

CD-419

APPLICATION FOR CORPORATE INCOME TAX EXTENSION RETURN (FORM REVISION 8-13-13/ INSTRUCTIONS 8-21-19)

CHANGES FOR THE YEAR

- Instructions were updated on the CD-419 form.
- If your company reproduced the CD-419 form last year, your data placement should match the trained approved version.
- If your company has not reproduced the CD-419, then match the SD version.

Production Details:

Approved By Date:	October 24, 2021
Form Period Date Effective:	Calendar Year December 31, 2021; Fiscal Year November 30, 2022
For Filing Periods	December 2021 and later
Form Placed in Software:	After December 31, 2021
Unchanged/Updated:	Unchanged

15 TEST SAMPLES REQUIRED:

- 1 Blank
- 1 Full Field
- 1 Calendar Year
- 11 Fiscal Year
- 1 Short Year

Note: If you do not support one of the required types, list as a limitation.

BARCODE:

The barcode must read 64201XX010. Replace (XX) with your two-digit Software Developer Identification Number.

Align barcode between Row 61, Column 41-66 and Row 63, Column 41-66. Print the number above the barcode.

USE:

- 12 point Courier font in scanline
- 12 point Courier font for variable fields
- All capital letters for variable text
- Amount due with 0.00 format
- Correct barcode length
- Correct check digits
- Correct matching line geometry
- Data placement from approved trained version
- Function Code 06530
- High resolution bitmap for barcode
- Indicators on form and populate each with a "Y" on various test samples
- Matching alignment between the full field and test samples
- No punctuation or special characters in the address field
- Period Ending Chart
- Right aligned amount due
- Various ID numbers using the prefixes of 999, 900, 000 or 666 for FEIN/SSNs

BARCODE DIMENSIONS:

- IF YOUR COMPANY SUPPORTED THIS FORM FOR 2020, DO NOT UPDATE THE ALIGNMENT, PLACEMENT OR BARCODE DIMENSIONS ON YOUR 2021 UNCHANGED FORM
- SYMBOLOGY CODE 39
- DENSITY 4.18 CPI
- HEIGHT 0.500
- HIGH RESOLUTION BITMAP FOR BARCODES
- RATIO 3:1

TEST SAMPLES:

- IF YOUR COMPANY SUPPORTED THIS FORM FOR 2020, DO NOT SHIFT VERBIAGE AND LINE NUMBERS ON YOUR 2021 UNCHANGED FORM TEST SAMPLES
- PLEASE NOTE: BLANK AND FULL FIELD ARE REQUIRED BUT ARE NOT CONSIDERED TEST SAMPLES
- IF SENDING IN BY COURIER, PLEASE SEND ADDITIONAL TEST SAMPLES AS REQUIRED
- USE THE FIELD DESCRIPTION FORMATTING FOR PLACEMENT OF VARIABLE DATA
- USE A DIFFERENT AMOUNT FOR EACH FIELD
- ENSURE EACH LINE IS POPULATED ACROSS REQUIRED TEST SAMPLES

Test Samples CD-419			
Beginning Period	Ending Period	Type of Filer: Calendar, Fiscal or Short Year	Scan Line with Check Digit
01/01/21	12/31/21	Calendar	12211
02/01/21	01/31/22	Fiscal	01228
03/01/21	02/28/22	Fiscal	02224
04/01/21	03/31/22	Fiscal	03221
05/01/21	04/30/22	Fiscal	04227
06/01/21	05/31/22	Fiscal	05223
07/01/21	06/30/22	Fiscal	06220
08/01/21	07/31/22	Fiscal	07226
09/01/21	08/31/22	Fiscal	08222
10/01/21	09/30/22	Fiscal	09229
11/01/21	10/31/22	Fiscal	10227
12/01/21	11/30/22	Fiscal	11223
05/01/21	12/31/21	Short	12221

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
50	FEIN	8	4	11	FEIN
50	FEIN	14	9	22	Numeric; No dashes Write number consecutively
50	Nonprofit/Tax Exempt	27	1	27	Alpha; Y or N Select only one
50	Nonprofit/Tax Exempt	30	5	34	NP/TE
50	Non U.S. / Foreign	38	1	38	Alpha; Y or N Select only one
50	Non U.S. / Foreign	41	2	42	NF
50	Coop or Mutual Assn	46	1	46	Alpha; Y or N Check only one
50	Coop or Mutual Assn	49	5	53	CO or MA
50	Tax Year Starting	71	8	78	Numeric; No Punctuation Starting Date. Ex. 03 01 21
52	Secretary of State ID	8	3	10	SOS
52	Secretary of State ID	14	7	20	Numeric; no dashes Write number consecutively
52	And Ending	71	8	78	Numeric; No Punctuation Ending Date. Ex. 02 28 22
55	Legal Name	6	39	44	Alphanumeric
57	Address	6	35	40	Alphanumeric
57	Total Tax Due	60	12	71	Numeric; with .00
59	City	6	20	25	Alpha
59	State	29	2	30	Alpha
59	Zip Code	34	5	38	Numeric; 5-digit zip code