


2022 Scan Line Form Scenario Test Pack


This test pack contains two data-filled scenarios per scan line form. When you generate your substitute documents for test submission, use the data in the test pack to populate two iterations of each form, then create the corresponding scan lines for each form.

This test pack should coincide with use of the “2022 Other Substitute Return Specifications” for scan linesubstitute document form development and test submissions.


*Note: In the scenarios listed below, you'll see **RED boxes that say SCAN LINE HERE** indicating areas of scan line placement. These boxes aren't part of the forms. For exact specifications of scan line placement, please refer to “2022 Other Substitute Return Specifications”*


ID-VP Income Tax Voucher Payment

		Form ID-VP Income Tax Voucher Payment		2022		Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
Tax type <input checked="" type="checkbox"/> Individual (01) <input type="checkbox"/> Business (05)		Filing period 2022		Tran code 95		Amount paid with voucher \$ 100 00	
Name as shown on your individual or business return JOHN DOE					Full Social Security number or EIN 888582020		
Spouse's name, if a joint individual return SARAH DOE					Full Spouse's Social Security number 505772020		
Current mailing address 486 SUNSET DR							
City EAGLE				State ID		ZIP code 83758	
EFO00316 05-19-2022							
<div style="border: 2px solid red; padding: 5px; display: inline-block;">SCAN LINE HERE</div>							


		Form ID-VP Income Tax Voucher Payment		2022		Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
Tax type <input type="checkbox"/> Individual (01) <input checked="" type="checkbox"/> Business (05)		Filing period 0922		Tran code 95		Amount paid with voucher \$ 500 00	
Name as shown on your individual or business return THE CHICKEN SHACK					Full Social Security number or EIN 550052277		
Spouse's name, if a joint individual return					Full Spouse's Social Security number		
Current mailing address 58589 EXECUTIVE DRIVE							
City BOISE				State ID		ZIP code 83758	
EFO00316 05-19-2022							
<div style="border: 2px solid red; padding: 5px; display: inline-block;">SCAN LINE HERE</div>							

ID PTE-01

		Form PTE-01 — Voucher Income Tax Withheld for a Nonresident Individual Owner of a Pass-through Entity		Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
This payment is for tax year: 20 <u>22</u>			Tax Code 01	Tran Code 12	Amount Paid \$ 100 00
Owner's first name and initial JOHN P		Owner's last name DOE		Owner's Social Security number 888522020	
Owner's current mailing address (number, street, and apartment number) 486 SUNSET DR					
City EAGLE			State ID	ZIP code 83758	
Entity business name BRIAR ESTATES		Federal Employer Identification Number (EIN) 592087488		Entity email address BRIAR@HOME.NET	
Complete if applicable. The owner is a grantor trust or disregarded entity and the income is reported by:					
Name				Social Security number	
EFO00238			07-19-2022		
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		Form PTE-01 — Voucher Income Tax Withheld for a Nonresident Individual Owner of a Pass-through Entity		Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
This payment is for tax year: 20 <u>22</u>			Tax Code 01	Tran Code 12	Amount Paid \$ 100 00
Owner's first name and initial SUSAN J		Owner's last name FITZGERALD		Owner's Social Security number 784522020	
Owner's current mailing address (number, street, and apartment number) 486 SUNSET DR					
City EAGLE			State ID	ZIP code 83758	
Entity business name BRIAR ESTATES		Federal Employer Identification Number (EIN) 592087488		Entity email address BRIAR@HOME.NET	
Complete if applicable. The owner is a grantor trust or disregarded entity and the income is reported by:					
Name				Social Security number	
EFO00238			07-19-2022		
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ID FORM 51

		Form 51 — Voucher Estimated Payment of Individual Income Tax		Mail to: Idaho State Tax Commission PO Box 83784 Boise ID 83707-3784	
This payment is for tax year: <input checked="" type="checkbox"/> 2022 <input type="checkbox"/> 2023			Tax code 01	Tran code 10	Amount paid \$ 875 00
Your first name and initial DILLION		Last name JAEGER		Full Social Security number 800741111	
If a joint return, spouse's first name and initial		Last name		Full Spouse's Social Security number	
Address (number, street, and apartment number) 52 STAR ROAD					
City STAR			State ID	ZIP code 83669	
EFO00092			05-19-2022		
SCAN LINE HERE					



**Form 51 — Voucher
Estimated Payment of Individual Income Tax**

Mail to:
Idaho State Tax Commission
PO Box 83784
Boise ID 83707-3784

This payment is for tax year: <input type="checkbox"/> 2022 <input checked="" type="checkbox"/> 2023		Tax code 01	Tran code 10	Amount paid \$ 14258	00
Your first name and initial FABIAN	Last name SOLION	Full Social Security number 058557485			
If a joint return, spouse's first name and initial	Last name	Full Spouse's Social Security number			
Address (number, street, and apartment number) 23450 FAIRVIEW AVE					
City BOISE	State ID	ZIP code 83705			

EFO00092 05-19-2022

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ID FORM 41ES



**Form 41ES — Voucher
Estimated Tax Payment/Extension of Time Payment
Business Income Tax**

Mail to:
Idaho State Tax Commission
PO Box 83784
Boise ID 83707-3784

For calendar year _____, or fiscal year beginning		Mo 09	Day 21	Year 22	ending	Mo 09	Day 21	Year 23
Business name Treyvek Holding Company					Federal Employer Identification Number (EIN) 774589201			
Current business mailing address 7747 Adventure Road					Tax code 05			
City Coeur D'Alene			State ID	ZIP code 83815	Tran code 10			
Name/address change? <input type="checkbox"/> Yes <input type="checkbox"/> No		Combined report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount paid \$ _____ .00			
Type of Payment					Type of Return to be Filed			
1 <input checked="" type="checkbox"/> Estimated Tax		3 <input type="checkbox"/> Qualified Investment Exemption (QIE)			1 <input type="checkbox"/> Corporation - Form 41		3 <input type="checkbox"/> Fiduciary - Form 66	
2 <input type="checkbox"/> Extension of Time		4 <input type="checkbox"/> Affected Business Entity Election (ABE)			2 <input checked="" type="checkbox"/> S Corporation - Form 41S		4 <input type="checkbox"/> Partnership - Form 65	

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**Form 41ES — Voucher
Estimated Tax Payment/Extension of Time Payment
Business Income Tax**

Mail to:
Idaho State Tax Commission
PO Box 83784
Boise ID 83707-3784

For calendar year <u>2023</u> , or fiscal year beginning		Mo	Day	Year	ending	Mo	Day	Year
Business name Carson ClearWater Group					Federal Employer Identification Number (EIN) 105478216			
Current business mailing address 321 New Plymouth Drive					Tax code 05			
City Twin Falls			State ID	ZIP code 83803	Tran code 10			
Name/address change? <input type="checkbox"/> Yes <input type="checkbox"/> No		Combined report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Amount paid \$ _____ 51 .00			
Type of Payment					Type of Return to be Filed			
1 <input type="checkbox"/> Estimated Tax		3 <input type="checkbox"/> Qualified Investment Exemption (QIE)			1 <input type="checkbox"/> Corporation - Form 41		3 <input type="checkbox"/> Fiduciary - Form 66	
2 <input checked="" type="checkbox"/> Extension of Time		4 <input type="checkbox"/> Affected Business Entity Election (ABE)			2 <input type="checkbox"/> S Corporation - Form 41S		4 <input checked="" type="checkbox"/> Partnership - Form 65	

EFO00026 08-16-2022

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ID FORM 910

MONTHLY:


Form 910	IDAHO WITHHOLDING PAYMENT			
PERMIT NO.	FROM	TO	<input type="checkbox"/> Mailing Address Change	<input type="checkbox"/> Cancel Permit
000256641	09/01/2022	09/30/2022		
	TAX DUE ON OR BEFORE			
	10/20/2022			
94				
<small>RT0910 01/08/04</small>				
Mail to: State Tax Commission, PO Box 76, Boise, Idaho 83707-0076				
In the box below, enter the amount of Idaho income tax withheld from your employees' paychecks for the period shown on this voucher. You must file this form even if no tax is withheld for this period.				
Deanna's Confections 1010 Highway 52 Horseshoe Bend ID 83629			Payment Amount · 00	
<small>I do hereby swear or affirm that this information is true and correct to the best of my knowledge</small>				
<small>Authorized Signature</small>			<small>Date</small>	
SCAN LINE HERE				

QUARTERLY:

Form 910	IDAHO WITHHOLDING PAYMENT			
PERMIT NO.	FROM	TO	<input type="checkbox"/> Mailing Address Change	<input type="checkbox"/> Cancel Permit
003133874	07/01/2022	09/30/2022		
	TAX DUE ON OR BEFORE			
	10/31/2022			
94				
<small>RT0910 01/08/04</small>				
Mail to: State Tax Commission, PO Box 76, Boise, Idaho 83707-0076				
In the box below, enter the amount of Idaho income tax withheld from your employees' paychecks for the period shown on this voucher. You must file this form even if no tax is withheld for this period.				
Donnelley CPA and Associates 444 Mill Road Pocatello ID 83201			Payment Amount · 00	
<small>I do hereby swear or affirm that this information is true and correct to the best of my knowledge</small>				
<small>Authorized Signature</small>			<small>Date</small>	
SCAN LINE HERE				

ID Form 967

MONTHLY:

967 IDAHO ANNUAL WITHHOLDING REPORT		595 R0967A 07-19-2017	
<input type="checkbox"/> AMENDED	ACCOUNT NO. 005784421	TAX YEAR 2022	DUE ON OR BEFORE 01/31/2023
<input type="checkbox"/> Mailing address change	<input type="checkbox"/> Cancel account		
<p>The Bowman Group 3498 Plate Ave Boise ID 83705</p>		Return mailing address: Idaho State Tax Commission PO Box 76 Boise, Idaho 83707-0076	
 Wages and Withholding			
1. Total Idaho taxable wages reported on W-2s	•	_____	
2. Total Idaho tax withheld on W-2s and 1099s	•	_____	
State use only			
• _____			
• _____			
3. Total tax paid for calendar year 2021	•	_____	
4. Remaining tax due or (overpaid). Subtract line 3 from line 2	•	_____	
5. Penalty on balance owed. If line 4 is zero or a credit, enter 0	•	_____	
6. Interest on balance owed. If line 4 is zero or a credit, enter 0	•	_____	
7. Total due. Add lines 4, 5, and 6	•	_____	
 Statements Submitted			
8. Number of W-2s for the year (send W-2s with this form)	•	_____	
9. Number of 1099s with Idaho withholding for the year (send 1099s with this form) •	•	_____	
Check box if 1099s were submitted through combined federal/state filing	•	<input type="checkbox"/>	
10. Total number of statements. Add lines 8 and 9	•	_____	
11. Statement penalty. Add after due date. Multiply line 10 by \$2 per month for each full or part month overdue. If submitted by due date, enter 0	•	_____	
12. Add lines 7 and 11			
12a. Total due	•	_____	
12b. Total refund	•	_____	
<i>I certify under penalties of perjury that this return is true, correct and complete to the best of my knowledge.</i>			
Authorized Signature		Date	
SCAN LINE HERE		 8 5 0 0 9 1	

QUARTERLY:

967 IDAHO ANNUAL WITHHOLDING REPORT

595
R0967A
07-19-2017

AMENDED

ACCOUNT NO.
005784421

TAX YEAR

DUE ON OR BEFORE

Mailing address change

Cancel account

2022

01/31/2023

BRIAR FINE JEWELRY
2335 W DORMAN ST
BOISE ID 83709

Return mailing address: Idaho State Tax Commission
PO Box 76
Boise, Idaho 83707-0076

Wages and Withholding

- 1. Total Idaho taxable wages reported on W-2s • _____
- 2. Total Idaho tax withheld on W-2s and 1099s • _____

State use only
• _____
• _____

- 3. Total tax paid for calendar year 2021 • _____
- 4. Remaining tax due or (overpaid). Subtract line 3 from line 2 • _____
- 5. Penalty on balance owed. If line 4 is zero or a credit, enter 0 • _____
- 6. Interest on balance owed. If line 4 is zero or a credit, enter 0 • _____
- 7. Total due. Add lines 4, 5, and 6 • _____

Statements Submitted

- 8. Number of W-2s for the year (send W-2s with this form) • _____
- 9. Number of 1099s *with Idaho withholding* for the year (send 1099s with this form) • _____

Check box if 1099s were submitted through combined federal/state filing •

- 10. Total number of statements. Add lines 8 and 9 • _____
- 11. Statement penalty. Add after due date.
Multiply line 10 by \$2 per month for each full or part month overdue.
If submitted by due date, enter 0 • _____

- 12. Add lines 7 and 11
- 12a. Total due •
- 12b. Total refund •

I certify under penalties of perjury that this return is true, correct and complete to the best of my knowledge.

Authorized Signature	Date
• _____	_____

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