STATE OF VERMONT DEPARTMENT OF TAXES

SCAN SPECIFICATIONS

For

CORPORATE & BUSINESS INCOME



2019 TAX YEAR

Vermont will accept submittals (in subset groups only) based on DRAFTS. If your submitted forms meet our approval, we will give PRELIMINARY approval. When the forms are posted as FINAL, we will send a second email to you. If there have been changes to the forms, we will notify you of those changes and request a resubmittal. If no changes are made, the second email will be a FINAL approval. FORMS THAT ARE IN "PRELIMINARY APPROVAL" STATUS SHOULD NOT BE DISTRIBUTED FOR USE.

ISSUES FROM LAST YEAR

Last year there were several recurring issues or errors which caused significant problems and delays in processing documents:

- Federal ID Numbers (FID) were not printed on the returns, or were incomplete, or blacked out. For example:
 - FID was not printed on the return at all.
 - FID printed with a hyphen, thereby dropping off the last digit.
 - FID was blacked out. This could be a user issue. Please instruct your users to leave ALL fields legible on a filed return.
- Data was not printed in required fields. Some fields left blank were:
 - Fiscal year begin date
 - Fiscal year end date
 - Entity name
 - Federal ID Number

List of forms being scanned for the 2019 filing season

BA-402	BA-403	BA-404	BA-406	BA-410	CO-411	CO-414
CO-419	CO-420	CO-421	CO-422	WH-435	BI-470	BI-471
BI-472	BI-473	BI-476	Sch. K-1VT			

Forms will be approved in subsets as indicated below. All forms in a subset must receive approval at the same time. *Example:* Form CO-411 will not receive approval until Schedules BA-410, BA-402, and BA-404 are approved.

Subsets allowed:

- **1)** BA-403
- **2**) CO-414
- **3**) WH-435
- **4)** BI-470
- **5**) BI-476, BA-406*, BA-404*
- 6) BI-471, BI-472, BI-473, Sch. K-1VT, BA-402*, BA-404*, BA-406*
- CO-411, BA-410, BA-402*, BA-404*
 Ta) Vendors who support unitary filing must also include: CO-419, CO-420, CO-421
- **8)** CO-422

*Schedules appearing in more than one subset must be included with each subset package submitted for approval.

Forms must be approved as a unit because our scanner cannot process "mixed-form returns"; that is, some pages of computer-generated and some pages of Department-original forms. Each taxpayer's return must be all computer-generated or all Department-original.

SUBSTITUTE FORMS

Substitute forms must be reproduced to match the official forms as closely as possible. All variable data fields must be in absolute positions. We will reject forms our scanning equipment cannot read.

When reconstructing forms, be aware of the following:

- Lines of text in paragraph must break at the exact location as the official forms.
- Match the font sizes of the official forms as closely as you can. Use bold fonts as they
 appear on the official forms.

PAPER AND INK

Paper for substitute forms must be at least 20 lb. white stock and the same size as the Department's original (8 $\frac{1}{2}$ x 11 unless otherwise specified).

Forms and payment vouchers must be the same size as the officially printed forms and vouchers.

VARIABLE DATA FIELDS

USE <u>COURIER or COURIER NEW 12 POINT</u> FONT FOR ALL DATA FIELDS.

Data placement is specified as exact positions using a 10/6 grid -- 10 spaces per horizontal inch and 6 lines per vertical inch. Beginning grid position and maximum length of field is given in these specifications.

DO NOT print internal codes, date/time stamps, distribution information, etc. above the barcode or title of the form.

Alpha characters must be in UPPERCASE only.

Do not allow more characters in the body of the form than is allowed by "Maximum Field Length."

CHECKBOXES

• Must be formatted as blank or X only.

DOLLAR AMOUNTS

- All forms and schedules are whole dollar only.
- Do not use commas as thousand separators.
- All amounts fields are right justified.
- If negative value, do not print minus sign "- ". Make sure there is an "X" in the loss checkbox.
- If no taxpayer entry, fields must be left blank except for hard coded zeros. Do not use non-numeric characters such as NONE, N/A, ZERO, etc. in the amount fields.

Percentages will be shown with the last <u>SIX (6)</u> digits on the right indicating the six digits to the right of the decimal point.

If the percent does not have six digits to the right of the decimal point, add "0" to the end of the

number to show these places.

 100% = 100.000000
 62.4% = 62.400000
 3.575% = 3.575000

If the percent shows six places to the right of the decimal point, those digits are used.

74.849916% = 74.849916 24.168743% = 24.168743 7.572875% = 7.572875

If the percent is less than one percent, **show 6 digits**, adding zeroes where appropriate, if necessary. *Examples:*

0.875% = .875000 0.048261% = .048261

Fiscal Year Beginning and Ending dates must be printed on the forms where requested. If entity operates on a calendar year, use January 1 and December 31 as the fiscal year beginning and ending days, respectively, and use the appropriate calendar year for the return being filed.

DATES

- Do not print slashes or dashes except for hard coded slashes.
- Date format: YYYYMMDD

TEST CASES AND SAMPLE DATA

Test cases will be posted to FTA SES website. The test cases are designed to look for specific issues that we have experienced with each form. It is imperative that you use all the information provided in each test case, not just the name and address. If the sample(s) submitted do not use the test case information provided, the forms will be rejected.

DUE DATE

First submittals for substitute forms approval must be received by the Department no later than Friday, January 3, 2020. First submittals received after January 3, 2020 will not be approved.

SUBMITTING FORMS FOR APPROVAL

When submitting forms for approval, please submit one blank form, one of each test cases using the samples posted on the FTA website and one full-field form. Please include your e-mail address in your cover letter. We will give approval/disapproval via e-mail.

Blank forms contain no variable data and should have a barcode where applicable.

Sample data forms must be created using the test cases found on our vendors-only website. If our test cases are not used, then submitted forms will not be tested or approved.

Full-field forms are like those shown in these specifications. Each field is filled with numbers and/or letters to show the maximum field lengths while conforming to specifications. Example: If a field is a numeric field, do not fill with letters.

The sample forms should be sent to:

(via UPS, FedEx, DHL, etc., use:)

Ann Lane, Vendor Liaison Vermont Department of Taxes 133 State Street Montpelier, VT 05633-1401

(via US Mail, use:)

Ann Lane, Vendor Liaison Vermont Department of Taxes PO Box 429 Montpelier, VT 05601-0429

RELEASE OF PROGRAM

Vendors should notify the Department by e-mail (<u>ann.lane@vermont.gov</u>) when their program is released.

SCAN SPECIFICATIONS

LAYOUT

• The form was designed on a 10x6 grid.

SHADING

• Should not be used on any part of the forms.

TARGETS/ANCHORS

- Targets are required on the forms. Exact placement of targets is required. Follow grid layout for size and positioning.
- There are three targets on each page as shown below.

BARCODE

- This is specific to the form.
- The last two digits of the barcode represent your VT vendor number.
- Follow grid layout for positioning.

VENDOR CODES

Vermont requires Vendor ID Codes in two places on the forms. In most cases, both numbers identify the same company.

- **Forms** Each vendor that creates forms will use the 2-digit Vendor code assigned by the Department in place of the "00" as the last two digits in the barcode. If you need a 2-digit vendor code, please contact Ann Lane via email at <u>ann.lane@vermont.gov</u>
- **Data** Each vendor that creates software that prints the variable data on Departmentapproved substitute forms will print their 4-digit ID number assigned by the National Association of Computerized Tax Processors (NACTP) on each page of the form on the bottom left corner. If you need an NACTP ID number, please complete the form at <u>https://www.nactp.org</u>