STATE OF VERMONT DEPARTMENT OF TAXES

SCAN SPECIFICATIONS

FOR

FIDUCIARY

2020
TAX YEAR

SUBSTITUTE FORMS – GENERAL

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.**

Please provide users with printing instructions to ensure that their printed returns match the samples you submitted for approval.

List of Individual Income forms being scanned for the 2019 tax year

FIT-160	**FIT-161**	**FIT-162**	**FIT-165**
FIT-166	**FIT-167**	**K1VTF**	**FIT-168**

Forms will be approved in subsets as indicated below. All forms in a subset must receive approval at the same time. *Example:* Form FIT-161 will not receive approval until Schedules FIT-162, FIT-166, FIT-167, K1VTF, and FIT-160 are approved. You are required to use the test samples found on the FTA SES website.

Subsets allowed:
1. FIT-161, FIT-162, FIT-166, FIT-167, K1VTF, FIT-160
2. FIT-165
3. FIT-168

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 ½ x 11 unless otherwise specified).

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

Software must inform taxpayers to submit originally printed forms and schedules for processing.

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 <u>**UPPERCASE** </u>**only.**

<u>Do not allow more characters in the body of the form than is allowed by "Maximum Field Length."</u> Examples: 1) Do not allow 45 characters in the mailing address because the maximum length only allows 36 characters.

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.

CHECKBOXES

- Must be formatted as blank or X only.

DATES

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

TELEPHONE NUMBERS

- Do not print parentheses or dashes

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 1, 2021. First submittals received after January 1, 2021 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 FTA SES 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 (*ann.lane@vermont.gov*) 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 *ann.lane@vermont.gov*

- **Data -** Each vendor that creates software that prints the variable data on Department-approved 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 https://www.nactp.org

FIDUCIARY INCOME RETURNS

Field name	Maximum Field Length	Specifications
Name of Estate or Trust	36	Alphanumeric field. Do not allow two lines of data.
Name of Fiduciary	36	Alpha field
Federal ID Number	9	Numeric field (i.e. 999999999 or 99 9999999)
Social Security Number	9	Numeric field, (i.e. 999 99 9999 or 999999999)
Title of Fiduciary	15	Alpha field
Mailing Address	36	Alphanumeric field
City	23	Alpha field
State	2	Alpha field - use standard two-letter abbreviation
Zip	10	Alphanumeric field (i.e. 05602 or A1A 1A1)
Foreign Country	36	Alpha field
Telephone Number	10	Numeric field, do not allow parentheses and dashes
Date of Death	8	Numeric field, date format MMDDYYYY
Tax Year Begin & End Date	8	Numeric field, date format MMDDYYYY
State of Domicile at Death and/or Creation of Trust	2	Alpha field - use standard two-letter abbreviation
Recipient Type (K-1VT-F)	1	Alpha field
Percent of Estate's or Trust's income or loss	6	Percentage (i.e. 20.00 or 100.00)
Dollar amounts	14	Numeric field. Use whole dollars. Round entries to the nearest whole dollar. Forms that have hard coded "**00**" in the cents field must be reproduced accordingly.
Preparer's SSN or PTIN	9	Alphanumeric field