

Specifications and Test Scenarios for Form IT-540ES-SD (2023)

Specifications:

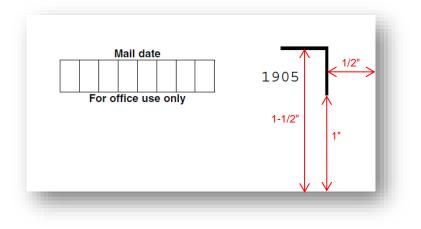
Size: The size of the detached voucher must be 8-1/2" x 3-5/8" and should be printed at the bottom of an 8-1/2" x 11" sheet.

Vendor Code: Each software vendor who develops a substitute of Form IT-540ES must have a four-digit vendor code approved by the Louisiana Department of Revenue. This number remains the same each year and must appear at the top of the voucher on Line 46 in Positions 17-20.

Voucher Number: The voucher number must be printed in the upper right-hand corner of the voucher with "1" being the first installment payment, "2" the second, and so on. For determining the appropriate number of installment payments due, please see the general information and instructions for completing Form IT-540ES beginning on Page 5.

Reference Mark: A reference mark must be printed on the voucher and shall consist of:

- A 2-point 1/2" horizontal line, positioned 1/2" from the right edge and 1-1/2" from the bottom edge, and
- A 2-point 1/2" vertical line, positioned 1/2" from the right edge and 1" from the bottom edge.



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Barcode: A barcode must be printed on the voucher according to the following specifications:

- The barcode is a "three of nine" type,
- Reads 01912, which is the document identification number,
- Is 1/2" in height, and
- Is positioned 1/2" from the left edge and 7/8" from the bottom edge.

Scan Line: The scan line must be printed on Line 63 in Positions 11 through 76. It is preferred that an OCR-A font be used; however, a Courier 12-point font is acceptable. Whichever font utilized must be spaced at 10 cpi (characters per inch). A layout of the scan line is as follows:

AAAAB---CCCCCCCCD-EEE--FFFFFFF-GGGGGGGGG-HHHHHHHHHIJJJJJJJJJJJJJJK-L

- A = Document identification number (4 digits), which is **1912**.
- B = Check digit (1 digit) for the document identification number, which (in this case) is 5.
- C = Primary social security number (9 digits).
- D = Check digit (1 digit) for the primary social security number.
- E =Tax type code, which is 600.
- F = Taxable period (8 digits -- mmddyyyy), which is **12312023** for the 2023 tax year.
- G = This field (8 digits) is an open field, which is all zeros—**00000000**.
- H = Secondary social security number (9 digits).
- I = Check digit (1 digit) for the secondary social security number. Zero-fill if this field is not applicable.
- K = Check digit (1 digit) for the amount of payment.
- L = Check digit (1 digit) for Fields C, D, E, F, G, H, I, J, AND K.
- = Blank space.
- NOTE: The **check digits** contained in the scan line are derived using the Modulus 10 self-check digit computation found on Page 3.

Example:	Primary social security number	= 435-85-8565
	Secondary social security number	= 456-85-6542
	Amount of payment	= \$2,500.00

Scan line should be:

19125 4358585653 600 12312023 0000000 4568565420 00002500007 5

Modulus 10 Self-check Digit Computation:

- 1. Multiply the unit's position and every alternate position of the base number by 2 starting with right most position.
- 2. Add the digits in the products to the digits in the base number that were not multiplied.
- 3. Subtract the sum from the next higher number ending in zero. The difference is the self-check digit.

Example:

Base Number	4 9 9 8 6 5 5 5 9
Right most position and every other position	95694
Multiply by 2.	18, 10, 12, 18, 8
Add the digits in the product.	(1+8), (1+0), (1+2), (1+8), 8
Digits not multiplied.	5589
Add.	(1+8)+5+(1+0)+5+(1+2)+8+(1+8)+9+8
Sum	57
Next higher number ending in zero	60
Subtract.	60-57
Self-check digit	3

Test Scenarios:

Please prepare the necessary declaration vouchers using the various test scenarios below, assuming that all 2 scenarios require 4 equal installments. Thus, a total of 16 hardcopy vouchers should be submitted for testing. Each voucher must be completed in its entirety, including the payment due date. For the payment due dates that are applicable, please see the general information and instructions for completing Form IT-540ES that follow the scenarios below.

E-mail your test samples to <u>Shanna.Kelly@la.gov</u> and <u>La.LDRVendor.Inquiries@la.gov</u>.

Taxpayer's Name: Address:	Buzz Lightyear 1234 W. 23 rd St. Bay St. Louis, MS 39520-9999
Primary SSN: Secondary SSN:	000-00-0001 (n/a)
Taxable Period:	12/31/2023
Each Payment Amount:	\$750.00
Taxpayer's Name: Address:	Donald and Daisy Duck 8768 Deepwoods Drive Minden, LA 71055-4569
Primary SSN: Secondary SSN:	000-00-0002 000-00-0003
Taxable Period:	12/31/2023
Each Payment Amount:	\$18,423.00
	Secondary SSN: Taxable Period: Each Payment Amount: Taxpayer's Name: Address: Primary SSN: Secondary SSN: Taxable Period:

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