#### (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**

State Tax Commi	Form Incom		ner Pay	ment	2024	Mail to: Idaho State Tax C PO Box 83784 Boise ID 83707-		
Tax type	Filing period	Tran code	Amount p	ald with vouch	ner			
X Individual (01) Business (05)	1224	95	\$				100	00
Name as shown on your ind JOHN DOE	dividual or business return	1				Full Social Security num 888-58-2023	ber or EIN	
Spouse's name, if a joint ind SARAH DOE	dividual return					Full Spouse's Social Se 505-77-2023	curity number	
Current mailing address 1000 MAIN STRE	ET .					•		
City					State	ZIP Code		
BOISE					ID	8370	2	
EFO00316 09-11-2024					,			
					SCAN	LINE HERE		

State Tax Commi	Form Incom	ID-VP ie Tax Voud	her Payn	2024 nent	Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
Tax type Individual (01)  Business (05)	Filing period 0924	Tran code 95	Amount paid	with voucher	500	00
Name as shown on your ind THE CHICKEN SI		n	'		Full Social Security number or EIN 550052277	•
Spouse's name, if a joint ind	lividual return				Full Spouse's Social Security number	
Current mailing address 5859 EXECUTIVE	DRIVE					
City				State	ZIP Code	
BOISE				ID	83713	
EFO00316 09-11-2024					NE HERE	

#### ID PTE-01

State Tax Commission	Income Tax Wi	Form PTE-01 — Voucher Income Tax Withheld for a Nonresident Individual Owner of a Pass-through Entity						on
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 Se 888522020	ecurity number	
Owner's current mailing address (nu 486 SUNSET DR	mber, street, and apartme	nt number)				•		
City EAGLE				tate ID		ZIP Code 83758		
Entity business name Federal Employer Identification numb BRIAR ESTATES 592087488					umber (EIN) Entity email address BRIAR@HOME.NET			
EFO00238 08-05-2024			sc	AN	LINE HEI	RF		1
			1					
IDAHO State Tax Commission		– Voucher thheld for a Nonreside er of a Pass-through i	ent Entity			Mail to: Idaho State To PO Box 83784 Bolse ID 83707		
State Tax Commission  This payment is for tax year.  Owner's first name and initial	Income Tax Wit Individual Own	thheld for a Nonreside	ent		ran Code 12	Mall to: Idaho State To PO Box 83784	7-3784	00

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 n 784522020	umber	
Owner's current mailing address (number, street, and aparts 488 SUNSET DR	nent number)				•		
City EAGLE			State		ZIP Code 83758		
Entity business name BRIAR ESTATES	Federal Employer Identification of 592087488	Federal Employer Identification number (EIN) Entity email ad 592087488 BRIAR@I			ddress HOME.NET		
Complete if applicable. The owner is a grantor tru	ist or disregarded entity and	the Incor	me la	reported by:			
Name					Social Security number		
EFO00238 08-05-2024							
		S	CAN	I LINE HE	RE		

### ID FORM 51

	Form 51 — Estimated			ividual	Income	Тах	Mail to: Idaho State Tax Co PO Box 83784 Boise ID 83707-378	
This payment is for tax year	r: 🔀 202	4 2	2025	ax code 01	Tran code 10	Amount paid	14258	00
Your first name and initial		Last name	•			Full Social Se	ecurity number	
FABIAN		SO'LION				0585574	85	
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)							
23450 FAIRVIEW AVE								
City			Sta	ite	ZIP	Code		
BOISE			1	D	8	3705		
EFO00092 08-21-2024			'		CAN LINE H			

State Tax Commission Form 51 – Estimated	- Voucher Payment of Ir	ndividual	Income	Tax	Mail to: Idaho State Tax Co PO Box 83784 Boise ID 83707-378	
This payment is for tax year:	24 🗙 2025	Tax code	Tran code	Amount paid		00
This payment is for tax year:	24 1 2023	01	10	\$	20000	00
Your first name and initial			Full Social Se	curity number		
DILLION	JAEGER			800-74-1	111	
If a joint return, spouse's first name and initial	Last name			Full Spouse's	Social Security num	ber
Address (number, street, and apartment number)						
52 STAR ROAD						
City		State	ZIP	Code		
STAR		ID	8	3669		
EFO00092 08-21-2024						
			SCAN LINE	HERE		

#### **ID FORM ABE-ES**

State Tax Commission	Affected Busines	Form ABE-ES — Voucher  Affected Business Entity Estimated Payment  of Business Income Tax  Mail to:  Idaho State Tax Com PO Box 83784  Boise ID 83707-3784							
This payment is for tax yea	г. 🔀 2024	2025	Tax code 05	Tran code 11	Amount paid	100	00		
Business name PARTNERS COOP							'		
Current business mailing address 1200 STATE STREET				•					
City BOISE			State ID		Code 3702				
EFO00339 08-05-2024				CAN LINE			]		

State Tay Commission	of Business Income Tax  PO Box 83784 Boise ID 83707-3784							
This payment is for tax year:	2024	X 2025	Tax code 05	Tran code 11	Amount paid	200	00	
Business name			•	Federal Emplo	oyer Identificati	ion Number (FEIN)		
NEXT GEN				52-2136	547			
Current business mailing address 1545 STATE ST								
City			State	ZIP	Code			
BOISE			ID	8	3703			
EFO00339 08-05-2024				SCAN LIN				

#### **ID FORM 41ES**

	ax	Mall to: Idaho State Tax Commission PO Box 83784 Bolse ID 83707-3784			
or fiscal year beginning	Мо 10		-	Mo Day 09 30	Year 2025
MPANY				Federal Employer 774589201	Identification Number (EIN)
)				Tax code	05
	State ID	ZIP Code 83815		Tran code	10
No			No	Amount paid \$	4100 .00
֡	MPANY )	or fiscal year beginning 10  MPANY  State ID  Combined report:	or fiscal year beginning 10 01 202  MPANY  State   ZIP Code   ID   83815    Combined report?	or fiscal year beginning 10 01 2024 ending  MPANY  State ZIP Code ID 83815  Combined report?  No Yes No	or fiscal year beginning 10 01 2024 ending 09 30    Federal Employer

State Tax Commission	Estimated Tax Paym	orm 41ES — Voucher stimated Tax Payment/Extension of Time Payment usiness Income Tax					
For calendar year 2025	, or fiscal year beginning		ay Year	_ ending _	Мо	Day	Year
Business name CARSON CLEARWATER	R GROUP				Federal Er 10547		entification Number (EIN)
Current business mailing address 321 NEW PLYMOUTH S	TREET				Tax code		05
TWIN FALLS		State ID	ZIP Code 83803		Tran code		10
Name/address change?	□No	Combined report?	Yes	No	Amount pa	ald	8200 .00
EFO00026 08-29-2024				SCAN	I LINE H	IERE	

#### **ID FORM 850**

#### **MONTHLY**

FORM 850 IDAHO SALES AND USE	TAX RETURN	RT0850
PERMIT NO. FROM 002566412 <b>09/01/2024</b>	09/30/2024	Mailing Address Change Cancel Permit 4/18/2003
TAX DUE ON OR BEFORE	07/30/2024	1. Total Sales
10/20/2024		2. Less nontaxable sales
		3. Net taxable sales (line 1 minus line 2)
		4. Items subject to use tax
STAN'S LAWN MOWERS		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)
		9. Penalty (add after due date)
	Mail to:	10. Interest (add after due date)•
I do hereby swear or affirm that this information is true and correct to the best of my knowledge	State Tax Commission	11. Total due
Authorized Signature Date	PO Box 76	
	Boise, Idaho 83707	
	<u> </u>	SCAN LINE HERE

# ID FORM 850 QUARTERLY:

FORM 850 II  PERMIT NO. 005432897	OAHO SALES AND US:	E TAX RETURN  TO  09/30/2024	RT0850 Mailing Address Change Cancel Permit 4/18/2003
003432697	TAX DUE ON OR BEFORE 10/20/2024	09/30/2024	2. Less nontaxable sales  3. Net taxable sales (line 1 minus line 2)
A-1 COMPANY 35665 FAIRVIEW BOISE ID 83760	AVE		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)
I do hereby swear or affirm that is true and correct to the best of Authorized Signature	this information my knowledge   Date	Mail to: State Tax Commission PO Box 76 Boise, Idaho 83707	10. Interest (add after due date)

#### **ID FORM 910**

#### **MONTHLY:**

Form 910	IDAHO WITHHOLDING	PAYMENT		0	
PERMIT NO.	FROM	TO	Mailing Address Change	Cancel Permit	<b>14</b>
002566412	05/01/2024	09/30/2024	Mail to: State Tax Commission	, PO Box 76, Boise, Idaho 83707-0076	RT0910
	TAX DUE ON OR BEFORE 10/20/2024		That to but the commission	, 2 O DOZ 70, DODG ZIMBO OD 70 7 OU 7	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.		
			Payment Amount		00
Authorized Signature	n that this information is true and correct to th	Date Date			
			SCAN LINE HER	IE	

## ID FORM 910 QUARTERLY:

PERMIT NO. 003133874  DONNELLEY CPA	07/01/2024  TAX DUE ON OR BEFORE 10/20/2024  A AND ASSOCIATES	09/30/2024	Mailing Address Change Cancel Permit  Mail to: State Tax Commission, PO Box 76, Boise, Idaho  In the box below, enter the amount of Idaho inco your employees' paychecks for the period show must file this form even if no tax is withheld for	ome tax withheld fr n on this voucher. Y
144 MILL ROAD POCATELLO ID 8	3201		Payment Amount ·	00
do hereby swear or affirm that luthorized Signature	this information is true and correct to t	he best of my knowledge  Date	SCAN LINE HERE	l

### ID FORM 967 MONTHLY:

967 IDAHO ANNUA	L WITHHOL	DING REPORT	ī	0 R0967A 07-19-2017
AMENDED	ACCOUNT NO. 002566412	TAX YEAR	DUE ON OR BEFORE 01/31/2025	07-17-2017
Mailing address change     Cancel account	002300412	2024	01/31/2023	
THE BOWMAN GROUP 3498 PLATE AVE BOISE ID 83705		Return mailing addre	ess: Idaho State Tax Commissi PO Box 76 Boise, Idaho 83707-0076	on.
Wages and Withholding				
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 li	ne 2	• .		_
5. Penalty on balance owed. If line 4 is zero or a credit, en	ter 0	• .		_
6. Interest on balance owed. If line 4 is zero or a credit, en	ter 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 for	m)			
9. Number of 1099s with Idaho withholding for the year	send 1099s w	ith this form)•		
Check box if 1099s were submitted through combined for	ederal/state fili	ng•		
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 m	onth overdue.			
If submitted by due date, enter 0		• .		_
12. Add lines 7 and 11		Г		_
12a. Total due		ř		_
12b. Total refund		-		
I certify under penalties of perjury that this return is true, correct and comple Authorized Signature  Date	te to the best of my	knowledge.		
•				
SCAN LINE HERE		8 5	5 0 0 9 1	

# ID FORM 967 QUARTERLY:

967 IDAHO ANNUAL WITHHOLDING REPORT	0 R0967A 07-19-2017
AMENDED ACCOUNT NO. TAX YEAR DUE ON OR BEFORE	07-17-2017
. Mailing address change . Cancel account 005784421 2024 01/31/2025	
Return mailing address: Idaho State Tax Cor PO Box 76 BOISE, Idaho 83707- 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 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.  Authorized Signature  Date	
SCAN LINE HERE 8 5 0 0 9 1	