

(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.

For permitted forms (850, 910, and 967) use EIN 123456789 in your scanline.

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-VP Income Tax Voucher Payment

IDAHO State Tax Commission		Form ID-VP Income Tax Voucher Payment		2025	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 1225	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 05-27-2025v1					
<div style="border: 2px solid red; padding: 5px; display: inline-block;">SCAN LINE HERE</div>					

IDAHO State Tax Commission		Form ID-VP Income Tax Voucher Payment		2025	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 0925	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 05-27-2025v1					
<div style="border: 2px solid red; padding: 5px; display: inline-block;">SCAN LINE HERE</div>					

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: 2025		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 04-28-2025v1

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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: 2025		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 04-28-2025v1

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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"/> 2025 <input type="checkbox"/> 2026		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 08-12-2025v4

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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"/> 2025 <input checked="" type="checkbox"/> 2026		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		

EFO00092 08-12-2025v4

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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"/> 2025 <input type="checkbox"/> 2026	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 05-16-2025v2

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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"/> 2025 <input checked="" type="checkbox"/> 2026	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 05-16-2025v2

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ID FORM 41ES



Form 41ES — Voucher Estimated Tax Payment/Extension of Time Payment Business Income Tax

Mail to:
Idaho State Tax Commission
PO Box 83784
Boise ID 83707-3784

For calendar year _____, or fiscal year beginning			Mo	Day	Year	ending	Mo	Day	Year
			10	01	2025		09	30	2026
Business name TREYVEK HOLDING COMPANY						Federal Employer Identification Number (EIN) 774589201			
Current business mailing address 7747 ADVENTURE ROAD						Tax code 05			
City COUER 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 \$ 4100 .00			

EFO00026 08-21-2025v4

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Form 41ES — Voucher Estimated Tax Payment/Extension of Time Payment Business Income Tax

Mail to:
Idaho State Tax Commission
PO Box 83784
Boise ID 83707-3784

For calendar year <u>2026</u> , or fiscal year beginning			Mo	Day	Year	ending	Mo	Day	Year
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 \$ 8200 .00			

EFO00026 08-21-2025v4

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ID FORM 850

MONTHLY

EIN: 123456789

FORM 850 IDAHO SALES AND USE TAX RETURN		RT0850 4/18/2003																																												
PERMIT NO. 006495554	FROM 09/01/2025 TAX DUE ON OR BEFORE 10/20/2025	TO 09/30/2025																																												
STAN'S LAWN MOWERS 558 HILL ROAD BOISE ID 83708																																														
I do hereby swear or affirm that this information is true and correct to the best of my knowledge		Mailing Address Change <input type="checkbox"/> Cancel Permit <input type="checkbox"/>																																												
Authorized Signature <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Mail to: State Tax Commission PO Box 76 Boise, Idaho 83707																																												
<table style="width: 100%;"><tr><td style="width: 60%;">1. Total Sales</td><td style="width: 5%;"></td><td style="width: 10%;"></td><td style="width: 25%;"></td></tr><tr><td>2. Less nontaxable sales</td><td></td><td></td><td></td></tr><tr><td>3. Net taxable sales (line 1 minus line 2).....</td><td></td><td></td><td></td></tr><tr><td>4. Items subject to use tax.....</td><td></td><td></td><td></td></tr><tr><td>5. Total taxable (add lines 3 and 4).....</td><td></td><td></td><td></td></tr><tr><td>6. Tax (6% of Line 5).....</td><td></td><td></td><td></td></tr><tr><td>7. Adjustments (attach explanation).....</td><td></td><td></td><td></td></tr><tr><td>8. Tax due (total of lines 6 and 7).....</td><td></td><td></td><td></td></tr><tr><td>9. Penalty (add after due date)</td><td></td><td></td><td></td></tr><tr><td>10. Interest (add after due date).....</td><td></td><td></td><td></td></tr><tr><td>11. Total due.....</td><td></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

EIN: 123456789

FORM 850 IDAHO SALES AND USE TAX RETURN		RT0850 4/18/2003																																												
PERMIT NO. 006500265	FROM 07/01/2025 TAX DUE ON OR BEFORE 10/20/2025	TO 09/30/2025																																												
A-1 COMPANY 35665 FAIRVIEW AVE BOISE ID 83760																																														
I do hereby swear or affirm that this information is true and correct to the best of my knowledge		Mailing Address Change <input type="checkbox"/> Cancel Permit <input type="checkbox"/>																																												
Authorized Signature <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Mail to: State Tax Commission PO Box 76 Boise, Idaho 83707																																												
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ID FORM 910

MONTHLY

EIN: 123456789

Form 910		IDAHO WITHHOLDING PAYMENT				94	
PERMIT NO.	FROM	TO	<input type="checkbox"/> Mailing Address Change		<input type="checkbox"/> Cancel Permit		
006500267	09/01/2025	09/30/2025					
TAX DUE ON OR BEFORE			Mail to: State Tax Commission, PO Box 76, Boise, Idaho 83707-0076				
10/20/2025			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.				
			Payment Amount ·				00
I do hereby swear or affirm that this information is true and correct to the best of my knowledge							
Authorized Signature			Date				
			SCAN LINE HERE				

ID FORM 910

QUARTERLY


EIN: 123456789

Form 910		IDAHO WITHHOLDING PAYMENT				94	
PERMIT NO.	FROM	TO	<input type="checkbox"/> Mailing Address Change		<input type="checkbox"/> Cancel Permit		
006511811	07/01/2025	09/30/2025					
TAX DUE ON OR BEFORE			Mail to: State Tax Commission, PO Box 76, Boise, Idaho 83707-0076				
10/31/2025			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.				
			Payment Amount ·				00
I do hereby swear or affirm that this information is true and correct to the best of my knowledge							
Authorized Signature			Date				
			SCAN LINE HERE				

ID FORM 967

MONTHLY

EIN: 123456789

967 IDAHO ANNUAL WITHHOLDING REPORT		0 R0967A 07-19-2017
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> AMENDED</div><div>ACCOUNT NO. 006500267</div><div>TAX YEAR 2025</div><div>DUE ON OR BEFORE 02/02/2026</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Mailing address change</div><div><input type="checkbox"/> Cancel account</div></div>	<div style="text-align: right; margin-bottom: 20px;">Return mailing address: Idaho State Tax Commission PO Box 76 Boise, Idaho 83707-0076</div> <div style="margin-bottom: 20px;">THE BOWMAN GROUP 3498 PLATE AVE BOISE ID 83705</div>	
<h3>Wages and Withholding</h3>		
1. Total Idaho taxable wages reported on W-2s • _____		
2. Total Idaho tax withheld on W-2s and 1099s • _____		
<div style="text-align: center; font-size: small;">State use only</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>• _____</div><div>• _____</div></div>		
3. Total tax paid for calendar year 2025 • _____		
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 • _____		
<h3>Statements Submitted</h3>		
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 • <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>		
12b. Total refund • <div style="border: 1px solid black; width: 150px; height: 20px; display: inline-block;"></div>		
<small>I certify under penalties of perjury that this return is true, correct and complete to the best of my knowledge.</small>		
<div style="display: flex; justify-content: space-between;"><div style="width: 40%; border-bottom: 1px solid black; font-size: x-small;">Authorized Signature</div><div style="width: 40%; border-bottom: 1px solid black; font-size: x-small;">Date</div></div>		
<div style="border: 2px solid red; padding: 10px; display: inline-block; font-size: large; font-weight: bold;">SCAN LINE HERE</div>		
 <small>8 5 0 0 9 1</small>		<div style="border-left: 2px solid black; height: 20px; width: 20px;"></div>

ID FORM 967

QUARTERLY

EIN: 123456789

967 IDAHO ANNUAL WITHHOLDING REPORT

0
R0967A
07-19-2017

☐ AMENDED

ACCOUNT NO.
000007685

TAX YEAR
2025

DUE ON OR BEFORE
02/02/2026

• ☐ Mailing address change

• ☐ Cancel account

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

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 2025 • _____
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

