Ohio | Department of Taxation

Rev. 8/12/16

Scan Specifications for the 2016 SD 40XP

Important Note

The following document (**2016 SD 40XP**) contains grids for placement of information on this specific tax form. To accurately print, do not reduce the size, rotate or center this document. Doing so will jeopardize the integrity of the grid. When printing from Adobe Reader, select “None” for “Page Scaling,” which is under “Page Handling.”

Ohio Department of Taxation
4485 Northland Ridge Blvd.
Columbus, OH 43229
tax.ohio.gov

Ohio Department of Taxation Scannable Tax Forms

1. Introduction:

The Ohio Department of Taxation (ODT) prescribes the format of Ohio tax returns and forms. The department's primary objective is to ensure that the tax forms are compatible with the department's automated remittance processing systems and can be processed in an efficient, accurate and economical manner.

These guidelines are for computerized tax processors, software developers, computer programmers, commercial printers, and others who develop and use substitute and reproduced tax forms.

2. Definitions:

2.01 Substitute Tax Forms –

A form other than the official ODT form that is computer-produced, computer-programmed or commercially typeset and printed. ODT must be able to process substitute tax forms in the same manner as the official forms. Substitute tax forms that are electronically produced must duplicate the appearance and layout of the official form including size of margins, special keying symbols and line numbers.

2.02 Facsimile (Text Mode) Forms –

For filing purposes, ODT does not accept dot matrix facsimile signature returns and schedules. They do not contain the data-entry symbols and other requirements necessary for processing. Companies must clearly print in the top margin of electronically processed text mode forms: **"DO NOT FILE THIS FORM."**

2.03 Scannable Tax Forms –

The computer-prepared scannable forms are similar to the official ODT tax forms with the following exceptions: 1) the taxpayer-entity information layout and 2) a scanline that contains the taxpayers' tax data.

2.04 Reproduced Tax Forms –

Reproduced tax forms are photocopies of the official ODT forms. ODT will accept reproductions of official forms if the reproductions are:

1) Facsimiles of the official form produced by photo-offset, photoengraving, photocopying or other similar reproduction processes;
2) Printed in black ink on white paper of substantially the same weight, texture and quality as the official forms;
3) Legible in both the original text of the form and the filled-in data; AND
4) The same dimensions as the official form, including the paper and the image produced on it.

ODT will accept one-sided reproduced forms even if the official form is two-sided. However, ODT prefers two-sided reproduced forms that result in the same page arrangements as the official form. You may not file reproduced tax forms that do not meet the preceding guidelines. Reproduced tax forms that deviate from the official forms are considered substitute tax forms.

2.05 ID Field –

The area where the name, address, account number/Social Security number (SSN) are printed.

2.06 ICR-Readable Fields –
All fields that will be read using Intelligent Character Recognition (ICR) technology.

2.07 Line Item Text –
The text, including item numbers, specifying the information to be entered into a data field.

2.08 OCR-Readable Field –
The scanline field that will be read using Optical Character Recognition (OCR) technology.

2.09 Record Layout –
A 6-line-per-inch vertical (row) and 10-characters-per-inch horizontal (column) spacing grid, specifying the exact placement of all fields and characters on the facsimile form, is provided with each form specification to assist in proper spacing and alignment.

2.10 Data Field –
The specific space on the form where a numeric figure is entered.

3. Specifications:

3.01 Field Length –
Each form must contain the exact number of ID fields, line item texts and data fields, as the department-issued form.

3.02 Signature –
The signature, title and date area must be formatted in the same manner as the department-issued form.

3.03 Name and Address –
Name and address must be placed in the row and column specified in the grid format provided with each form.

3.04 Account/SSN –
The account or SSN(s) must be printed with spaces in the exact locations specified in the record layout.

3.05 Scanline Font –
The OCR scanline must be printed using a fixed 10-pitch, OCR-A (12-point size) font. The use of Courier or OCR-B font is not permitted.

3.06 Scanline Position –
ODT remittance scanline reads from right to left. The bottom of the characters in the scanline must be ½ of an inch from the bottom edge of the form and 1-½ inches from the right edge. See grid layout and Scanline Specifications Format for exact location of scanline.

3.07 ICR –
Dollar signs ($) are not permissible in ICR-readable fields. Commas and periods are not allowed as separators between the digits in ICR-readable fields. ICR fields are defined in the record layout of each form.

3.08 Total Remittance Field –
This is the remittance line on the form that shows the tax due amount and payment submitted with the form. This field is read by the Courtesy Amount Reader (CAR) on our remittance-processing equipment and requires a dollar sign ($) followed by a space preceding the remitted amount. The total remittance field must also include a decimal point to separate the dollar and cents digits. (Example: $ 12345.00)

3.09 OCR/ICR Fields –
Underlining or enclosing OCR/ICR readable data fields is not acceptable nor are vertical bars to be used to separate dollar and cents fields.

3.10 Finished Form Size –
Form size is as specified in the grid layout for each form. Extraneous borders are not permitted. Edges MUST be trimmed to meet specifications. DO NOT HAND-CUT BOTTOM OR RIGHT SIDE OF FORM.

3.11 Paper Requirement –
The paper must be white, high-quality bond paper with a minimum weight between 20 and 24 pounds.

3.12 Back of Form –
Forms must be printed on one side only, unless the form is a two sided form. If two-sided, see section 2.04.

3.13 Inks –
Forms must be printed using black ink, non-MICR (non-ferrous) ink or toner.

3.14 Shading –
The use of shading or solid black areas for sidebars, headings or other areas is not permitted unless specified on tax return samples.

3.15 Reference Marks –
On all scannable returns and vouchers there are target marks on the form. Exact locations of the target marks are listed on the grid layout for each form. Target marks must be a solid black box and should be .2”W x .167”H.

3.16 Software Developer Identification –
The software developer identification is a three-letter vendor registration number (VRN) that will be assigned to each developer. The identification will be assigned to you by the Ohio Department of Taxation. The three-digit VRN refers to the developer *who designs the software to perform the tax calculations* **and** *to the developer who designs the form templates*. The VRN must be printed on each document in the exact area specified on the form grid. The use of a standard font size is acceptable.

4. Testing:

All documents must be tested on ODT equipment before production runs. The ODT requests a certain amount (see section 8 for quantities) of test samples (cut to exact size) with the appropriate scanline and all data fields filled. Test documents must be submitted for approval to:

Ohio Department of Taxation
Forms Unit
4485 Northland Ridge Blvd.
Columbus, OH 43229

Note: When submitting your forms for approval, include form **STF – Approval Request for Scannable Tax Forms** with your order. This will allow us to communicate any required changes to a contact person within your organization.

5. Approval Process:

After you have submitted approval form STF, the Forms Unit will confirm receipt. Allow at least two weeks for the Forms Unit to review and approve your order. You will receive written confirmation when your submittal has been approved.

6. Check Digit Routine (Modulus 10) For Scanline

1) Multiply each digit of the number by 1 or 2, starting from the left and going to the right. You will start with a 1 then 2, and continue this pattern to the end of that number.
2) Add all the digits together. Do not add the sum of the totals. For example, if your numbers are 1, 3, 4 and 19 your answer will be: 1 + 3 + 4 + 1 + 9 = 18.
3) Divide the total from the digits by 10.
4) Subtract the remainder from 10. The answer is your check digit. **Note:** If your remainder is zero, your check digit will always be zero.

Note: This same procedure is followed for all check digit calculations throughout these specifications.

<u>Example:</u>

Check digit calculation for <u>SSN</u> and <u>school district number</u>:

Step 1 – Multiply each digit in the number by weights 121212.

	1	2	3	4	5	6	7	8	9	**(SSN)**
X	1	2	1	2	1	2	1	2	1	
	1	4	3	8	5	12	7	16	9	

	2	5	0	9	**(school district number)**
X	1	2	1	2	
	2	10	0	18	

Step 2 – The digits of the individual products are summed.

1 + 4 + 3 + 8 + 5 + 1+ 2 + 7 + 1 + 6 + 9 = 47

2 + 1 + 0 + 0 + 1 + 8 = 12

Step 3 – Divide the sum by the modulus (10):

```
                 4  (quotient)
(Modulus) 10 |47
             40
              7 (remainder)
```

```
                 1 (quotient)
(Modulus) 10 |12
             10
              2  (remainder)
```

Step 4 – To compute the check digit:

Modulus – Remainder = Check Digit

10 - 7 = 3 (This is your check digit.)

Modulus – Remainder = Check Digit

10 - 2 = 8 (This is your check digit.)

Step 5 – Append a space and the check digit to the right of the number: The complete form for the SSN is 123456789 3 and for the school district number is 2509 8.

7. Check Digit for Scanline Payment Period

Form	Period	Check Digit
2017 IT 1040ES	0117 - April 18, 2017	2
	0217 - June 15, 2017	0
	0317 - Sept. 15, 2017	8
	0417 - Jan. 16, 2018	6
2017 SD 100ES	0117 - April 18, 2017	2
	0217 - June 15, 2017	0
	0317 - Sept. 15, 2017	8
	0417 - Jan. 16, 2018	6
2016 IT 40P	0516 - April 18, 2017	5
2016 SD 40P	0516 - April 18, 2017	5
2016 IT 40XP	0516 - April 18, 2017	5
2016 SD 40XP	0516 - April 18, 2017	5
2017 IT 1041ES	0117 - First Quarter	2
	0217 - Second Quarter	0
	0317 - Third Quarter	8
	0417 - Fourth Quarter	6
2017 IT 1140ES	0117 - First Quarter	2
	0217 - Second Quarter	0
	0317 - Third Quarter	8
	0417 - Fourth Quarter	6
2017 IT 4708ES	0117 - First Quarter	2
	0217 - Second Quarter	0
	0317 - Third Quarter	8
	0417 - Fourth Quarter	6
2016 IT 1041P	0616 - April 18, 2017	3
2016 IT 1140P	0616 - April 18, 2017	3
2016 IT 4708P	0616 - April 18, 2017	3

8. Scanline Specifications Format: **2016 SD 40XP** **Size: 8.5” X 3.667”**

Description	Number of Positions	Character Length
SSN	1-10	9
Check Digit for SSN	11-12	1
Voucher and Year	13-17	4
Check Digit for Voucher and Year	18-19	1
Spouse’s SSN (if single return or married filing separately, zero fill field)	20-29	9
Check Digit for Spouse’s SSN	30-31	1
School District Number (see list for current taxable districts)	32-36	4
Check Digit for School District Number	37-38	1
Form Type	39-41	3

Placement of the Scanline: Will start on line 63 at position 30 and end at position 70. Blank spaces must be as noted. Print zeros in fields that contain no data. The scanline font is OCR-A (12-point size), 10 pitch (pica spacing). **Example:** 123456789 3 0516 5 987654321 3 2801 9 515

1 2 3 4 5 6 7 8 9

1. SSN (9 digits and a space)
2. Check Digit for SSN (1 digit and a space)
3. Period – will always be 0516 for year 2016 (4 digits and a space)
4. Check Digit for Period (1 digit and a space)
5. Spouse’s SSN – print zeros in field if single or married filing separately return (9 digits and a space)
6. Check Digit for Spouse’s SSN (1 digit and a space)
7. School District Number (4 digits and a space)
8. Check Digit for School District Number (1 digit and a space)
9. Form Type: This will remain a constant “515” on all vouchers. (3 digits)

Note: The ICR-readable fields will be the school district number, the first three letters of the taxpayer’s last name, the first three letters of the spouse’s last name and the taxpayer’s and spouse’s SSNs. Joint and single filers must be represented in a minimum of 5 test samples (20 test samples is the maximum amount) with at least two different names and addresses. A list of school district numbers can be provided upon request. The nine-digit postal bar code for this form is 432181630.

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Amended School District Income Tax Payment Voucher

DO NOT STAPLE OR OTHERWISE ATTACH YOUR PAYMENT TO THIS VOUCHER. DO NOT SEND CASH.

2016SP

Do NOT fold check or voucher.

Use UPPERCASE letters to print the first three letters of

School district number	Taxpayer's last name	Spouse's last name (if joint filing)
2801	CIT	PUB

John Q. CitizenXXXXXXXXXXXXXXXXXXXX
Jane E. PublicXXXXXXXXXXXXXXXXXXXX
1234 Any StreetXXXXXXXXXXXXXXXXXXXX
Any CityXXXXXXXXXXXX, US 12345-2345

Your SSN 123 45 6789

Spouse's SSN (if joint filing) 987 65 4321

If you are sending this voucher and paper check or money order (payable to School District Income Tax) with or separately from your amended school district income tax return, mail to: School District Income Tax, P.O. Box 182389, Columbus, OH 43218-2389. Write the last four digits of the taxpayer's SSN on the check or money order.

Amount of Payment → $ 123456789.00

Vendor's Registration Number **ABC**

123456789 3 0516 5 987654321 3 2801 9 515

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2016SP

Do NOT fold check or voucher.

Use UPPERCASE letters to print the first three letters of

John Q. CitizenXXXXXXXXXXXXXXXXXXXX
Jane E. PublicXXXXXXXXXXXXXXXXXXXX
1234 Any StreetXXXXXXXXXXXXXXXXXXXX
Any CityXXXXXXXXXXXX, US 12345-2345

School district number	Taxpayer's last name	Spouse's last name (if joint filing)
2801	CIT	PUB

Your SSN 123 45 6789

Spouse's SSN (if joint filing) 987 65 4321

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Amount of Payment → $ 123456789.00

Vendor's Registration Number **ABC**

123456789 3 0516 5 987654321 3 2801 9 515

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Use UPPERCASE letters to print the first three letters of

School district number

Taxpayer's last name

Spouse's last name (if joint filing)

Your SSN

Spouse's SSN (if joint filing)

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