAN L	INE HERE	

State Tax Commi	Form Incom	ID-VP ne Tax Voud	her Pay	2023 ment	Mail to: Idaho State Tax Comr PO Box 83784 Boise ID 83707-3784		
Tax type	Filing period	Tran code	Amount pai	d with voucher			
Individual (01) X Business (05)	0923	95	\$			500	00
Name as shown on your ind THE CHICKEN S		n	,		Full Social Security number of 55005227		
Spouse's name, if a joint inc	dividual retum				Full Spouse's Social Security	/ number	
Current mailing address 5859 EXECUTIVE	E DRIVE						
City				State	ZIP Code		
BOISE				ID	83	3713	
EFO00316 08-23-2023				SCAN LIN	IE HERE		

ID PTE-01

State Tax Commission		— Voucher ithheld for a Nonresid ner of a Pass-through			Mail to: Idaho State Tax PO Box 83784 Boise ID 83707-		on
This payment is for tax year:	20 _23		Tax Code 01	Tran Code 12	Amount Paid	100	00
Owner's first name and initial JOHN P		Owner's last name DOE	1		Owner's Social Secu 888522020	rity number	
Owner's current mailing address (no 486 SUNSET DR	umber, street, and apartme	ent number)					
City EAGLE			State ID		ZIP Code 83758		
Entity business name BRIAR ESTATES		Federal Employer Identification 592087488	number (EIN)	Entity email ad BRIAR@	idress HOME.NET		
Complete if applicable. The o Name	wner is a grantor trus	st or disregarded entity and	d the income i	s reported by:	Social Security numb	er	
		thheld for a Nonresid	lent	AN LINE H	Mail to: Idaho State Tax PO Box 83784		on
State Tax Commission	Income Tax Wi Individual Own		lent Entity	Tran Code	Mail to: Idaho State Tax PO Box 83784 Boise ID 83707-:	3784	on 00
State Tax Commission This payment is for tax year:	Income Tax Wi Individual Own	thheld for a Nonresid	lent Entity		Mail to: Idaho State Tax PO Box 83784 Boise ID 83707-	3784 100	
State Tax Commission This payment is for tax year: 20 Owner's first name and initial SUSAN J	Income Tax Wi Individual Own	thheld for a Nonresider of a Pass-through Owner's last name SMITH	lent Entity	Tran Code	Mail to: Idaho State Tax PO Box 83784 Boise ID 83707-3 Amount Paid \$ Owner's Social Secu	3784 100	
This payment is for tax year: 20 Owner's first name and initial SUSAN J Owner's current mailing address (numer's current mailing address (numer's current mailing address)	Income Tax Wi Individual Own	thheld for a Nonresider of a Pass-through Owner's last name SMITH	lent Entity	Tran Code 12	Mail to: Idaho State Tax PO Box 83784 Boise ID 83707-3 Amount Paid \$ Owner's Social Secu	3784 100	
State Tax Commission This payment is for tax year: Dwner's first name and initial SUSAN J Dwner's current mailing address (nut) 486 SUNSET DR Sity EAGLE Intity business name BRIAR ESTATES	Income Tax Wir Individual Own 20 23	Owner's last name SMITH Int number) Federal Employer Identification of 592087488	Tax Code 01 State ID	Tran Code 12 Entity email ad BRIAR@	Mail to: Idaho State Tax PO Box 83784 Boise ID 83707-: Amount Paid \$ Owner's Social Secu 784522020 ZIP Code 83758 dress HOME.NET	3784 100	
State Tax Commission This payment is for tax year: Dwner's first name and initial SUSAN J Dwner's current mailing address (nur 486 SUNSET DR City EAGLE Entity business name	Income Tax Wir Individual Own 20 23	Owner's last name SMITH Int number) Federal Employer Identification of 592087488	Tax Code 01 State ID	Tran Code 12 Entity email ad BRIAR@	Mail to: Idaho State Tax PO Box 83784 Boise ID 83707-: Amount Paid \$ Owner's Social Secu 784522020 ZIP Code 83758 dress HOME.NET	100 rity number	

ID FORM 51

	— Voucher d Payment of I	ndividua	l Incom	е Тах	Mail to: Idaho State Tax Co PO Box 83784 Boise ID 83707-37	
This payment is for tax year:	2022 × 2023	Tax code 01	Tran code 10	Amount pai	id 14258	00
Your first name and initial	Last name			Full Social	Security number	
FABIAN	SO'LION				058557485	
If a joint return, spouse's first name and initial	Last name			Full Spouse	e's Social Security nun	nber
Address (number, street, and apartment number) 23450 FAIRVIEW AVE				'		
City		State		IP code		
BOISE		ID			83705	
EFO00092 05-19-2022			SCAN LINI	HERE		

	Form 51 — V Estimated Pa		Individua	l Income	e Ta	ах	Mail to: Idaho State Tax Co PO Box 83784 Boise ID 83707-378	
This payment is for tax year	r: 2023	× 2024	Tax code 01	Tran code 10	Amo	ount paid	20000	00
Your first name and initial	Last	name			Full	Social Se	ecurity number	
DILLION	J.	AEGER				8	300741111	
If a joint return, spouse's first name a	and initial Last	name			Full	Spouse's	Social Security num	ber
Address (number, street, and apartm	nent number)							
52 STAR ROAD								
City			State	ZIP	Code	е		
STAR			ID			83	669	
EFO00092 08-23-2023				SCAN LINE				

ID FORM 41ES

State Tax Commission	Form 41ES — Voucl Estimated Tax Payme Business Income Ta	nt/Extension o	f Time Payr	nent/ABE Pa	yment	Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784
For calendar year	, or fiscal year beginning	Mo Day 10 01		_ ending _	Мо 09	Day Year 30 2024
Business name TREYVEK HOLDING CO	OMPANY				Federal Em	ployer Identification Number (EIN) 774589201
Current business mailing address 7747 ADVENTURE ROA	AD.				Tax code	05
City COUER D'ALENE		State Z	ZIP Code 83815		Tran code	10
Name/address change? Yes	∑ No	ombined report?	∕es ×	No	Amount paid	d 4100 .00
Type of Payment			Туре	of Return to b	e Filed	
1 Estimated Tax 3	Qualified Investment E	xemption (QIE)	1 🔲 C	orporation - Fo	rm 41	3 Fiduciary - Form 66
2 Extension of Time 4	Affected Business Entit	ty Election (ABE)	2 X S	Corporation - F	Form 41S	4 🔲 Partnership - Form 65
EFO00026 09-08-2023			·	SCAN LIN	JE HERE	

State Tax Commission	Form 41ES — Vou Estimated Tax Paym Business Income	nent/Extension o	of Time Payr	nent/ABE Pa	yment	PO B	o State Tax Commission ox 83784 ID 83707-3784
		Mo Da	ıy Year		Мо	Day Ye	ear
For calendar year 2024	, or fiscal year beginning	g		_ ending _			
Business name					Federal Em	nployer Identific	ation Number (EIN)
CARSON CLEARWATE	ER GROUP					1054782	216
Current business mailing address					Tax code	05	<u> </u>
321 NEW PLYMOUTH	GROUP						,
City		State	ZIP Code		Tran code	10	1
TWIN FALLS		ID	83803			10	,
Name/address change?		Combined report?			Amount pa	id	
Yes	⋉ No		Yes 🗵	No	\$		8200 .00
Type of Payment		•	Туре	of Return to b	e Filed		
1 Estimated Tax	3 Qualified Investment	Exemption (QIE)	1 🔲 C	orporation - Fo	rm 41	3 🔲 Fidu	ıciary - Form 66
2 X Extension of Time	4 Affected Business E	ntity Election (ABE)	2 🔲 S	Corporation - I	Form 41S	4 🗶 Part	tnership - Form 65
EFO00026 09-08-2023				· · · · · · · · · · · · · · · · · · ·		"1	
				SCAN LI	VE HERE		
				OU, IIV EII	***************************************)	

ID FORM 850

MONTHLY

PERMIT NO.	FROM	то	Mailing Address Change Cancel Permit	4/18/2003
005432897	09/01/2023	09/30/2023	1. Total Sales	
	TAX DUE ON OR BEFORE 10/20/2023		Less nontaxable sales	
	10/20/2023		Net taxable sales (line 1 minus line 2)	
			Items subject to use tax	
A-1 COMPANY			5. Total taxable (add lines 3 and 4)	
5665 FAIRVIEW	AVE		6. Tax (6% of Line 5)	
BOISE ID 83760			7. Adjustments (attach explanation)	
			8. Tax due (total of lines 6 and 7)	
			9. Penalty (add after due date)	
		Mail to:	10. Interest (add after due date)	
do hereby swear or affirm that true and correct to the best of	this information my knowledge	State Tax Commission	11. Total due	
uthorized Signature	Date	PO Box 76 Boise, Idaho 83707	;	
			SCAN LINE HERE	

QUARTERLY:

FORM 850 IDA	AHO SALES AND US	E TAX RETURN		RT0850 4/18/2003
PERMIT NO.	FROM	TO	Mailing Address Change Cancel Permit	
002788090	07/01/2023 TAX DUE ON OR BEFORE	09/30/2023	1. Total Sales	
	10/20/2023			
			3. Net taxable sales (line 1 minus line 2)	
			Items subject to use tax	
STAN'S LAWN MO	WERS		5. Total taxable (add lines 3 and 4)	
558 HILL ROAD			6. Tax (6% of Line 5)	
BOISE ID 83708			7. Adjustments (attach explanation)	
			8. Tax due (total of lines 6 and 7)	
			Penalty (add after due date)	
		Mail to:	10. Interest (add after due date)	
I do hereby swear or affirm that thi is true and correct to the best of my	s information	State Tax Commission	11. Total due	
Authorized Signature	Date	PO Box 76		
		Boise, Idaho 83707		
			SCAN LINE HERE	

ID FORM 910

MONTHLY:

PERMIT NO. 002566412 DEANNA'S CONF. 1010 HIGHWAY 5. HORSESHOE BEN	2	PAYMENT TO 09/30/2023	Mailing Address Change Cancel Permit Mail to: State Tax Commission, PO Box 76, Boise, Idaho 8376 In the box below, enter the amount of Idaho income your employees' paychecks for the period shown or must file this form even if no tax is withheld for this	tax withheld from this voucher. You
I do hereby swear or affirm that t Authorized Signature	his information is true and correct to th	e best of my knowledge Date	Payment Amount ·	00
			SCAN LINE HERE	

QUARTERLY:

Form 910 IDA	HO WITHHOLDING	PAYMENT		04
PERMIT NO. 003133874	FROM 07/01/2023 TAX DUE ON OR BEFORE 10/20/2023	09/30/2023	Mailing Address Change Cancel Permit Mail to: State Tax Commission, PO Box 76, Boise, Idaho 83707-007	01/08/04
DONNELLEY CP2 444 MILL ROAD POCATELLO ID 8	A AND ASSOCIATES		In the box below, enter the amount of Idaho income tax v your employees' paychecks for the period shown on this must file this form even if no tax is withheld for this peri	voucher. You
I do hereby swear or affirm that	this information is true and correct to the	e best of my knowledge	Payment Amount ·	00
Authorized Signature		Date	SCAN LINE HERE	

ID Form 967

MONTHLY:

☐ AMENDED • ☐ Mailing address change	967 IDAHO ANNUA	AL WITHHOI ACCOUNT NO. 005784421	LDING REPORT TAX YEAR 2023	595 R0967/ 07-19-3 DUE ON OR BEFORE 01/31/2024
The Bowman Group 3498 Plate Ave Boise ID 83705			Return mailing address:	Idaho State Tax Commission PO Box 76 Boise, Idaho 83707-0076
Wages and Withholdin	ıg			
	s reported on W-2s			
_	on W-2s and 1099s			
		State use only		
3. Total tax paid for calenda	r year 2023		··········	
4. Remaining tax due or (ov	erpaid). Subtract line 3 from	line 2	······	
5. Penalty on balance owed.	If line 4 is zero or a credit, e	nter 0	······	
6. Interest on balance owed.	If line 4 is zero or a credit, e	nter 0	······	
7. Total due. Add lines 4, 5,	and 6		· _	
Statements Submitted				
8. Number of W-2s for the y	ear (send W-2s with this fo	orm)	•	
9. Number of 1099s with Id	aho withholding for the year	(send 1099s w	ith this form)•	
Check box if 1099s were	submitted through combined	federal/state fil	ling •	
10. Total number of statement	s. Add lines 8 and 9		······	
	ter due date. month for each full or part renter 0			
12. Add lines 7 and 11			_	
12a. Total due			•	
I certify under penalties of perjury the Authorized Signature	at this return is true, correct and comp	lete to the best of m	y knowledge.	
•				
SCAN LINE HERE			8 5	0 0 9 1

QUARTERLY:

AMENDED Mailing address change Canoti account Cano		967 IDAHO A	NNUAL WITHHO	LDING REPORT		595 R0967A 07-19-2017
Return mailing address: change Tex Commission Pro Box 1 Pro Commission Pro Box 2 Pro Commission Pro Box 2 Pro Commission Pro Box 2 Pro B	AMENDED		ACCOUNT NO.	TAX YEAR	DUE ON OR BEFORE	07-17-2017
BRIAR FINE JEWELRY 2335 W DORMAN ST BOISE ID 83709 Wages and Withholding 1. Total Idaho taxable wages reported on W-2s 2. Total Idaho tax withheld on W-2s and 1099s State use only 3. Total tax paid for calendar year 2023. 4. Remaining tax due or (overpaid). Subtract line 3 from line 2. 5. Penalty on balance owed. If line 4 is zero or a credit, enter 0. 6. Interest on balance owed. If line 4 is zero or a credit, enter 0. 7. Total due. Add lines 4, 5, and 6. Statements Submitted 8. Number of W-2s for the year (send W-2s with this form) 9. Number of 1099s with Idaho withholding for the year (send 1099s with this form) Check box if 1099s were submitted through combined federal/state filing. 10. Total number of statements. Add lines 8 and 9. 11. Statement penalty. Add after due date. Multiply line 10 by \$2 per month for each full or part month overdue. If submitted by due date, enter 0. 12. Add lines 7 and 11 12a. Total due. 13b. Total refund. 14c. Correct and complete to the best of my bnowledge. 15c. Automats/squares.	Mailing address change	Cancel account	002566412	2023	01/31/2024	
2. Total Idaho tax withheld on W-2s and 1099s	2335 W DORMAN S			Return mailing address	PO Box 76	vn.
2. Total Idaho tax withheld on W-2s and 1099s	Wages and Withholdi	ng				
3. Total tax paid for calendar year 2023	1. Total Idaho taxable wage	s reported on W-2s		······		
3. Total tax paid for calendar year 2023	2. Total Idaho tax withheld	on W-2s and 1099s				
4. Remaining tax due or (overpaid). Subtract line 3 from line 2			State use only	,		
5. Penalty on balance owed. If line 4 is zero or a credit, enter 0	3. Total tax paid for calenda	ar year 2023		· _		_
6. Interest on balance owed. If line 4 is zero or a credit, enter 0	4. Remaining tax due or (ov	erpaid). Subtract line 3	from line 2	······		_
7. Total due. Add lines 4, 5, and 6	5. Penalty on balance owed	If line 4 is zero or a cre	edit, enter 0	············ •		_
8. Number of W-2s for the year (send W-2s with this form) 9. Number of 1099s with Idaho withholding for the year(send 1099s with this form) Check box if 1099s were submitted through combined federal/state filing 10. Total number of statements. Add lines 8 and 9 11. Statement penalty. Add after due date. Multiply line 10 by \$2 per month for each full or part month overdue. If submitted by due date, enter 0 12. Add lines 7 and 11 12a. Total due	6. Interest on balance owed	. If line 4 is zero or a cre	edit, enter 0	··········		_
8. Number of W-2s for the year (send W-2s with this form) 9. Number of 1099s with Idaho withholding for the year (send 1099s with this form) Check box if 1099s were submitted through combined federal/state filing 10. Total number of statements. Add lines 8 and 9 11. Statement penalty. Add after due date. Multiply line 10 by \$2 per month for each full or part month overdue. If submitted by due date, enter 0 12. Add lines 7 and 11 12a. Total due	7. Total due. Add lines 4, 5	, and 6		·		_
9. Number of 1099s with Idaho withholding for the year (send 1099s with this form) Check box if 1099s were submitted through combined federal/state filing 10. Total number of statements. Add lines 8 and 9 11. Statement penalty. Add after due date. Multiply line 10 by \$2 per month for each full or part month overdue. If submitted by due date, enter 0 12. Add lines 7 and 11 12a. Total due 12b. Total refund 12certify under penalties of perjury that this return is true, correct and complete to the best of my knowledge. Authorized Signature Date	Statements Submitted					
Check box if 1099s were submitted through combined federal/state filing • 10. Total number of statements. Add lines 8 and 9	8. Number of W-2s for the	year (send W-2s with	this form)	···············•		
10. Total number of statements. Add lines 8 and 9	9. Number of 1099s with Id	laho withholding for th	e year(send 1099s v	vith this form)•		
10. Total number of statements. Add lines 8 and 9	Check box if 1099s were	submitted through com	bined federal/state fi	iling •		_
Multiply line 10 by \$2 per month for each full or part month overdue. If submitted by due date, enter 0	10. Total number of statemen	ts. Add lines 8 and 9				
12a. Total due	Multiply line 10 by \$2 pe	r month for each full or	-			_
12b. Total refund	12. Add lines 7 and 11			_		_
I certify under penalties of perjury that this return is true, correct and complete to the best of my knowledge. Authorized Signature Date The period of	12a. Total due			•		
Authorized Signature Date	12b. Total refund			·		
SCAN LINE HERE			nd complete to the best of n	ny knowledge.		
SCAN LINE HERE	•					
	SCAN LINE HERE			8 5	0 0 9 1	