CD-V

FRANCHISE TAX PAYMENT VOUCHER

(FORM REVISION 9-24-12)

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: Both the Corporate income and Franchise vouchers are required.

BARCODE:

The barcode must read 66101XX004. 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 05002
- 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-V Fran			
Beginning Period	**Ending Period**	**Type of Filer: Calendar, Fiscal or Short Year**	**Scan Line with Check Digit**
01/01/21	12/31/21	Calendar	12211
02/01/21	01/31/22	Fiscal	01228
03/01/21	02/28/22	Fiscal	02224
04/01/21	03/31/22	Fiscal	03221
05/01/21	04/30/22	Fiscal	04227
06/01/21	05/31/22	Fiscal	05223
07/01/21	06/30/22	Fiscal	06220
08/01/21	07/31/22	Fiscal	07226
09/01/21	08/31/22	Fiscal	08222
10/01/21	09/30/22	Fiscal	09229
11/01/21	10/31/22	Fiscal	10227
12/01/21	11/30/22	Fiscal	11223
05/01/21	12/31/21	Short	12221

NCDOR NORTH CAROLINA DEPARTMENT OF REVENUE

Placement of Variable Data

Print Line Number	Identification	Begin Print Position	Maximum Field Length	End Print Position	Field Description
50	Calendar Year	22	4	25	Numeric "2021" or blank
50	Other Tax Year Beg.	49	8	56	Numeric; No Punctuation Starting Date Ex. 02 01 21
50	And ending	70	8	77	Numeric; No Punctuation Ending Date Ex. 01 31 22
52	Legal Name	8	40	47	Alphanumeric
52	FEIN	65	9	73	Numeric; no dashes Print number consecutively
54	Address	8	35	42	Alphanumeric
56	City	8	20	27	Alpha
56	State	30	2	31	Alpha
56	Zip Code	34	5	38	Numeric; 5 digit zip code
56	Total Franchise Due	63	12	74	Numeric; with .00
59	Non Profit/ Tax Exempt	8	1	8	Alpha; Y or N Select only one
59	Non Profit/ Tax Exempt	11	5	15	NP/TE
59	Non U.S. / Foreign	18	1	18	Alpha; Y or N Select only one
59	Non U.S. / Foreign	21	2	22	NF
59	Coop. or Mutual Assn.	25	1	25	Alpha; Y or N Select only one
59	Coop. or Mutual Assn.	28	5	32	CO/MA