

CD-429

CORPORATE ESTIMATED INCOME TAX

(FORM REVISION 8-8-13/ INSTRUCTIONS 9-6-18)

CHANGES FOR THE YEAR

- If your company reproduced Form CD-429 last year, your data placement for the form should match the approved trained version.
- If your company has not reproduced Form CD-429 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 64001XX009. 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 06602
- 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-429 | | | |
|---------------------|---------------|--|----------------------------|
| Beginning Period | Ending Period | Type of Filer: Calendar, Fiscal or Short Year | Scan Line with Check Digit |
| 01/01/22 | 12/31/22 | Calendar | 12220 |
| 02/01/22 | 01/31/23 | Fiscal | 01236 |
| 03/01/22 | 02/28/23 | Fiscal | 02232 |
| 04/01/22 | 03/31/23 | Fiscal | 03239 |
| 05/01/22 | 04/30/23 | Fiscal | 04235 |
| 06/01/22 | 05/31/23 | Fiscal | 05231 |
| 07/01/22 | 06/30/23 | Fiscal | 06238 |
| 08/01/22 | 07/31/23 | Fiscal | 07234 |
| 09/01/22 | 08/31/23 | Fiscal | 08231 |
| 10/01/22 | 09/30/23 | Fiscal | 09237 |
| 11/01/22 | 10/31/23 | Fiscal | 10235 |
| 12/01/22 | 11/30/23 | Fiscal | 11231 |
| 05/01/22 | 12/31/22 | Short | 12220 |

Placement of Variable Data

| 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 Print number consecutively |
| 50 | SOS | 25 | 3 | 27 | SOS |
| 50 | SOS | 30 | 7 | 36 | Numeric; no dashes Print number consecutively |
| 50 | Tax Year Starting | 52 | 8 | 59 | Numeric; no punctuation Starting Date Ex.03 01 22 |
| 50 | And Ending | 71 | 8 | 78 | Numeric; no punctuation Ending Date Ex. 02 28 23 |
| 52 | Legal Name | 8 | 39 | 46 | Alphanumeric |
| 52 | Non Profit/Tax Exempt | 54 | 1 | 54 | Alpha; Y or N Select only one |
| 52 | Non Profit/Tax Exempt | 57 | 5 | 61 | NP/TE |
| 52 | Non Profit/ Tax Exempt | 64 | 1 | 64 | Alpha; Y or N Select only one |
| 52 | Non U.S./ Foreign | 67 | 2 | 68 | NF |
| 52 | Coop. or Mutual Assn | 71 | 1 | 71 | Alpha; Y or N Select only one |
| 52 | Coop. or Mutual Assn | 74 | 5 | 78 | CO/MA |
| 55 | Address | 8 | 35 | 42 | Alphanumeric |
| 56 | City | 8 | 20 | 27 | Alpha |
| 56 | State | 31 | 2 | 32 | Alpha |
| 56 | Zip Code | 36 | 5 | 40 | Numeric; Print 5 digit zip |
| 56 | Amount of Payment | 61 | 12 | 72 | Numeric; with 0.00 |