

(Tax Year or TY) 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 “TY 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 “TY Idaho Substitute Return Specifications”*


ID-V P Income Tax Voucher Payment

IDAHO State Tax Commission		Form ID-VP Income Tax Voucher Payment		2024		Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
Tax type <input checked="" type="checkbox"/> Individual (01) <input type="checkbox"/> Business (05)		Filing period 1224		Tran code 95		Amount paid with voucher \$ 100 00	
Name as shown on your individual or business return JOHN DOE						Full Social Security number or EIN 888-58-2023	
Spouse's name, if a joint individual return SARAH DOE						Full Spouse's Social Security number 505-77-2023	
Current mailing address 1000 MAIN STREET							
City BOISE				State ID		ZIP Code 83702	
EFO00316 09-11-2024							
SCAN LINE HERE							


IDAHO State Tax Commission		Form ID-VP Income Tax Voucher Payment		2024		Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
Tax type <input type="checkbox"/> Individual (01) <input checked="" type="checkbox"/> Business (05)		Filing period 0924		Tran code 95		Amount paid with voucher \$ 500 00	
Name as shown on your individual or business return THE CHICKEN SHACK						Full Social Security number or EIN 550052277	
Spouse's name, if a joint individual return						Full Spouse's Social Security number	
Current mailing address 5859 EXECUTIVE DRIVE							
City BOISE				State ID		ZIP Code 83713	
EFO00316 09-11-2024							
SCAN LINE HERE							


ID PTE-01

		Form PTE-01 — Voucher Income Tax Withheld for a Nonresident Individual Owner of a Pass-through Entity			Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
This payment is for tax year: 2024				Tax Code 01	Tran Code 12	Amount Paid \$ 100 00
Owner's first name and initial JOHN P		Owner's last name DOE		Owner's Social Security number 888522020		
Owner's current mailing address (number, street, and apartment number) 486 SUNSET DR						
City EAGLE				State ID	ZIP Code 83758	
Entity business name BRIAR ESTATES		Federal Employer Identification number (EIN) 592087488		Entity email address BRIAR@HOME.NET		
Complete if applicable. The owner is a grantor trust or disregarded entity and the income is reported by:						
Name					Social Security number	
EFO00238 08-05-2024						
<div style="border: 2px solid red; padding: 5px; display: inline-block;">SCAN LINE HERE</div>						


		Form PTE-01 — Voucher Income Tax Withheld for a Nonresident Individual Owner of a Pass-through Entity			Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
This payment is for tax year: 2024				Tax Code 01	Tran Code 12	Amount Paid \$ 100 00
Owner's first name and initial SUSAN J		Owner's last name SMITH		Owner's Social Security number 784522020		
Owner's current mailing address (number, street, and apartment number) 486 SUNSET DR						
City EAGLE				State ID	ZIP Code 83758	
Entity business name BRIAR ESTATES		Federal Employer Identification number (EIN) 592087488		Entity email address BRIAR@HOME.NET		
Complete if applicable. The owner is a grantor trust or disregarded entity and the income is reported by:						
Name					Social Security number	
EFO00238 08-05-2024						
<div style="border: 2px solid red; padding: 5px; display: inline-block;">SCAN LINE HERE</div>						


ID FORM 51

		Form 51 — Voucher Estimated Payment of Individual Income Tax			Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
This payment is for tax year:		<input checked="" type="checkbox"/> 2024	<input type="checkbox"/> 2025	Tax code 01	Tran code 10	Amount paid \$ 14258 00
Your first name and initial FABIAN		Last name SO'LION		Full Social Security number 058557485		
If a joint return, spouse's first name and initial		Last name		Full Spouse's Social Security number		
Address (number, street, and apartment number) 23450 FAIRVIEW AVE						
City BOISE				State ID	ZIP Code 83705	
EFO00092 08-21-2024						


		Form 51 — Voucher Estimated Payment of Individual Income Tax			Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
This payment is for tax year: <input type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025		Tax code 01	Tran code 10	Amount paid \$ 20000	00	
Your first name and initial DILLION		Last name JAEGER		Full Social Security number 800-74-1111		
If a joint return, spouse's first name and initial		Last name		Full Spouse's Social Security number		
Address (number, street, and apartment number) 52 STAR ROAD						
City STAR		State ID	ZIP Code 83669			
EFO00082 08-21-2024						
<div style="border: 2px solid red; padding: 5px; display: inline-block;">SCAN LINE HERE</div>						


ID FORM ABE-ES

		Form ABE-ES — Voucher Affected Business Entity Estimated Payment of Business Income Tax			Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
This payment is for tax year: <input checked="" type="checkbox"/> 2024 <input type="checkbox"/> 2025		Tax code 05	Tran code 11	Amount paid \$ 100	00	
Business name PARTNERS COOP			Federal Employer Identification Number (FEIN) 81-5963214			
Current business mailing address 1200 STATE STREET						
City BOISE		State ID	ZIP Code 83702			
EFO00339 08-05-2024						
<div style="border: 2px solid red; padding: 5px; display: inline-block;">SCAN LINE HERE</div>						

		Form ABE-ES — Voucher Affected Business Entity Estimated Payment of Business Income Tax			Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
This payment is for tax year: <input type="checkbox"/> 2024 <input checked="" type="checkbox"/> 2025		Tax code 05	Tran code 11	Amount paid \$ 200	00	
Business name NEXT GEN			Federal Employer Identification Number (FEIN) 52-2136547			
Current business mailing address 1545 STATE ST						
City BOISE		State ID	ZIP Code 83703			
EFO00339 08-05-2024						
<div style="border: 2px solid red; padding: 5px; display: inline-block;">SCAN LINE HERE</div>						

ID FORM 41ES

	Form 41ES — Voucher Estimated Tax Payment/Extension of Time Payment Business Income Tax		Mall to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784		
	For calendar year <u> </u> , or fiscal year beginning <u> </u> Mo <u> </u> Day <u> </u> Year <u> </u> ending <u> </u> Mo <u> </u> Day <u> </u> Year <u> </u>				
Business name TREYVEK HOLDING COMPANY			Federal Employer Identification Number (EIN) 774589201		
Current business mailing address 7747 ADVENTURE ROAD			Tax code 05		
City COUVER D'ALENE		State ID	ZIP Code 83815		Tran code 10
Name/address change? <input type="checkbox"/> Yes <input type="checkbox"/> No		Combined report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount paid \$ <u> </u> 4100.00	
EFO00026 08-29-2024					
<div style="border: 2px solid red; padding: 5px; display: inline-block;">SCAN LINE HERE</div>					

	Form 41ES — Voucher Estimated Tax Payment/Extension of Time Payment Business Income Tax		Mall to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784		
	For calendar year <u>2025</u> , or fiscal year beginning <u> </u> Mo <u> </u> Day <u> </u> Year <u> </u> ending <u> </u> Mo <u> </u> Day <u> </u> Year <u> </u>				
Business name CARSON CLEARWATER GROUP			Federal Employer Identification Number (EIN) 105478216		
Current business mailing address 321 NEW PLYMOUTH STREET			Tax code 05		
City TWIN FALLS		State ID	ZIP Code 83803		Tran code 10
Name/address change? <input type="checkbox"/> Yes <input type="checkbox"/> No		Combined report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount paid \$ <u> </u> 8200.00	
EFO00026 08-29-2024					
<div style="border: 2px solid red; padding: 5px; display: inline-block;">SCAN LINE HERE</div>					

ID FORM 850
MONTHLY

FORM 850 IDAHO SALES AND USE TAX RETURN		RT0850 4/18/2003																																	
PERMIT NO. 002566412	FROM 09/01/2024	TO 09/30/2024																																	
TAX DUE ON OR BEFORE 10/20/2024																																			
<p>STAN'S LAWN MOWERS 558 HILL ROAD BOISE ID 83708</p>																																			
<p>I do hereby swear or affirm that this information is true and correct to the best of my knowledge</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Authorized Signature</td> <td style="width: 20%;">Date</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>		Authorized Signature	Date			<p><input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Cancel Permit</p> <p>Mail to: State Tax Commission PO Box 76 Boise, Idaho 83707</p>																													
Authorized Signature	Date																																		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 60%;">1. Total Sales</td><td style="width: 20%;"></td><td style="width: 20%;"></td></tr> <tr><td>2. Less nontaxable sales</td><td></td><td></td></tr> <tr><td>3. Net taxable sales (line 1 minus line 2).....</td><td></td><td></td></tr> <tr><td>4. Items subject to use tax</td><td></td><td></td></tr> <tr><td>5. Total taxable (add lines 3 and 4).....</td><td></td><td></td></tr> <tr><td>6. Tax (6% of Line 5).....</td><td></td><td></td></tr> <tr><td>7. Adjustments (attach explanation).....</td><td></td><td></td></tr> <tr><td>8. Tax due (total of lines 6 and 7).....</td><td></td><td></td></tr> <tr><td>9. Penalty (add after due date).....</td><td></td><td></td></tr> <tr><td>10. Interest (add after due date).....</td><td></td><td></td></tr> <tr><td>11. Total due.....</td><td></td><td></td></tr> </table>	1. Total Sales			2. Less nontaxable sales			3. Net taxable sales (line 1 minus line 2).....			4. Items subject to use tax			5. Total taxable (add lines 3 and 4).....			6. Tax (6% of Line 5).....			7. Adjustments (attach explanation).....			8. Tax due (total of lines 6 and 7).....			9. Penalty (add after due date).....			10. Interest (add after due date).....			11. Total due.....		
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ID FORM 850
QUARTERLY:

FORM 850 IDAHO SALES AND USE TAX RETURN		RT0850 4/18/2003																																	
PERMIT NO. 005432897	FROM 07/01/2024	TO 09/30/2024																																	
TAX DUE ON OR BEFORE 10/20/2024																																			
<p>A-1 COMPANY 35665 FAIRVIEW AVE BOISE ID 83760</p>																																			
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11. Total due.....																																			
<div style="border: 2px solid red; padding: 5px; display: inline-block;">SCAN LINE HERE</div>																																			

ID FORM 910

MONTHLY:

Form 910	IDAHO WITHHOLDING PAYMENT		<input type="checkbox"/> Mailing Address Change	<input type="checkbox"/> Cancel Permit	94		
PERMIT NO. 002566412	FROM 09/01/2024	TO 09/30/2024	Mail to: State Tax Commission, PO Box 76, Boise, Idaho 83707-0076				
	TAX DUE ON OR BEFORE 10/20/2024		RT0910 01/08/04				
DEANNA'S CONFECTIONS 1010 HIGHWAY 52 HORSESHOE BEND ID 83629			In the box below, enter the amount of Idaho income tax withheld from your employees' paychecks for the period shown on this voucher. You must file this form even if no tax is withheld for this period.				
I do hereby swear or affirm that this information is true and correct to the best of my knowledge			Payment Amount · <table border="1"><tr><td></td><td>00</td></tr></table>				00
	00						
Authorized Signature		Date	<table border="1"><tr><td>SCAN LINE HERE</td></tr></table>			SCAN LINE HERE	
SCAN LINE HERE							

ID FORM 910

QUARTERLY:

Form 910	IDAHO WITHHOLDING PAYMENT		<input type="checkbox"/> Mailing Address Change	<input type="checkbox"/> Cancel Permit	94		
PERMIT NO. 0031333874	FROM 07/01/2024	TO 09/30/2024	Mail to: State Tax Commission, PO Box 76, Boise, Idaho 83707-0076				
	TAX DUE ON OR BEFORE 10/20/2024		RT0910 01/08/04				
DONNELLEY CPA AND ASSOCIATES 444 MILL ROAD POCATELLO ID 83201			In the box below, enter the amount of Idaho income tax withheld from your employees' paychecks for the period shown on this voucher. You must file this form even if no tax is withheld for this period.				
I do hereby swear or affirm that this information is true and correct to the best of my knowledge			Payment Amount · <table border="1"><tr><td></td><td>00</td></tr></table>				00
	00						
Authorized Signature		Date	<table border="1"><tr><td>SCAN LINE HERE</td></tr></table>			SCAN LINE HERE	
SCAN LINE HERE							

**ID FORM 967
MONTHLY:**

967 IDAHO ANNUAL WITHHOLDING REPORT

0
R0967A
07-19-2017

AMENDED

ACCOUNT NO.
002566412

TAX YEAR
2024

DUE ON OR BEFORE
01/31/2025

Mailing address change

Cancel account

Return mailing address: Idaho State Tax Commission
PO Box 76
Boise, Idaho 83707-0076

THE BOWMAN GROUP
3498 PLATE AVE
BOISE ID 83705

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 2024 • _____
- 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 • _____
- 12b. Total refund • _____

I certify under penalties of perjury that this return is true, correct and complete to the best of my knowledge.


<small>Authorized Signature</small>	<small>Date</small>
• _____	_____

SCAN LINE HERE



8 5 0 0 9 1

**ID FORM 967
QUARTERLY:**

	967 IDAHO ANNUAL WITHHOLDING REPORT	0 R0967A 07-19-2017
<input type="checkbox"/> AMENDED	ACCOUNT NO. 005784421	TAX YEAR 2024
<input type="checkbox"/> Mailing address change	<input type="checkbox"/> Cancel account	DUE ON OR BEFORE 01/31/2025
BRIAR FINE JEWELRY 2335 W DORMAN ST BOISE ID 83709		Return mailing address: Idaho State Tax Commission PO Box 76 Boise, Idaho 83707-0076
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 2024	• _____	
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	• <input type="checkbox"/>	
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	• <input style="width: 100px;" type="text"/>	
12b. Total refund	• <input style="width: 100px;" type="text"/>	
<i>I certify under penalties of perjury that this return is true, correct and complete to the best of my knowledge.</i>		
Authorized Signature	Date	
SCAN LINE HERE		 8 5 0 0 9 1