

E-585S

INCENTIVE CLAIM FOR REFUND STATE, COUNTY, AND TRANSIT SALES AND USE TAXES (REVISION 1-25-18)

CHANGES FOR THE YEAR

- The Form E-585S was not updated for 2022.
- If your company reproduced Form E-585S last year, your data placement for the form should match the approved trained version.
- If your company has not reproduced Form E-585S, then match the SD version.

Production Details:

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|------------------------------------|-----------------------------|
| Approved By Date: | October 28, 2022 |
| Form Period Date Effective: | Period Ending June 30, 2022 |
| For Filing Periods | July 2021 – June 2022 |
| Form Placed in Software: | After September 13, 2022 |
| Unchanged/Updated: | Unchanged |

9-12 TEST SAMPLES REQUIRED:

- 1 Blank
- 1 Full Field
- 7 by PDF or 10 by Mail

BARCODE:

The barcode must read 83901XX011. Replace (XX) with your two-digit Software Developer Identification Number.

Align barcode between Row 18, Column 7-11 and Row 33, Column 7-11. Print the number either stacked or vertically to the right of the barcode

USE:

- 12 point Courier font for variable fields
- All capital letters for variable text
- Amount due with 0.00 format
- Correct barcode length
- Correct matching line geometry
- Data placement from SD version
- High resolution bitmap for barcodes
- Matching alignment between the full field and test samples
- No punctuation or special characters in address field
- Right aligned amount due
- Various ID numbers using the prefixes of 999, 900, 000 or 666 for FEINs/SSNs

BARCODE DIMENSIONS:

- IF YOUR COMPANY SUPPORTED THIS FORM FOR 2021, DO NOT UPDATE THE ALIGNMENT, PLACEMENT OR BARCODE DIMENSIONS ON YOUR 2022 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 2021, DO NOT SHIFT VERBIAGE AND LINE NUMBERS ON YOUR 2022 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
- INCLUDE ONE TEST SAMPLE EXCEEDING \$999.00
- 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

| PROPOSED VARIETY OF E-585S TEST SAMPLES | | | | | | | |
|---|----------|----------|----------|----------|----------|----------|----------|
| TEST SAMPLE: | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| FILING FREQ | ANNUAL | ANNUAL | ANNUAL | ANNUAL | ANNUAL | ANNUAL | ANNUAL |
| P/B | 07 01 22 | 07 01 22 | 07 01 22 | 07 01 22 | 07 01 22 | 07 01 22 | 07 01 22 |
| P/E | 06 30 23 | 06 30 23 | 06 30 23 | 06 30 23 | 06 30 23 | 06 30 23 | 06 30 23 |
| MRF | Y | N | Y | N | N | N | N |
| ERI | N | Y | N | Y | N | Y | N |
| PMT | N | N | N | N | Y | Y | Y |

Placement of Variable Data

| Print Line Number | Identification | Begin Print Position | Maximum Field Length | End Print Position | Field Description |
|-------------------|------------------|----------------------|----------------------|--------------------|--|
| 7 | SSN/FEIN | 23 | 9 | 31 | Numeric; No dashes Printed number consecutively |
| 8 | Account ID | 23 | 9 | 31 | Numeric; No dashes Print number consecutively |
| 8 | Period Beginning | 47 | 10 | 56 | Numeric; No punctuation Period Begin Ex. 11 01 22 |
| 8 | Period Ending | 68 | 10 | 77 | Numeric; No Punctuation Period Ending Ex 11 30 22 |
| 9 | NAICS Code | 23 | 6 | 28 | Numeric; No dashes Print number consecutively |
| 15 | Legal Name | 7 | 10 | 16 | Alphanumeric |
| 15 | SSN | 21 | 9 | 29 | Numeric; No dashes Print number consecutively |
| 15 | Account ID | 33 | 9 | 41 | Numeric; No dashes Print number consecutively |
| 15 | NAICS Code | 45 | 6 | 50 | Numeric; No dashes Print number consecutively |
| 15 | MRF | 55 | 3 | 57 | MRF |
| 15 | MRF | 60 | 1 | 60 | Alpha: Y or N Y: Yes N: No |
| 15 | ERI | 64 | 3 | 66 | ERI |
| 15 | ERI | 69 | 1 | 69 | Alpha: Y or N Y: Yes N: No |
| 15 | PMT | 73 | 3 | 75 | PMT |
| 15 | PMT | 78 | 1 | 78 | Alpha: Y or N Y: Yes N: No |
| 17 | Line 1 | 17 | 2 | 18 | 01 |
| 17 | Line 1 | 21 | 12 | 32 | Alpha Taxing County |
| 17 | Line 5S | 39 | 3 | 41 | 05S |
| 17 | Line 5S | 44 | 11 | 54 | Numeric; with 0.00 |
| 17 | Line 10S | 62 | 3 | 64 | 10S |
| 17 | Line 10S | 67 | 11 | 77 | Numeric; with 0.00 |

| | | | | | |
|----|----------|----|----|----|----------------------|
| 19 | Line 2S | 17 | 3 | 19 | 02S |
| 19 | Line 2S | 22 | 11 | 32 | Numeric; with 0.00 |
| 19 | Line 5C | 39 | 3 | 41 | 05C |
| 19 | Line 5C | 44 | 11 | 54 | Numeric; with 0.00 |
| 19 | Line 10C | 62 | 3 | 64 | 10C |
| 19 | Line 10C | 67 | 11 | 77 | Numeric; with 0.00 |
| 21 | Line 2C | 17 | 3 | 19 | 02C |
| 21 | Line 2C | 22 | 11 | 32 | Numeric; with 0.00 |
| 21 | Line 7 | 39 | 2 | 40 | 07 |
| 21 | Line 7 | 43 | 12 | 54 | Alpha; Taxing County |
| 21 | Line 11 | 62 | 2 | 63 | 11 |
| 21 | Line 11 | 67 | 11 | 77 | Numeric; with 0.00 |
| 23 | Line 3S | 17 | 3 | 19 | 03S |
| 23 | Line 3S | 22 | 11 | 32 | Numeric; with 0.00 |
| 23 | Line 8S | 39 | 3 | 41 | 08S |
| 23 | Line 8S | 44 | 11 | 54 | Numeric; with 0.00 |
| 23 | Line 12A | 62 | 3 | 64 | 12A |
| 23 | Line 12A | 62 | 11 | 77 | Numeric; with 0.00 |
| 25 | Line 3C | 17 | 3 | 19 | 03C |
| 25 | Line 3C | 22 | 11 | 32 | Numeric; with 0.00 |
| 25 | Line 8C | 39 | 3 | 41 | 08C |
| 25 | Line 8C | 44 | 11 | 54 | Numeric; with 0.00 |
| 25 | Line 12B | 62 | 3 | 64 | 12B |
| 25 | Line 12B | 67 | 11 | 77 | Numeric; with 0.00 |
| 27 | Line 4S | 17 | 3 | 41 | 04S |
| 27 | Line 4S | 22 | 11 | 32 | Numeric; with 0.00 |
| 27 | Line 9S | 39 | 3 | 41 | 09S |
| 27 | Line 9S | 44 | 11 | 54 | Numeric; with 0.00 |
| 27 | Line 12C | 62 | 3 | 64 | 12C |
| 27 | Line 12C | 67 | 11 | 77 | Numeric; with 0.00 |

| | | | | | |
|----|---------|----|----|----|--------------------|
| 29 | Line 4C | 17 | 3 | 19 | 04C |
| 29 | Line 4C | 22 | 11 | 32 | Numeric; with 0.00 |
| 29 | Line 9C | 39 | 3 | 41 | 09C |
| 29 | Line 9C | 44 | 11 | 54 | Numeric; with 0.00 |