Commonwealth of Massachusetts
Department of Revenue

Computer-Generated
Payment Voucher and Extension Forms for
Income, Fiduciary and Corporate Returns
Software Developer's Guide

(Form PV, Form M-4868, Form M-4768, Form 1-ES, Form 2 PV, Form M-8736, Form 2-ES, Form 355-PV, Form 355S-PV, Form 355-7004, Form 355-7004 Misc, Form 355-ES, 63 FI-ES, Form M-990T-7004, UBI-ES)

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NOTE:
    EXAMPLES on pages 13 to 31 are designed to show placement of data, barcodes and scanline on each coupon. Unless noted otherwise, they may be used as a template for any vendor's rendering of the coupon. By their nature, they do not change very often. Generally, only the numeric year will be updated annually. Samples found on the DOR web site do not show some items such as barcodes or scanlines.

1.0 Introduction

This document contains the specifications for the various Coupons being generated by Vendors. All the coupons must have a 1D barcode & 2D barcode and be placed as shown in the samples. The scan line format for all the coupons is the same as prior years. The check digit at the end of the scan line should be calculated using the LuhnsMod10 Calculation formula given in section 1.8. Enclosed are the various specifications used to create both a 1-Dimensional & 2-Dimensional barcodes so that DOR will be able to read them.

1.1 Miscellaneous Info

The coupons listed in this document are now Mandatory 2D enabled.

The payment number is an 11-digit number. It can have any value between 1 and 99999999999 but must be fully filled. (e.g.: 1 = 00000000001)

The filing-period will either be a valid date in mmddyy format, or the value "000000"

OCR-A Extended 12 pt font for scanline.

No redacting or masking of data, either printed, 2D encoded or scanline.

Note: Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.

	Example 1	Example 2
Money in the body of the document:	$1,234.89	$123.00
Money field in the scanline:	0000123489	0000012300
Money field in the 2D barcode:	123489	12300

1.2.1 Form-Tax-Voucher-ID Matrix

Form Type	Tax Type	Voucher Type	ID Type	Period End Year Value
Form1 PV	053	01 or 14	005	Form Year
M-4868	053	18	005	Form Year
1-ES	053	17	005	Form Year+1
Form2 PV	049	01 or 14	004	Form Year
M-8736	049 or 052	18	004	Form Year
2-ES	049 or 052	17	004	Form Year+1
355 PV	014	01 or 14	004	Form Year
355 S PV	014	01 or 14	004	Form Year
355-7004	014	18	004	Form Year
355-7004 Misc	015, 018, 022, 023, 028, 037	18	004	Form Year
M-990T-7004	036	18	004	Form Year
355-ES	014, 015, 018, 022, 023, 028, 036, 037	17	004	Form Year+1
UBI-ES	036	17	004	Form Year+1
63-FI-ES	015	17	004 or 027	Form Year+1

1.2.2 Voucher Type – Tax Type - ID Type table

Voucher Type		Tax Type		ID Type	
Return Payment	01	Club Alcohol Excise	009	ITIN	002
Period Payment	02	Corporate Excise	014	MA Taxpayer ID	003
Amended Return Payment	14	Financial Institution Excise	015	Federal Employer ID	004
Estimated Payment	17	P&C PPO Insurance Excise	018	SSN	005
Extension Payment	18	Lottery Annuity Withholding	021	Financial Inst Excise Account	027
		Life Insurance Excise	022		
		Ocean Marine Insurance Tax	023		
		Public Utility Excise	028		
		Sales Tax	032		
		Unrelated Business Income Tax	036		
		Urban Redevelopment Excise	037		
		Withholding Tax	040		
		Estate Tax	048		
		Fiduciary Income Tax	049		
		Partnership Income Tax	052		
		Personal Income Tax	053		
		Multi	999		

1.3.1 One-Dimensional (1-D) Barcode layout

The 1-D barcode of 13 characters plus leading and trailing asterisks is described here.
(The Asterisks are not part of the 1-D value, but part of the Code 39 characteristics).

<p align="center">*1122333445555*</p>

Field	Name	Characters	Value	Miscellaneous
1	State ID	2	"MA"	
2	Voucher	2	"PV"	
3	Form ID Code	3	See Table for values.	See Table on page 4 for complete list of Form IDs
4	Page Number	2	Page number for the voucher (01 always).	Physical page
5	Vendor ID	4	ID assigned by NACTP to the Form Creator	

1.3.2 One-Dimensional (1-D) Barcode specifications

The following are the 1-D parameters:
1) Code 39 symbology
2) Thirteen characters (DO NOT include the start and stop asterisks)
3) 2.5:1 wide narrow ratio
4) Height 0.3 inch
5) Length 2.5 inches.
6) "X" dimension (the narrowest bar and/or space) must be at least 1.5 pts (approximately 20 mils or 3/144 ")
7) Each bar in the barcode must be solid. Streaks in the barcode are unacceptable.
8) A 0.1 inch quiet zone around the barcode must be maintained.

The values for the 1D barcode for the different vouchers are as follows:

Forms	Form ID Code	Note
Form-1PV	001	MAPV00101vvvv
Form-2PV	002	MAPV00201vvvv
Form M-8736	003	MAPV00301vvvv
Form M-4868	004	MAPV00401vvvv
Form 355PV	005	MAPV00501vvvv
Form 355S-PV	006	MAPV00601vvvv
Form 355-7004	007	MAPV00701vvvv
Form 1-ES	008	MAPV00801vvvv
Form 2-ES	009	MAPV00901vvvv
Form 355-ES	010	MAPV01001vvvv
Form 355-7004-Misc	011	MAPV01101vvvv
Form M-990T-7004	012	MAPV01201vvvv
Form 63 FI-ES	013	MAPV01301vvvv
Form UBI-ES	014	MAPV01401vvvv

<p align="center">The "vvvv" noted above represents the Vendor Id Code.</p>

Additionally, the following forms have only a 1D barcode (not 2D enabled) with the 1D value beside it in parenthesis and should be submitted for approval annually with 10 samples of each.

Form SSR	(MAPV71901vvvv)	Form M-941	(MAPV72101vvvv)
Form 180	(MAPV72401vvvv)	Form M-4768	(MAPV72501vvvv)
Form UBIT-ES	(MAPV72201vvvv)		

1.3.3 PO Boxes Matrix

Forms	PO Box	ZIP Code	Note
Form-1-PV	419540	02241-9540	New PO Box for 2022
Form 1-ES	419540	02241-9540	
Form M-4868	419540	02241-9540	New PO Box for 2022
Form-2-PV	419544	02241-9544	New PO Box for 2022
Form 2-ES	419544	02241-9544	
Form M-8736	419544	02241-9544	New PO Box for 2022
Form M-990T-7004	419544	02241-9544	New PO Box for 2022
Form UBI-ES	419544	02241-9544	
Form 63 FI-ES	419544	02241-9544	
Form 63-29A-ES	419272	02241-9272	
Form 355-ES	419272	02241-9272	
Form 355PV	419272	02241-9272	e-File Only
Form 355S-PV	419272	02241-9272	e-File Only
Form 355-7004	419272	02241-9272	e-File Only
Form 355-7004-Misc	419272	02241-9272	e-File Only

Sample address below:

Massachusetts Department of Revenue, PO Box 419272, Boston, MA 02241-9272.

See the following web page for up-to-date mailing information.
https://www.mass.gov/service-details/mailing-addresses-for-massachusetts-tax-forms

Instructions for Estimates are found by following the links below.

https://www.mass.gov/info-details/dor-estimated-tax-payments

https://www.mass.gov/service-details/corporate-excise-tax-estimated-payments

1.4 Two-Dimensional (2-D) Barcode PDF417 Specifications

Encode type	Normal PDF417
DPI	300 dpi
Pixel shaving	ON
Code word count	Variable
Encryption	
Error Correction Level	4
Mils	13.1
Data Columns	13
Module Aspect Ratio	4:1
Data Rows	Variable
X Dimension	2
Location	Reserved area top right corner of the forms
Reserved space	2.5 " x 1"
Max Characters	64
Field Delimiter	Carriage Return
End of File Delimiter	"*EOD*"

The software must contain a brief explanation of what a 2-D barcode is and inform taxpayers that any changes made to a document after printing will not be reflected in the 2-D barcode unless they re-print. Handwritten changes on computer-generated documents are not acceptable and will be given lowest priority within the data workflow. Failure to print a new document after any changes will severely impact DOR processing and introduce errors.

1. PDF 417 has error detection and correction capabilities. The more error correction is used, the less data can be communicated in the barcode. With respect to data capture, you either get 100% or nothing. Complete barcode read failures are very uncommon. The tax Application Programming Interface (tax API) sets parameters for correction/detection. These parameters should be observed and not altered.
2. Based on the experience of previous filing seasons of 2-D barcode use, and due to the low level of deterioration of tax returns (compared to high media-abuse environments) the error correction level in the current market-provided DLL is set to level 4.
3. A general rule that can be used to determine if a printer is capable of producing a 2-D barcode is if the printer can produce a graphic such as a tax agency seal or business logo, then the printer should be capable of producing a 2-D barcode that can be scanned.
4. Pixel shaving is a technique that produces higher-quality barcodes when printed on lower-quality equipment like inkjet printers. Pixel shaving will result in improved read rates. In the DLL, pixel shaving will always be turned on.
5. Increasing the x (horizontal) dimension of the barcode elements will produce the most readable barcodes, especially on low quality ink/bubble jet printers. Whenever possible, software vendors will create a barcode that uses the largest possible x element value for the given space. In the case of the coupons, there is very little available space resulting in a low X Dimension value.
6. Users are advised that stretching or scaling the barcode (via copying the paper media or the like) changes its integrity and worsens readability; it should not be employed.
7. 2-D barcodes should never be rotated. Rotating a 2-D barcode increases processing difficulty and introduces the risk of errors. Since PDF-417 barcodes are read in both the x (horizontal) and y (vertical) directions on a portrait page, rotating them from their natural position can render the barcode unusable.
8. Unless otherwise noted, any line item left unanswered or having a value of zero (blank, no data, nul or 0) should not have a value on the printed page or in the 2D barcode. An inspection of the 2D barcode (raw data) should look something like this, which represents 2 consecutive line items having no data values. <CR><CR><CR>

1.5 Scan line specifications

- The right-most character of the scan line must be exactly 1.5 inches from right edge
- OCR-A font (size 1; 10 characters per inch) must be used for printing the scan line
- There MUST be 0.3 inch clearances <u>above</u> the scan line area
- The baseline of the scan line must be exactly 0.3 inches from the bottom edge of the form
- All forms must be 4.0 inches high and 8.5 inches wide and must print at the bottom of the sheet (portrait setting)

1.6 Sample Submissions mailing locations

<u>10 Samples of each coupon type (in a single pdf file) should be e-mailed to:</u>
anfitformsapproval@dor.state.ma.us

Send in pdf format using data of the vendor's choosing.

<u>Additionally, please also submit 10 each Form 1-PV, Form M-4868, Form1-ES, Form 2-PV, Form M-8736, Form 2-ES, Form UBI-ES, Form 355-ES, Form 63-FI-ES forms to:</u>
Bank of America,
Coma Lockbox MA5-527-02-07;
ATTN: Amoryll Cooper,
2 Morrissey Blvd.,
Dorchester, MA 02125-3312

Note: Vendors must pass DOR testing for Payment Vouches in order to get final approval for the various 2D testing scenarios. (See the various developers' guides for more information.)

1.7 Other reference documents

For more information please reference current year versions of:

Part 1 – Corporate Excise Software Developers Guide or
Part 1 – Personal Income Tax Software Developers Guide.

Both documents may be found by visiting State Exchange Server for Massachusetts

See also: Handbook for Reproduction of Department of Revenue Forms

For the list of all forms using a 1D barcode for form identification, please see Appendix B of the "<u>Corporate Excise Software Developers Guide, Part 1</u>".

For information regarding the e-file mandate and how it may impact coupons, as well as some bulk-file information, please see TIR 16-19. See also updated mandate in TIR 21-9.

To review the various TIRs, please visit the library, sorted by year, at the following page:
https://www.mass.gov/lists/dor-technical-information-releases

Generally, we do not issue a TIR when we promulgate a new or amended regulation but we may issue a TIR if there is a law change that may relate to a regulation. Anything we issue can be found online in the <u>legal library</u>. And recent drafts and additions may be found on this <u>page</u>. Vendors should also sign up to receive our <u>email updates</u>. (https://www.mass.gov/service-details/dor-legal-library)

1.8 LuhnsMod10 Calculation

Check Digit fields are calculated according to the following formula:

☐ Multiply each scan line digit by the weights 1,2,1,2,1 from left to right

☐ Add all digits of each product to produce the sum

☐ Divide sum by 10

☐ If remainder is zero, the check digit is zero.

☐ If remainder is 1 – 9, subtract remainder from 10 to produce the check digit.

Here is an example scan line:

00100123456789 123115 0000000000 014 010040001 0001234567**1**

Scanline number	0	0	1	0	0	1	2	3	4	5	6	7	8	9	1	2	3	1	1	5	0	0	0	0	0
Weight	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1
Multiplication Result	0	0	1	0	0	2	2	6	4	1	6	14	8	18	1	4	3	2	1	10	0	0	0	0	0
Addition of Digits to get Weighted scanline #	0	0	1	0	0	2	2	6	4	1	6	5	8	9	1	4	3	2	1	1	0	0	0	0	0

Scanline number	0	0	0	0	0	0	1	4	0	1	0	0	4	0	0	0	1	0	0	0	1	2	3	4	5	6	7
Weight	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
Multiplication Result	0	0	0	0	0	0	2	4	0	1	0	0	8	0	0	0	2	0	0	0	2	2	6	4	1	6	14
Addition of Digits to get Weighted scanline #	0	0	0	0	0	0	2	4	0	1	0	0	8	0	0	0	2	0	0	0	2	2	6	4	1	6	5

Sum of Weighted values = 99
Divide Sum by 10 = 9 remainder 9

If remainder = 0, the check digit is zero.
If remainder is not zero, subtract remainder from 10 to produce the check digit, therefore for this example,
10 – 9 = 1 (check digit in red above)

2.0 – Testing Criteria

2.1 - Vendor requirements for passing certification testing

DOR does acknowledge that not every vendor can maintain the same level of sophistication in terms of what types of tax scenarios its software can handle. DOR takes a fiduciary responsibility to the taxpayers in certifying a vendor as acceptable. DOR does expect vendors to provide the highest possible quality in the areas of appearance, functionality and accuracy in delivering their product to the marketplace.

See Massachusetts Department of Revenue Publication 'Handbook for Reproduction of Non-Scannable Department of Revenue Forms' Section 1.3 for guidance regarding who needs to pass certification testing. To paraphrase: Any company that develops and/or uses substitute Massachusetts Department of Revenue forms MUST get approval from the Department. If the company develops substitute tax forms using its own tax software; develops tax software programs to be used with substitute tax forms developed by another company; or, develops substitute tax forms for other companies to use with their tax software, the company MUST get approval from the Department.

The company must have forms reviewed annually prior to release of the substitute forms. Part of the approval process is for the Payment Voucher to pass DOR testing. The Department has noticed that some customers were submitting returns created by pre-approved, but outdated software. DOR mails those returns back to taxpayers with an explanatory letter.

If a company chooses to release software to their customers (taxpayer or tax practitioner) prior to being approved by the DOR, the company must adhere to the following criterion:

Disable printing of returns created using unapproved software.

A watermark with the text of "**DRAFT FORM: THIS WILL NOT BE PROCESSED**" or "**DRAFT FORM: DO NOT FILE"** must be printed across all pages of the coupon(s).

The watermark must be printed in black only. The watermark must be at least tall enough to encompass two printed lines. The watermark must be located such that the taxpayer name and address are obliterated. For coupons where there is no name and address area, the vendor may place the watermark anyplace common sense would dictate. The consumer must not have a way to shut off the watermark feature.

The software must prohibit returns created with unapproved software from being filed electronically.
Once approved, a software patch should remove any watermarks and filing prohibitions.

Vendors are encouraged to submit test samples early to avoid approval delays. DOR will make every effort to review and approve forms within 10 days of receipt. See contact list for where to submit test forms.

Forms will be tested for format and readability in the order in which they are received by the Department. DOR only approves the appearance of the printed substitute form, the 1-D barcode value and the 2-D barcode readability as well as the scanline readability. Certain codes are also verified per specific coupon. DOR does not certify the logic of specific software, or the calculation formulas entered on any forms. DOR does not approve specific equipment or the process used in producing the substitute forms but does require that the substitute forms meet the Department's standards.

Failure to comply with these requirements WILL cause returns to misread and reject as errors in processing. DOR will capture vendor data and monitor processing results. Specifically, the Department will track readability of coupons with respect to field read rates, as well as tracking 2-D barcode read problems.[1]
Each page has a unique 1-D barcode that the imaging software uses to identify the page in the event that the 2-D barcode cannot be read.

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[1] Not printer introduced problems for which the vendor has no control

2.2 - Text

Vendors may limit descriptions for captions and lines required by the official coupons to one print line on the substitute form or schedule by using abbreviations and contractions and by omitting articles and prepositions. The substitute schedule must retain sufficient key words, however, to permit ready identification of the caption, line or item. See Massachusetts Department of Revenue Publication 'Handbook for Reproduction of Non-Scannable Department of Revenue Forms' Section 3 for more information.

2.3 – Optical Mark Fields

A single upper case "X" must be used to indicate a response in an optical mark field.
No underlining or enclosing of optical mark fields.
One blank character space must immediately precede and follow an optical mark field.
If a field is not applicable, it must be left blank.

2.4 – Negative Amounts and Prohibited characters

Negative amounts or losses must be preceded by a minus sign ("-") of the left most digit.
Use of parentheses or "X" boxes[2] is not acceptable.
Language regarding the use of "X" boxes must not be printed on the substitute forms.
Do not include "<" or ">" in any field; text or 2D

2.5 - The Department's Acceptance Criteria

Can we read the 1-D & 2-D barcodes?
Is there a 2-D barcode on every coupon as required?
Is the 2D barcode data correctly located within the barcode?
Is the 1-D barcode correct on each page?
Are the 1-D and 2-D barcodes correctly sized and located?
The payment voucher must pass DOR testing prior to final approval. The 1D & 2D Barcodes and scanline must be readable and correctly configured.
2D barcodes are mandatory.
Are the various codes used per coupon correct for that coupon?
Are dates and monetary values correctly formatted?
Those vendors providing Massachusetts Personal Income Tax Forms and Schedules must pass ALL (1D, 2D and exact positioning) acceptance requirements.

2.6 - Massachusetts DOR Contact List (questions or guidance)

Non 1D enabled forms are submitted to:

Patrick Ford	dorforms@dor.state.ma.us
Brian Mcglone	dorforms@dor.state.ma.us

Any forms related questions or issues must be presented to the Forms Developers above.

1D and 2D enabled forms are submitted to, preferably via pdf attached to email:

Trivan Nguyen	anfitformsapproval@dor.state.ma.us
Gregg Rothwell	anfitformsapproval@dor.state.ma.us
Lily Lee	anfitformsapproval@dor.state.ma.us
David Higginbottom	anfitformsapproval@dor.state.ma.us

The only method of contact will be via e-mail since we no longer have dedicated office space outside of the home. This was effective 3/16/2020 when Covid-19 closed our offices.

The contacts above cannot offer any help in dealing with specific taxpayer issues.

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[2] As found on the official Department produced version of the forms

Follow this link for phone numbers of the various DOR help lines:
http://www.mass.gov/?pageID=dorterminal&L=3&L0=Home&L1=Tax+Professionals&L2=Help+%26+Resources&sid=Ador&b=terminalcontent&f=dor_help_direct&csid=Ador

Contact Center 617-887-6367	Contact Center is for tax related questions, policy clarification and any legal questions a software development company may have. Be sure to identify yourself as a software vendor looking for a Subject Matter Expert (SME) for a specific question.

NOTE:
*It is imperative that all **SCANNABLE** tax form samples be sent to the email address mentioned above. All **SCANNABLE** tax form samples sent to this email address are prioritized and verified in the order of receipt. A scannable form is any form with a 1D barcode on it.*

2.7 - The Department's TIR 21-9 and some impacted documents

TIR 21-9 speaks to the latest electronic filing mandate. It should be read in full for a better understanding of the details. As part of this change, some forms are only going to be accepted electronically and any published version of those forms are for reference only. Some of the trustee forms are initially included as part of the TIR 21-9.

The following forms fall into this category with others possibly following over time:

Form STS
Form MAB-4
Form ST-9
Form MRT
Form ROC
Form ST-9MP

Until further notice, all coupons designated as 2D enabled in this document must have the 2D barcode included in your test submission in order to get approval. This includes any document called out as e-file only in TIR 21-9 and any subsequent DOR notifications. If a software provider chooses to no longer support a paper version of a coupon, please notify the testing team of your decision.
(anfitformsapproval@dor.state.ma.us **)**

3.0 Income PV Extension Specifications (Form PV, M-4868, Form 1-ES)

- The right-most character of the scan line must be exactly 1.5 inches from right edge
- OCR-A font (size 1; 10 characters per inch) must be used for printing the scan line
- There MUST be 0.3 inch clearances <u>above</u> the scan line area
- The baseline of the scan line must be exactly 0.3 inches from the bottom edge of the form
- All forms must be 4.0 inches high and 8.5 inches wide and must print at the bottom of the sheet (portrait setting)

> Please be sure to cut (detach) the vouchers where indicated (dotted line). DO NOT send in either form via an uncut sheet of paper.
> Please note that all the vouchers must contain the appropriate 1D barcode

- Form PV scan line must consist of the following

Scan Line Field #	Scan Line Position	Scan Line Content
(1)	1-3	Form Number (always 001)
(2)	4-14	Primary Taxpayer's Social Security Number, *<zero filled on left>* (e.g. SSN 123-45-6789 would be 00123456789)
	15	Space
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 123117 for December 31 2017. Fiscal filers can put the appropriate period end date e.g. 063017 for June 30 2017)
	22	Space
(4)	23-32	Filler, all zeros (always 0000000000)
	33	Space
(5)	34-36	Tax Type (always 053)
	37	Space
(6)	38-39	Voucher Type: (Original Return = 01, Amended Return = 14)
(7)	40-42	ID Type (always 005 for SSN)
(8)	43-46	4-digit NACTP Vendor Code
	47	Space
(9)	48-57	Amount Enclosed *<zero filled on left>* (e.g. $12,345.67 would be 0001234567)
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)

- M-4868 scan line must consist of the following

Scan Line Field #	Scan Line Position	Scan Line Content
(1)	1-3	Form Number (always 001)
(2)	4-14	Primary Taxpayer's Social Security Number, *<zero filled on left>* (e.g. SSN 123-45-6789 would be 00123456789)
	15	Space
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 123117 for December 31 2017. Fiscal filers can put the appropriate period end date e.g. 063017 for June 30 2017)
	22	Space
(4)	23-32	Filler, all zeros (always 0000000000)
	33	Space
(5)	34-36	Tax Type (always 053)
	37	Space
(6)	38-39	Voucher Type (always 18)
(7)	40-42	ID Type (always 005 for SSN)
(8)	43-46	4-digit NACTP Vendor Code
	47	Space
(9)	48-57	Amount Enclosed *<zero filled on left>* (e.g. $12,345.67 would be 0001234567)
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)

- Form 1-ES scan line must consist of the following

Scan Line Field #	Scan Line Position	Scan Line	Content
(1)	1-3	Form Number (always 001)	
(2)	4-14	Primary Taxpayer's Social Security Number, *zero filled on left* (e.g. SSN 123-45-6789 would be 00123456789)	
	15	Space	
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 123118 for December 31 2018. Fiscal filers can put the appropriate period end date e.g. 063018 for June 30 2018)	
	22	Space	
(4)	23-32	Filler, all zeros (always 0000000000)	
	33	Space	
(5)	34-36	Tax Type (always 053)	
	37	Space	
(6)	38-39	Voucher Type (always 17)	
(7)	40-42	ID Type (always 005 for SSN)	
(8)	43-46	4-digit NACTP Vendor Code	
	47	Space	
(9)	48-57	Amount Enclosed *zero filled on left* (e.g. $12,345.67 would be 0001234567)	
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)	

- Form M-4768 scan line must consist of the following

Scan Line Field #	Scan Line Position	Scan Line	Content
(1)	1-3	Form Number (always 001)	
(2)	4-14	Primary Taxpayer's Social Security Number, *zero filled on left* (e.g. SSN 123-45-6789 would be 00123456789)	
	15	Space	
(3)	16-21	Date of Death. MMDDYY	
	22	Space	
(4)	23-32	Filler, all zeros (always 0000000000)	
	33	Space	
(5)	34-36	Tax Type (always 048)	
	37	Space	
(6)	38-39	Voucher Type (always 18)	
(7)	40-42	ID Type (always 005 for SSN)	
(8)	43-46	4-digit NACTP Vendor Code	
	47	Space	
(9)	48-57	Amount Enclosed *zero filled on left* (e.g. $12,345.67 would be 0001234567)	
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)	

3.1 Income PV Example

2018 Form PV
Massachusetts Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type 053	Voucher type 01	ID type 005	Vendor code 0001

Name of taxpayer	Social Security number	Amount enclosed $

Name of taxpayer's spouse	Social Security number of taxpayer's spouse

Street address	City/Town	State	Zip

Phone	E-mail	Fill in if name/address changed since 2017 ☐

Pay online at **mass.gov/masstaxconnect**. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts.**
Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**

Four Inches
Maximum

2D Barcode

0.3 inches

(1)   (2)   (3)   (4)   (5) (6) (7) (8)   (9)   (10)   1.5 inches

00100343347631 123117 0000000000 053 010050001 00026479007

0.3 inches

3.2 M-4868 Example

2018 Form M-4868
Massachusetts Extension Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type 053	Voucher type 18	ID type 005	Vendor code 0001

Name of taxpayer	Social Security number

Name of taxpayer's spouse	Social Security number of taxpayer's spouse	Type of form you plan to file ☐ Form 1 ☐ Form 1-NR/PY

Mailing address		

City/Town	State	Zip	Amount enclosed $

Pay online at **mass.gov/masstaxconnect**. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts.**
Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**

Four Inches Maximum

2D Barcode

0.3 inches (1)   (2)   (3)   (4)   (5) (6) (7) (8)   (9)   (10)   1.5 inches
00100343347631 123117 0000000000 053 010050001 00028479007
0.3 inches

3.3 Form 1-ES example

DETACH HERE

2019 Form 1-ES
Estimated Tax Payment

Account ID number	Tax filing period 12/31/2019	Due date	Tax type 053	Voucher type 17	ID type 005	Vendor code 0001

Last name (print)	First name and initial (and spouse's, if joint return)	1. Amount due with this installment (from line 12 of worksheet) . . . .

Street address	Form you plan to file: ☐ Form 1, Full-Year Resident ☐ Form 1-NR/PY, Nonresident/Part-Year Resident

City/Town	State	Zip	Return this voucher with check or money order payable to **Commonwealth of Massachusetts**. Mail to **Massachusetts Department of Revenue, PO Box 419540, Boston, MA 02241-9540.**

E-mail address	Phone number	**Important:** File your Form 1-ES and make your payment online. It's fast, easy and secure. Go to mass.gov/masstaxconnect for more information.

Four Inches Maximum

2D Barcode

0.3 inches (1)   (2)   (3)   (4)   (5) (6) (7) (8)   (9)   (10)   1.5 inches
00100343347631 123117 0000000000 053 010050001 00028479007
0.3 inches

4.0 Fiduciary PV Specifications (Form 2 PV, M-8736, Form 2-ES)

- The right-most character of the scan line must be exactly 1.5 inches from right edge
- OCR-A font (size 1; 10 characters per inch) must be used for printing the scan line
- There MUST be 0.3 inch clearances <u>above</u> the scan line area
- The baseline of the scan line must be exactly 0.3 inches from the bottom edge of the form
- All forms must be 4.0 inches high and 8.5 inches wide and must print at the bottom of the sheet (portrait setting)

> Please be sure to cut (detach) the vouchers where indicated (dotted line). DO NOT send in either form via an uncut sheet of paper.
> Please note that all the vouchers must contain the appropriate 1D barcode

- Form 2-PV scan lines must consist of the following:

Scan Line Field #	Scan Line Position	Scan Line Content
(1)	1-3	Form Number (always 001)
(2)	4-14	Federal Identification Number, <zero filled on left> (e.g. 12-3456789 would be 00123456789)
	15	Space
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 123117 for December 31 2017. Fiscal filers can put the appropriate period end date e.g. 063017 for June 30 2017)
	22	Space
(4)	23-32	Filler, all zeros (always 0000000000)
	33	Space
(5)	34-36	Tax Type (always 049)
	37	Space
(6)	38-39	Voucher Type: (Original Return = 01, Amended Return = 14)
(7)	40-42	ID Type (always 004 for FEIN)
(8)	43-46	4-digit NACTP Vendor Code
	47	Space
(9)	48-57	Amount Enclosed <zero filled on left> (e.g. $12,345.67 would be 0001234567)
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)

- M-8736 scan lines must consist of the following:

Scan Line Field #	Scan Line Position	Scan Line Content
(1)	1-3	Form Number (always 001)
(2)	4-14	Federal Identification Number , <zero filled on left> (e.g. 12-3456789 would be 00123456789)
	15	Space
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 123116 for December 31 2016. Fiscal filers can put the appropriate period end date e.g. 063016 for June 30 2016)
	22	Space
(4)	23-32	Filler, all zeros (always 0000000000)
	33	Space
(5)	34-36	Tax Type 049 – Fiduciary
	37	Space
(6)	38-39	Voucher Type (always 18)
(7)	40-42	ID Type (always 004 for FEIN)
(8)	43-46	4-digit NACTP Vendor Code
	47	Space
(9)	48-57	Amount Enclosed <zero filled on left> (e.g. $12,345.67 would be 0001234567)
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)

- Form 2-ES scan lines must consist of the following:

Scan Line Field #	Scan Line Position	Scan Line Content
(1)	1-3	Form Number (always 001)
(2)	4-14	Federal Identification Number , *<zero filled on left>* (e.g. 12-3456789 would be 00123456789)
	15	Space
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 123118 for December 31 2018. Fiscal filers can put the appropriate period end date e.g. 063018 for June 30 2018)
	22	Space
(4)	23-32	Filler, all zeros (always 0000000000)
	33	Space
(5)	34-36	Tax Type 049 – Fiduciary
	37	Space
(6)	38-39	Voucher Type (always 17)
(7)	40-42	ID Type (always 004 for FEIN)
(8)	43-46	4-digit NACTP Vendor Code
	47	Space
(9)	48-57	Amount Enclosed *<zero filled on left>* (e.g. $12,345.67 would be 0001234567)
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)

4.1 Form2 PV example

2018 Form 2-PV
Massachusetts Fiduciary Income Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type 049	Voucher type 01	ID type 004	Vendor code 0001

Name of estate or trust	Federal Identification number	Amount enclosed $

Name of fiduciary	Title

Mailing address	City/Town	State	Zip

Phone	E-mail	Fill in if name/address changed since 2017 ☐

Pay online at **mass.gov/masstaxconnect**. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts.**
Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**

Four Inches Maximum

2D Barcode

0.3 inches

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)   1.5 inches

00100343347631 123117 0000000000 053 010050001 00028479007

0.3 inches

4.2 M-8736 example

2018 Form M-8736
Massachusetts Fiduciary Extension Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type **049**	Voucher type **18**	ID type **004**	Vendor code **0001**

Name	Federal Identification number	Type of form you plan to file
		☐ Form 2 ☐ Form 2G

Mailing address

City/Town	State	Zip	Amount enclosed $

Pay online at **mass.gov/masstaxconnect**. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts**.
Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**

Four Inches
Maximum

0.3 inches

(1) **(2)** **(3)** **(4)** **(5) (6) (7) (8)** **(9)** **(10)**   1.5 inches

00100343347631 123117 0000000000 053 010050001 000264779007

0.3 inches

2D Barcode

4.3 Form 2-ES example

Massachusetts Departm

2-ES — Estimated Tax Payment Voucher

Federal Identification number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
			049	17	004	0001

Name (print)

1. Amount of this installment (from line 10 of estimated tax worksheet):

$

Street address

Check which form you plan to file:
☐ Form 2 Fiduciary
☐ Form 2G

City/Town   State   Zip

Important Information
File your Form 2-ES online. It's fast, easy and secure.
Go to mass.gov/masstaxconnect for more information.

Phone number   E-mail address

Return this voucher with check or money order payable to: Commonwealth of Massachusetts.

Mail to: **Massachusetts Department of Revenue, PO Box 419544, Boston, MA 02241-9544.**

Four inches
Maximum

2D Barcode
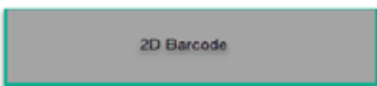
0.3 inches

(1)   (2)   (3)   (4)   (5) (6) (7) (8)   (9)   (10)   1.5 inches

00100343347631 123117 0000000000 053 010050001 00026479007
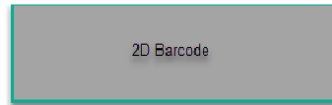
0.3 inches

5.0 Corporate PV / Extension Specifications (Form 355-PV, 355S-PV, Form 355-7004, Form 355-7004 Misc, Form M-990-T 7004, Form 355-ES, 63 FI-ES, UBI-ES)

- The right-most character of the scan line must be exactly 1.5 inches from right edge
- OCR-A font (size 1; 10 characters per inch) must be used for printing the scan line
- There MUST be 0.3 inch clearances <u>above</u> the scan line area
- The baseline of the scan line must be exactly 0.3 inches from the bottom edge of the form
- <mark>All forms must be 4.0 inches high and 8.5 inches wide and must print at the bottom of the sheet (portrait setting)</mark>

<mark>Please be sure to cut (detach) the vouchers where indicated (dotted line). DO NOT send in either form via an uncut sheet of paper.
Please note that all the vouchers must contain the appropriate 1D barcode</mark>

- **Forms 355-PV and 355S-PV** scan lines must consist of the following

Scan Line Field #	Scan Line Position	Scan Line Content
(1)	1-3	Form Number (always 001)
(2)	4-14	FEIN, <zero filled on left> (e.g. FEIN 12-3456789 would be 00123456789)
	15	Space
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 093017 for September 30 2017)
	22	Space
(4)	23-32	Filler, all zeros (always 0000000000)
	33	Space
(5)	34-36	Tax Type (always 014)
	37	Space
(6)	38-39	Voucher Type: (Original Return = 01, Amended Return = 14)
(7)	40-42	ID Type (always 004 for FEIN)
(8)	43-46	4-digit NACTP Vendor Code
	47	Space
(9)	48-57	Amount Enclosed <zero filled on left> (e.g. $12,345.67 would be 0001234567)
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)

- **Form 355-7004** scan line must consist of the following

Scan Line Field #	Scan Line Position	Scan Line Content
(1)	1-3	Form Number (always 001)
(2)	4-14	FEIN, <zero filled on left> (e.g. FEIN 12-3456789 would be 00123456789)
	15	Space
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 093017 for September 30 2017)
	22	Space
(4)	23-32	Filler, all zeros (always 0000000000)
	33	Space
(5)	34-36	Tax Type (always 014)
	37	Space
(6)	38-39	Voucher Type (always 18)
(7)	40-42	ID Type (always 004 for FEIN)
(8)	43-46	4-digit NACTP Vendor Code, if applicable
	47	Space
(9)	48-57	Amount Enclosed <zero filled on left> (e.g. $12,345.67 would be 0001234567)
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)

NOTE:

- **Return Payments and/or Extensions requests/payments for Form 355-U filers must be made electronically** (see TIR 09-18).

- **Form 355-7004 Misc** scan line must consist of the following

Scan Line Field #	Scan Line Position	Scan Line Content
(1)	1-3	Form Number (always 001)
(2)	4-14	FEIN, *<zero filled on left>* (e.g. FEIN 12-3456789 would be 00123456789)
	15	Space
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 093017 for September 30 2017)
	22	Space
(4)	23-32	Filler, all zeros (always 0000000000)
	33	Space
(5)	34-36	Tax Type (Should be according to the Form from the table below) | Account Type	Form	Tax Type Code
(LIE) Life Insurance	63-20P	022
(INE) P&C - PPO Insurance	63-23P	018
(MIT) Ocean Marine Insurance	63-29A	023
(FIE) Financial Institution	63-FI	015
(URE) Urban Redevelopment	121A	037
(PUE) Public Utility Excise	P.S.1	028	
	37	Space
(6)	38-39	Voucher Type (always 18)
(7)	40-42	ID Type (always 004 for FEIN)
(8)	43-46	4-digit NACTP Vendor Code, if applicable
	47	Space
(9)	48-57	Amount Enclosed *<zero filled on left>* (e.g. $12,345.67 would be 0001234567)
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)

- **Form M-990T-7004** scan line must consist of the following

Scan Line Field #	Scan Line Position	Scan Line Content
(1)	1-3	Form Number (always 001)
(2)	4-14	FEIN, *<zero filled on left>* (e.g. FEIN 12-3456789 would be 00123456789)
	15	Space
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 093017 for September 30 2017)
	22	Space
(4)	23-32	Filler, all zeros (always 0000000000)
	33	Space
(5)	34-36	Tax Type (always 036)
	37	Space
(6)	38-39	Voucher Type (always 18)
(7)	40-42	ID Type (always 004 for FEIN)
(8)	43-46	4-digit NACTP Vendor Code, if applicable
	47	Space
(9)	48-57	Amount Enclosed *<zero filled on left>* (e.g. $12,345.67 would be 0001234567)
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)

- **Form 355-ES** scan line must consist of the following

Scan Line Field #	Scan Line Position	Scan Line Content
(1)	1-3	Form Number (always 001)
(2)	4-14	FEIN or Account ID, *zero filled on left* (e.g. FEIN 12-3456789 would be 00123456789)
	15	Space
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 093018 for September 30 2018)
	22	Space
(4)	23-32	Filler, all zeros (always 0000000000)
	33	Space
(5)	34-36	Tax Type – 014 if Corporation will be filing 355 or 355S tax return. It will depend on the Account Type being filed for Miscellaneous as shown in table below <table><tr><td>**Account Type**</td><td>**Form**</td><td>**Tax Type Code**</td></tr><tr><td>(COR) Corporate Excise</td><td>355/ 355S</td><td>014</td></tr><tr><td>(LIE) Life Insurance</td><td>63-20P</td><td>022</td></tr><tr><td>(INE) P&C - PPO Insurance</td><td>63-23P</td><td>018</td></tr><tr><td>(MIT) Ocean Marine Insurance</td><td>63-29A</td><td>023</td></tr><tr><td>(URE) Urban Redevelopment</td><td>121A</td><td>037</td></tr><tr><td>(PUE) Public Utility Excise</td><td>P.S.1</td><td>028</td></tr></table>
	37	Space
(6)	38-39	Voucher Type (always 17)
(7)	40-42	ID Type: 004 when FEIN is entered. 026 when Account ID is entered
(8)	43-46	4-digit NACTP Vendor Code, if applicable
	47	Space
(9)	48-57	Amount Enclosed *zero filled on left* (e.g. $12,345.67 would be 0001234567)
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)

- **Form 63 FI-ES** scan line must consist of the following

Scan Line Field #	Scan Line Position	Scan Line Content
(1)	1-3	Form Number (always 001)
(2)	4-14	FEIN or Account ID, *zero filled on left* (e.g. FEIN 12-3456789 would be 00123456789)
	15	Space
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 093018 for September 30 2018)
	22	Space
(4)	23-32	Filler, all zeros (always 0000000000)
	33	Space
(5)	34-36	Tax Type – 015
	37	Space
(6)	38-39	Voucher Type (always 17)
(7)	40-42	ID Type : 004 when FEIN is entered 027 when Account ID is entered
(8)	43-46	4-digit NACTP Vendor Code, if applicable
	47	Space
(9)	48-57	Amount Enclosed *zero filled on left* (e.g. $12,345.67 would be 0001234567)
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)

- **UBI-ES** scan line must consist of the following

Scan Line Field #	Scan Line Position	Scan Line Content
(1)	1-3	Form Number (always 001)
(2)	4-14	FEIN, *<zero filled on left>* (e.g. FEIN 12-3456789 would be 00123456789)
	15	Space
(3)	16-21	Filing Period MMDDYY (Should be the last day of Filing period e.g. 093018 for September 30 2018)
	22	Space
(4)	23-32	Filler, all zeros (always 0000000000)
	33	Space
(5)	34-36	Tax Type – 036
	37	Space
(6)	38-39	Voucher Type (always 17)
(7)	40-42	ID Type (always 004 for FEIN)
(8)	43-46	4-digit NACTP Vendor Code, if applicable
	47	Space
(9)	48-57	Amount Enclosed *<zero filled on left>* (e.g. $12,345.67 would be 0001234567)
(10)	58	Check Digit Luhns Mod10 calculation of previous characters excluding spaces (See LuhnsMod10 Calculation section for breakdown)

5.1 Form 355 PV Example

DETACH HERE

2018 Form 355-PV
Massachusetts Corporate Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type 014	Voucher type 01	ID type 004	Vendor code 0001

Name of corporation	Federal Identification number

Mailing address

City/Town	State	Zip	Amount enclosed $

Phone	E-mail	Fill in if name/address changed since 2017 ☐

Pay online at **mass.gov/masstaxconnect**. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts.**
Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**

Four Inches Maximum

2D Barcode

0.3 inches   (1)   (2)   (3)   (4)   (5) (6) (7) (8)   (9)   (10)   1.5 inches

001003433347631 123117 0000000000 053 010050001 00028479007   0.3 inches

5.1 Form 355S PV Example

DETACH HERE

2018 Form 355S-PV
Massachusetts Corporate Tax Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type 014	Voucher type 01	ID type 004	Vendor code 0001

Name of corporation	Federal Identification number

Mailing address

City/Town	State	Zip	Amount enclosed $

Phone	E-mail	Fill in if name/address changed since 2017 ☐

Pay online at **mass.gov/masstaxconnect**. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts.**
Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**

Four Inches Maximum

2D Barcode

0.3 inches   (1)   (2)   (3)   (4)   (5) (6) (7) (8)   (9)   (10)   1.5 inches

001003433347631 123117 0000000000 053 010050001 00028479007   0.3 inches

5.2 Form 355-7004 Example

2018 Form 355-7004
Massachusetts Corporate Extension Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
	014	18	004	0001

Name of business	Federal Identification number	Check if incorporated in Massachusetts
		☐

Business address		

City/Town	State	Zip	Amount enclosed
			$

Pay online at **mass.gov/masstaxconnect**. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts.**
Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**

Four Inches
Maximum

2D Barcode

0.3 inches

(1) (2)   (3)   (4)   (5) (6) (7) (8)   (9)   (10)   1.5 inches

00100343347631 123117 0000000000 053 010050001 00028479007

0.3 inches

5.3 Form 355-7004 Misc Example

2018 Form 355-7004 Misc.
Massachusetts Financial Institution, Insurance or Misc. Extension Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
		18	004	0001

Name of business	Federal Identification number	Check if incorporated in Massachusetts
		☐

Type of extension being applied for
☐ Automatic six-month ☐ Extension until:

Mailing address

City/Town	State	Zip	Amount enclosed
			$

Pay online at **mass.gov/masstaxconnect**. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts.**
Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**

Four Inches Maximum

2D Barcode

0.3 inches

(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) 1.5 inches

00100343347631 123117 0000000000 053 010050001 00026479007

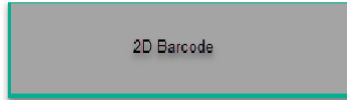0.3 inches

5.4 Form M-990T-7004 Example

2018 Form M-990T-7004
Massachusetts UBIT Extension Payment Voucher

Payment for period end date (mm/dd/yyyy)	Tax type	Voucher type	ID type	Vendor code
	036	**18**	**004**	**0001**

Name of business	Federal Identification number	Check if incorporated in Massachusetts
		☐

Type of extension being applied for

☐ Automatic eight-month ☐ Extension until:

Mailing address

City/Town	State	Zip	Amount enclosed
			$

Pay online at **mass.gov/masstaxconnect**. Or, return this voucher with check or money order payable to: **Commonwealth of Massachusetts.**
Mail to: **Massachusetts Department of Revenue, PO Box 7062, Boston, MA 02204.**

Four Inches
Maximum

2D Barcode

0.3 inches   (1) (2)   (3)   (4)   (5) (6) (7) (8)   (9)   (10)   1.5 inches

00100343347631 123117 0000000000 053 010050001 00026479007

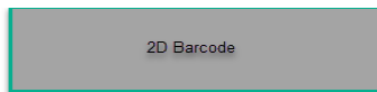0.3 inches

5.5 Form 355-ES Example

2019 Form 355-ES
Corporate Estimated Tax Payment Voucher

Federal ID/Account ID number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
			014	17		0001

Business name	1. Amount due with this installment (from worksheet).................

Business address	Form you plan to file: ☐ Form 355 ☐ Form 355S ☐ Form 355SC ☐ Form 355SBC

City/Town State Zip	Return this voucher with check or money order payable to **Commonwealth of Massachusetts.** Mail to **Massachusetts Department of Revenue, PO Box 419272, Boston, MA 02241-9272.**

E-mail address Phone number	**Important:** File your Form 355-ES and make your payment online. It's fast, easy and secure. Go to mass.gov/masstaxconnect for more information.

Four Inches Maximum

2D Barcode

0.3 inches   (1)   (2)   (3)   (4)   (5) (6) (7) (8)   (9)   (10)   1.5 inches

00100343347631 123117 0000000000 053 010050001 00028479007

0.3 inches

5.6 63 FI-ES Example

2019 Form 63 FI-ES
Corporate Estimated Tax Payment Voucher

Federal ID/Account ID number	Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
			015	**17**		**0001**

Business	
	1. Amount due with this installment (from line 10 of worksheet) . . . .

Business address	Return this voucher with check or money order payable to **Commonwealth of Massachusetts**. Mail to **Massachusetts Department of Revenue, PO Box 419272, Boston, MA 02241-9272.**

City/Town	State	Zip
		Important: File your Form 63 FI-ES and make your payment online. It's fast, easy and secure. Go to mass.gov/masstaxconnect for more information.

E-mail address	Phone number

Four Inches Maximum

0.3 inches

(1) (2)   (3)   (4)   (5) (6) (7) (8)   (9)   (10)   1.5 inches

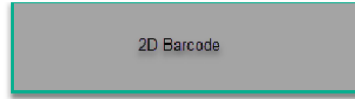00100343347631 123117 0000000000 053 010050001 00028479007
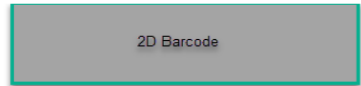
0.3 inches

2D Barcode

5.7 UBI-ES Example

2019 Form UBI-ES
Corporate Estimated Tax Payment Voucher

Federal Identification number		Tax filing period	Due date	Tax type	Voucher type	ID type	Vendor code
				036	17	004	0001

Business name

1. Amount due with this installment (from line 10 of worksheet) . . . .

Business address

Form you plan to file:
☐ Form 3M Club and Other ☐ Form M-990T ☐ Form M-990T-62

City/Town　　　　State　　　Zip

Return this voucher with check or money order payable to **Commonwealth of Massachusetts.** Mail to **Massachusetts Department of Revenue, PO Box 419544, Boston, MA 02241-9544.**

E-mail address　　　Phone number

Important: File your Form UBI-ES and make your payment online. It's fast, easy and secure. Go to mass.gov/masstaxconnect for more information.

Four Inches Maximum

2D Barcode

0.3 inches

(1)　(2)　　　(3)　　　(4)　(5) (6) (7) (8)　　(9)　　(10)　1.5 inches

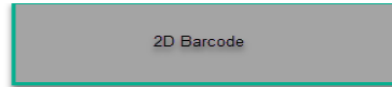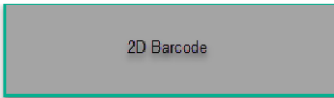00100343347631 123117 0000000000 053 010050001 00028479007

0.3 inches

6.0 Document Revisions

This page is included to track changes between published revisions of this document.

Number	Date	Revision
2019-1.0	06/28/2019	Updated samples of all coupons page 13 to last page
		Changed criteria for submitting test samples to DOR. Email of coupons in a pdf is allowed
		2D barcodes are mandatory (2019) for all coupons listed in this document.
		Added reference to TIR 16-19
		Added table 1.2.1 and complete list of coupons with 1D values
2019-1.1		1-ES, 2-ES & 355-ES instructional changes. Fields 11 & 12 have a value of zeros to match the scanline 1-ES sample updated with corrected ID Type
2019-1.2	9/23/19	2-ES – removed extra 1D barcode from sample Updated notes to reflect 1/3 inch white space between scanline and 1D barcode not ½ inch.
		No redacting or masking of data in print, 2D or scanline data
2019-2.1	12/11/2019	Added link to DOR Legal Library
2021-1.0	9/9/2021	"<" ">" are prohibited characters, not limited to the 2D barcode but certainly including any field in the 2D barcode.
2021-1.1	11/1/2021	See page 4, bottom. The paper filing option no longer exists for those forms struck out. See TIR 21-9 for more information.
2021-2.0	12/7/21	Added section 2.7 that speaks to those documents that are impacted by TIR 21-9 (some trustee forms)
2022-1.0	2/24/2022	See Page 10 for clarification of TIR 21-9 in terms of e-file mandate and those 2D enabled coupons in this document.
	8/31/2022	Moving forward, any Forms related questions and issues must be presented to the Form Development team. See pg 9
2022-1.1	11/17/2022	Form M-4768 Scanline specification added. See page 12
2022-1.2	01/31/2023	PO Box Matrix added page 5 as well as link to web site having up to date mailing instructions. Samples of various coupons on the pages above should not be used as correct mailing addresses.
	3/10/2023	Links to online estimate instructions were added to page 5. No others are available.
	3/14/2023	Page 7 has been updated with **additional** coupons requiring submittal to Bank of America for testing as part of the approval process. These are Form 1-PV, 2-PV, M-4868 & M-8736
2023-1.0	4/24/2023	Cleaned up page 5 matrix

Appendix A

Form 1 PV Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	001		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	053		Top row
14	VOUCHER TYPE	Number	2	Y	01/14		Top row
15	ID TYPE	Number	3	Y	005		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form 2 PV Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	002		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	049		Top row
14	VOUCHER TYPE	Number	2	Y	01/14		Top row
15	ID TYPE	Number	3	Y	004		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form 355 PV Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	005		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	014		Top row
14	VOUCHER TYPE	Number	2	Y	01/14		Top row
15	ID TYPE	Number	3	Y	004		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form 355-S PV Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	006		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	014		Top row
14	VOUCHER TYPE	Number	2	Y	01/14		Top row
15	ID TYPE	Number	3	Y	004		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form M-4868 Extension Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	004		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	053		Top row
14	VOUCHER TYPE	Number	2	Y	18		Top row
15	ID TYPE	Number	3	Y	005		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form M-8736 Extension Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	003		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	049/052		Top row
14	VOUCHER TYPE	Number	2	Y	18		Top row
15	ID TYPE	Number	3	Y	004		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form 355-7004 Extension Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	007		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	014		Top row
14	VOUCHER TYPE	Number	2	Y	18		Top row
15	ID TYPE	Number	3	Y	004		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form 355-7004 Misc. Extension Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	011		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	*		Top row
14	VOUCHER TYPE	Number	2	Y	18		Top row
15	ID TYPE	Number	3	Y	004		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

- Field 13 acceptable values: 015, 018, 022, 023, 028, 037

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form M-990T-7004 Extension Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	012		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	036		Top row
14	VOUCHER TYPE	Number	2	Y	18		Top row
15	ID TYPE	Number	3	Y	004		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form 1 ES Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	008		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	053		Top row
14	VOUCHER TYPE	Number	2	Y	17		Top row
15	ID TYPE	Number	3	Y	005		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form 2 ES Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	009		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	049/052		Top row
14	VOUCHER TYPE	Number	2	Y	17		Top row
15	ID TYPE	Number	3	Y	004		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form 355 ES Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	010		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	*		Top row
14	VOUCHER TYPE	Number	2	Y	17		Top row
15	ID TYPE	Number	3	Y	004		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

- Field 13 acceptable values: 014, 015, 018, 022, 023, 028, 036, 037

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form UBI ES Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	014		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	036		Top row
14	VOUCHER TYPE	Number	2	Y	17		Top row
15	ID TYPE	Number	3	Y	004		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.

Form 63 FI ES Layout

2-D Field No	FIELD NAME	Data Type	Size in Bytes	Req'd Field	VALUE	NOTES	Location on The Form
1	HEADER_VER_NUMBR	Alpha	2	Y	T1	FTA STANDARD	
2	VENDOR_CDE	Alpha	4	Y		Vendor creating 2D barcode	
3	SOFTWARE_VERS	Alpha	2	Y		Vendor provided	
4	STATE_CDE	Alpha	2	Y	MA		
5	FORM_YR_NUM	Alpha	2	Y	PV		
6	FORM_CDE	Alpha	3	Y	013		
7	PAGE_NUM	Alpha	1	Y	1	Page number	
	Line Item Data						
8	FORM_NUMBER		3	Y	001		
9	TAXPAYER ID	TP Id	11	Y		If 9 digit, left fill 00	Second row
10	PERIOD	Date	6	Y		mmddyy	Top row, left
11	PAYMENT RECV		6		000000	To match scanline	
12	FILL		4		0000	To match scanline	
13	TAX_TYPE	Number	3	Y	015		Top row
14	VOUCHER TYPE	Number	2	Y	17		Top row
15	ID TYPE	Number	3	Y	004/027		Top row
16	VENDOR	Alpha	4	Y			
17	AMOUNT DUE	Money	As need	Y		Up to 10 bytes	Fifth row, right
18	CHECK_DIGIT	Number	1	Y			
19	END_OF_FILE	Alpha	5	Y	*EOD*	FTA Standard	

Money fields in print and in the 2D barcode must include cents. Printed, include decimal point.
There is a half inch of white space between the top of the scanline and the bottom of the 1D & 2D barcodes.