

# **Illinois Department of Revenue**

**Lockbox  
Data Entry  
Lockbox Imaging**

**Specifications**

**2021**

**IL-501  
IL-941  
IL-941-X  
IL-1040-ES  
IL-505-I  
ST-1/ST-2  
ST-1/ST-2-X**

**February 23, 2021**

Prepared by the Illinois Department of Revenue's Electronic Commerce Division and Data Entry Division in conjunction with the Illinois Department of Information Technology-Revenue.

# Executive Summary

## Purpose

To expedite the deposit of monies received from designated taxpayers, the Illinois Treasurer's Office, on behalf of the Illinois Department of Revenue (IDOR), is providing these specifications as part of the Treasurer's Request for Proposal (RFP) process to identify qualified Financial Institutions to furnish a direct deposit banking service (lockbox), Data Entry, and image service.

IDOR administers the collection of approximately 70 different taxes. This RFP contains five different tax types that IDOR is requesting to have processed at a lockbox facility. Certain taxpayers are required to remit the tax payments at various points in time based on the tax type and the liability due. The following are filing and payment requirement categories based on tax type:

- Annual
- Quarterly
- Monthly
- Semi-Weekly

All work including programming, maintenance, customer support, IT services and technical support, data entry, etc., is required to be done in the United States or its territories.

All transmissions of data, images, reports, etc., will be between IDOR and the State Treasurer's Office by the Vendor who is awarded the contract (hereinafter referred to as "Vendor" or "Financial Institution" or "Contractor"). Any subcontractor must abide by the same provisions, scheduling, and requirements that the Vendor is subject to. Any subcontractor will not be allowed to transmit any of the work directly to IDOR unless first approved by IDOR.

Please note that technical specifications such as scan line contents are subject to change.

**IMPORTANT:** This RFP seeks deposit and document processing solutions. We welcome bids that meet or exceed minimum requirements. We encourage submissions that would improve efficiencies with regard to expediting deposits and key-from-image solution, especially for the ST-1/ST-2/ST-1-X/ST-2-X payment and document processing.

The current ST-1/ST-2/ST-1-X/ST-2-X process is two-part: 1) the payment is separated from the return and attachments and 2) the returns are separately data entered. The Department is seeking a solution to improve and streamline this into one process and this improved process must meet the specified timeframes.

## Volumes

**In this package, the Department has included actual volumes for CY2018, CY2019 and CY2020 and projected volumes for CY2021, CY2022 and CY2023. During the life of this contract, IDOR is anticipating a continual volume shift of taxpayers moving from paper to electronic filing and payments. Although the projected volumes are estimates, IDOR continues to encourage taxpayers to go paperless and file and pay electronically. We anticipate the paper volume to continue to decrease annually during the life of this contract. For additional details, please see the Lockbox Actuals and Predictions graphic within this document.**

It is not possible to determine the precise quantities of services that will be required during a contract term. Stated volumes are for contingency planning and are not in any way intended to represent guaranteed contract volumes.

The IDOR guarantees neither a minimum amount nor a maximum amount of source documents to be available for processing.

## **Confidentiality and Security Requirements**

The Financial Institution shall be prohibited from using or disclosing confidential information received while providing lockbox processing services. The Financial Institution shall comply with the confidentiality requirements imposed on the Illinois Department of Revenue (IDOR) in Section 917 of the Illinois Income Tax Act (35 ILCS 5/917), Section 11 of the Retailers' Occupation Tax Act (35 ILCS 120/11), and all other confidentiality provisions provided in State or Federal law. Confidential information includes all information but the following: (i) information already known or independently developed by the recipient; (ii) information required to be released by law (iii) information in the public domain through no wrongful act of the recipient; and (iv) information received by the recipient from a third party who was free to disclose it.

The Financial Institution shall comply with the following confidentiality provisions:

### **Confidentiality**

Provisions for safeguarding Illinois Income Tax information are detailed in the Illinois Compiled Statutes, Chapter 35, Section 5/917 (a) ), and provisions for safeguarding Illinois Retailers' Occupation Tax information are detailed in the Illinois Compiled Statutes, Chapter 35, Section 120/11. All taxpayer payment and return information received by the successful bidder or its subcontractors, whether received from the taxpayer or the Department, shall be confidential except for official purposes and pursuant to official procedures for the collection of State of Illinois taxes. The Financial Institution and its employees, any subcontractors and their employees shall be subject to the same civil and criminal penalties for unauthorized disclosure as Illinois Department of Revenue employees.

### **35 ILCS 5/917 (a)**

#### **Confidentiality and Information Sharing**

Except as provided in this Section, all information received by the Department from returns filed under this Act, or from any investigation conducted under the provisions of this Act, shall be confidential, except for official purposes within the Department or pursuant to official procedures for collection of any State tax or pursuant to an investigation or audit by the Illinois State Scholarship Commission of a delinquent student loan or monetary award or enforcement of any civil or criminal penalty or sanction imposed by this Act or by another statute imposing a State tax, and any person who divulges any such information in any manner, except for such purposes and pursuant to order of the Director or in accordance with a proper judicial order, shall be guilty of a Class A misdemeanor. However, the provisions of this paragraph are not applicable to information furnished to a licensed attorney representing the taxpayer where an appeal or a protest has been filed on behalf of the taxpayer.

### **35 ILCS 120/11**

#### **Confidentiality and Information Sharing**

All information received by the Department from returns filed under this Act, or from any investigation conducted under this Act, shall be confidential, except for official purposes, and any person who divulges any such information in any manner, except in accordance with a proper judicial order or as otherwise provided by law, shall be guilty of a Class B misdemeanor with a fine not to exceed \$7,500.

## **IDOR Employee Handbook: Chapter 4, Page 59, 60, & 61**

All information on any tax return, tax payment, or any document accompanying any tax return is confidential.

Unauthorized release of confidential taxpayer information may result in criminal prosecution under Illinois and federal laws, as well as disciplinary action up to and including discharge. Information provided to the department by any other government or private agency also must be considered sensitive and confidential.

You may not publish, divulge, disclose, or make known in any manner any information contained in any report, tax payment, or record when such information discusses or potentially could identify a taxpayer unless it is already a matter of public record.

You may not use any information obtained by virtue of your employment at the department for actual or anticipated gain for yourself or another person.

Additionally, all records and documents in the custody of or accessible by department employees are for official use as stated in the section entitled “Care of official documents” (on Page 59) and are to be accessed for business reasons only.

No contractor or contractor employee may publish, divulge, disclose, or make known in any manner any information contained in any report, tax payment, or record when such information discusses or potentially could identify a taxpayer unless it is already a matter of public record.

A contractor or contractor employee may not use for private purposes or gain any information which was obtained in the course of the contract services.

All records and documents in the custody of or accessible by a contractor or contractor employee are for official business use only.

Violations of state confidentiality laws are prosecuted as Class A or Class B misdemeanors. Class A misdemeanors are punishable by a fine not to exceed \$2,500 and up to 364 days in jail or both. Class B misdemeanors are punishable by a fine not to exceed \$1,500 and up to six months in jail or both.

In addition to violating Illinois tax laws, persons who make unauthorized disclosures of federal tax information are subject to prosecution under the U.S. Internal Revenue Code. Divulging federal tax information, in any manner, that could identify a taxpayer is a felony punishable by up to five years in prison and a fine of up to \$5,000. The Internal Revenue Code also allows a taxpayer, about whom confidential information has been improperly released, to seek court-invoked civil damages for willful or negligent disclosure of information. The taxpayer has up to two years from the time the unauthorized disclosure is discovered to file suit.

The court may award the taxpayer the amount in actual damages incurred because of the disclosure (for example, income lost) as well as punitive damages in the case of willful

disclosure or a disclosure which is the result of gross negligence, but in no case shall the plaintiff receive less than \$1,000 for each disclosure plus the costs of the action.

## **Security**

The Financial Institution shall be subject to identical security and confidentiality provisions as the IDOR employees, as established by IDOR in accordance with State Law.

Before securing employment with IDOR, all applicants are required to complete an employee security check authorization form which entitles IDOR to check the applicant's taxpaying and criminal history. Applicant's tax filing status must be current to secure employment.

The Financial Institution must allow IDOR to complete a criminal history check on any/all Financial Institution applicants and employees who will have access to taxpayer returns or tax payments, coupons, records, etc. IDOR's Internal Affairs Division (IAD) will conduct a criminal history check using a Federal Bureau of Investigation (FBI) and Illinois State Police (ISP) fingerprinting review. This review will allow IAD to check the applicant's or employee's criminal history in all 50 States.

If a Financial Institution employee is found not to have a current filing status, the Financial Institution must ensure that the Financial Institution's employee will not have access to IDOR taxpayer returns. For the Financial Institution's employee to obtain access to IDOR taxpayer returns, his/her filing status must be made current and the employee criminal history check authorization form cleared through IDOR's Internal Affairs office.

# Other General Contractor Requirements

## Location Requirements

All work including programming, maintenance, customer support, IT services and technical support, data entry, etc. is required to be done in the United States or its territories.

## Inspection and Audit

The IDOR shall have the right to send its officers and employees into the facilities of the Financial Institution for inspection of the facilities and operations provided for the performance of any work under the contract including the right to audit books and records and supporting documents pertaining to work being done within the scope of the contract.

The Contractor shall be subject to any or all of the following forms of audit and/or verification:

- On-site IDOR employee(s)
- Unannounced or announced audits by IDOR Internal Auditors during bank processing hours
- Site security reviews performed by IDOR Internal Affairs office

The Contractor must use a quality review process to verify work is compliant with RFP requirements.

## Contact with IDOR

The respondent may not use subcontractors to perform the duties as outlined in this RFP unless the subcontractor is approved, in advance, by the Treasurer and the Illinois Department of Revenue. All subcontractors will be bound by the same confidentiality and information safeguarding requirements as the Vendor. If your response requires a subcontractor, the respondent must disclose the duties performed by the subcontractor. Subcontractors will be required to submit State Certifications and Disclosure Forms A, B, C and D. The primary awarded vendor is responsible for all transactions and is the contact entity. All file transfers must take place directly between the awarded Vendor and IDOR. Any subcontractors used will not transmit files to or communicate directly with IDOR.

## Days of Operation

The Contractor shall provide lockbox services six (6) days per week (Monday through Saturday), excluding banking holidays observed by the Federal Reserve Bank.

## Imaging of Documents, Returns, and Payments

All imaging required in the RFP must follow the State Records Act. All digital surrogates produced will need to follow Section 4400.070 Digital Reproduction in the State Records Act.

## Availability of Appropriations; Sufficiency of Funds.

This Agreement is contingent upon and subject to the availability of sufficient funds. The Department may terminate or suspend this Agreement, in whole or in part, without penalty or further payment being required, if (i) sufficient State funds have not been appropriated to the Department, (ii) the Governor or the Department reserves appropriated funds, or (iii) the

Governor or the Department determines that appropriated funds may not be available for payment. The Department shall provide notice, in writing, to Contractor of any such funding failure and its election to terminate or suspend this Agreement as soon as practicable. Any suspension or termination pursuant to this Section will be effective upon Contractor's receipt of notice.

## **Selection of Designated Tax Documents**

The Department has attempted to select tax specific applications which require minimal data capture. The selected groups of taxpayers have been instructed to remit their various designated tax returns (with and without remit) and payment (voucher coupon and check) to a designated post office box. The contractor will assume the pick-ups from the designated post office boxes.

## **Mail Requirements**

### **Post Office Box**

The following post office boxes and/or zip code specific addresses must be rented by the Financial Institution in the name of the Illinois Department of Revenue ("IDOR") for the purpose of mail collection by the Financial Institution:

IL-1040-ES IL DEPARTMENT OF REVENUE  
SPFLD IL 62736-0001

IL-505-I IL DEPARTMENT OF REVENUE  
PO BOX 19005, SPRINGFIELD IL 62794-9005

IL-941 IL DEPARTMENT OF REVENUE  
PO BOX 19052, SPRINGFIELD IL 62794-9052

IL-941-X IL DEPARTMENT OF REVENUE  
PO BOX 19052, SPRINGFIELD IL 62794-9016 (subject to change before implementation)

IL-501 IL DEPARTMENT OF REVENUE  
PO BOX 19447, SPRINGFIELD IL 62794-9447

ST-1 IL DEPARTMENT OF REVENUE  
SPFLD IL 62736-0001

ST-1-X IL DEPARTMENT OF REVENUE  
SPFLD IL 62736-0001 (subject to change before implementation)

## **Mail Pick-Up and Receipt**

On the days of operation, the Contractor shall perform these requirements regarding mail pick-up and receipt:

- Perform multiple daily pick-ups, by bonded courier, of mail received from the post office box. The Contractor shall provide certified proof to IDOR (upon request) that multiple mail pick-ups were made, including dates, time of pick-ups, and estimated volume of mail received.
- Open and remove the contents of all mail received.
- Candle/inspect all opened/emptied envelopes for remaining checks or documents. All envelopes shall be retained for 45 days, from the received date. Envelopes retained with returns will be inspected to ensure all contents have been removed and processed accordingly.
- Establish and maintain the mail date received integrity.
- Certified Mail Delivery Receipts from the U.S. Post Office should be date stamped, filed and retained either physically or digitally imaged for a minimum of a two-year period by each processing facility.
- Contractor must provide copies of the Certified Mail Delivery Receipts to IDOR upon request.

## **Exception Item Requirements**

### **Exception Sort Procedure**

All exception items that cannot be resolved on-line between IDOR and the Contractor must have envelopes and routing tags attached and must be forwarded to IDOR within eight hours after receipt of the document. In addition, all payments and related documents being returned to IDOR that are \$10,000 and over should be segregated, placed in a separate envelope, with a routing tag attached and must be marked clearly and boldly “BIG MONEY” or “≥ \$10,000”. Items for each tax type must be segregated as directed per sorts in the tax type sections (see each section in the specifications).

## **Exception Routing Tag**

A routing tag is a color-coded piece of paper which tells the date and day of the week that a document was received. Each day of the week has a different color routing tag. This routing tag is essential to IDOR in determining how long it takes an item to be processed and to ensure proper and timely posting to a taxpayer's account.

The following items on the routing tag shall be filled out by the Contractor:

- Exception item
- Date received--entered as a Julian date
- Document type
- Document count
- Station number
- Note any unusual activity or special circumstances that require attention

# Exception Item Log Control Sheet

The Contractor must complete an exception item log control sheet to accompany each day's exceptions that are sent to IDOR. Details for each tax type are provided in the document for the applicable tax type. Generally, for each tax type:

- the W/R Under \$10,000 line should include the total item count of all correspondence being submitted with remittance under \$10,000 including returns and protested payments but excluding any payments \$10,000 and over. This is to be a physical count of how many items are being submitted, not a dollar amount of all remittance. For example, if there are ten ST-1 unprocessable returns with remittance under \$10,000, then the number "10" would be placed in the W/R Under \$10,000 exception box for the item count.
- the W/O line should include the total item count of all correspondence being submitted without remittance. For Example, if there are six ST-1 unprocessable returns without remittance, then the number "6" would be placed in the W/O exception box for the item count.
- the Big Money  $\geq$ \$10,000 section should include an itemized listing of all payments being submitted that are \$10,000 and over and should be marked "Big Money" or " $\geq$ \$10,000". This itemized list should include both the check number and dollar amount for each payment. The total number of checks should then be reported in the "Item Count" box and the total dollar amount of those checks should be included in the "Total Dollars" box. An example for each of the tax types and exceptions is shown below. Refer to the specific tax type for additional details.

Example: EXCEPTION ITEM LOG CONTROL SHEET

IL-501 : Exception Type

<u>W/R</u>	Item Count
<u>Under \$10,000</u> :	7

<u>W/O</u> :	Item Count
	0

**"Big Money" "≥\$10,000" Itemized**

Check No.	\$ Amount
13991	\$11,486
34825	\$12,500
11925	\$24,502

**"Big Money" "≥\$10,000" Totals**

Item Count	Total Dollars
3	\$48,488

IL-941 : Exception Type

<u>W/R</u>	Item Count
<u>Under \$10,000</u> :	0

<u>W/O</u> :	Item Count
	11

**"Big Money" "≥\$10,000" Itemized**

Check No.	\$ Amount

**"Big Money" "≥\$10,000" Totals**

Item Count	Total Dollars
0	0

Example: EXCEPTION ITEM LOG CONTROL SHEET (Continued)

IL-1040-ES : Exception Type

<u>W/R</u>	Item Count
<u>Under \$10,000 :</u>	8
<u>W/O :</u>	Item Count
	0

**"Big Money" "≥\$10,000" Itemized**

Check No.	\$ Amount
22347	\$13,000

**"Big Money" "≥\$10,000" Totals**

Item Count	Total Dollars
1	\$13,000

IL-505-I : Exception Type

<u>W/R</u>	Item Count
<u>Under \$10,000 :</u>	3
<u>W/O :</u>	Item Count
	0

**"Big Money" "≥\$10,000" Itemized**

Check No.	\$ Amount
22890	\$17,000
24006	\$14,000

**"Big Money" "≥\$10,000" Totals**

Item Count	Total Dollars
2	\$31,000

ST-1 : Exception Type

<u>W/R</u>	Item Count
<u>Under \$10,000 :</u>	10
<u>W/O :</u>	Item Count
	6

**"Big Money" "≥\$10,000" Itemized**

Check No.	\$ Amount

**"Big Money" "≥\$10,000" Totals**

Item Count	Total Dollars
0	0

ST-2 : Exception Type

<u>W/R</u>	Item Count
<u>Under \$10,000 :</u>	0
<u>W/O :</u>	Item Count
	11

**"Big Money" "≥\$10,000" Itemized**

Check No.	\$ Amount

**"Big Money" "≥\$10,000" Totals**

Item Count	Total Dollars
0	0

# General Document and Payment Processing Procedures

## Acceptable Payees

The Contractor shall ensure that the remittance is made payable to IDOR. If the remittance is not made payable to IDOR the transaction (check and document) should not be processed, but instead routed to IDOR with other exception items.

The following are considered acceptable payee designations on remittances received with lockbox payments:

- Illinois Department of Revenue
- State Revenue Department
- Revenue
- (I) DOR
- State Treasurer
- State of Illinois
- Illinois/State Income Tax
- Illinois/State Tax Department
- Corporate Tax
- Director of Revenue
- Illinois/State Sales Tax
- Illinois Revenue Service
- Illinois Internal Revenue Service
- Illinois Department of Taxation

All foreign checks must be forwarded as exception item to the IDOR.

## Document Sorts and Batch Folder Requirements

### **Batch Folder Identification**

The Contractor shall be required to sort all mail into like batches as prescribed by IDOR and place the documents into a batch folder.

Example of Batch Folder Identification

1. Batch Control No.  
YYJJSSBB

YY = Year  
JJJ = Day (Julian Date)  
SSS = Station Number  
BB = Batch Number

2. Trans. Code  
- Refer to individual tax application's section.
3. Batch Control Amount  
- Enter total amount of batch.
4. Batch Count  
- Enter the total number of documents in batch.
5. Log Sheet Number  
- Refer to individual tax application's section.

NOTE: This is general information, more specific information on how batch folders are filled out is located in each tax application. These requirements are subject to change.

The Contractor shall generate and attach a bar code label to each live batch processed.

- For small batch folders, the label shall be attached horizontally, with the bar code at the top edge. The label shall be placed approximately 1/2 inch from the left edge.
- For large batch folders, the label shall be attached vertically, with the bar code at the right edge. The label shall be placed approximately 1 inch from the top edge.

The bar code label must be positioned correctly, wrinkle-free, and readable to ensure proper scanning by IDOR personnel. In addition, a small rubber band (1/16" wide) shall be placed around the outside of the batch folder.

### **Batch Folder Bar Code Label Requirements**

Color of Label and Ink:	White label with black ink
Size of label:	3 1/2 inches by 5/8 inches
Bar code:	Code 39 style
Bar code size:	at least 1/4 of an inch
Information required on label:	Batch number (ex: 1506034301)

The department currently uses a Sato M-8400 printer to print bar code labels. There are many types of printers that print these labels. It is possible to use a Hewlett Packard LaserJet print code if the printer has a bar code card. Depending on the type of printer used to generate these bar code labels, the software and required bar code font should come with the printer. However, the department will provide the necessary coding information, should the Contractor need this.

IDOR will approve the font and readability of the barcode during testing for the implementation of the contract.

## **Document Sorts**

The Contractor must sort received documents and payments as specified in each tax type section of this RFP.

## **Time Frames for Deposits and Forms Processing**

The Contractor shall perform the specified services within the following time frames:

All mail, tax documents, remittance and correspondence shall be processed and remittance deposited within eight (8) hours of receipt for IL-501, and IL-505-I (with the exception of IL-941, IL-1040-ES, and ST documents which need to be processed and remittance deposited within 24 hours of receipt). Exception batches of correspondence, tax documents and remittances, and other tax documents that are not able to be processed (per IDOR sorting requirements) should be forwarded to IDOR within eight (8) working hours of receipt.

Within 24 hours of the day of the deposit, all of the following items shall be delivered to IDOR, with the exception of the ST-1/ST-2/ST-1-X/ST-2-X:

- All batches of processed documents and/or returns (in sequence order)
- Management, deposit, and statistical reports covering the respective deposit
- **File transmissions**
  - NOTE: Backup methods will be required in the event of a problem with the transmission (i.e. CD/Flash drive).
- **Data control reports**
- The Contractor, from a back-up library, shall be required to recover and generate a transmission CD/Flash drive within 24 hours from notification by IDOR (including delivery time to IDOR in Springfield) when IDOR finds the transmission to be unacceptable. This data must be accessible to IDOR for two (2) working days after the receipt of the transmission.
- ST-1/ST-2/ST-1-X/ST-2-X returns must be delivered to IDOR after data entry is complete. Data entry of the ST-1/ST-2/ST-1-X/ST-2-X returns must be complete within 3 days after deposit, which must be completed in 24 hours as mentioned above.
- Data entry of the ST-1/ST-2/ST-1-X/ST-2-X return can be done by the Financial Institution or may be subcontracted. However, the subcontractor must be approved by IDOR and is subject to all requirements of the RFP.

IMPORTANT: The current ST-1/ST-2/ST-1-X/ST-2-X process is two-part: 1) the payment is separated from the return and attachments and 2) the returns are separately data entered. The Department is seeking a solution to improve and streamline this into one process and this improved process must meet the 24-hour deposit timeframe and the 24-hour document return.

## **Error/Out of Balance Conditions**

The Contractor must guarantee an error rate not to exceed one percent (1%) of the entire batch key entered and key verified. One or more errors on a return will result in the entire return being in error.

The Department will perform the error corrections and will reduce any outstanding invoices due to the data entry vendor by IDOR's cost of those corrections if the error rate exceeds 1% of the total batch. The Department will notify the vendor of the errors and cost before such action is taken.

If the entire transmission is found to be in error, the Department will notify the vendor immediately and the vendor is required to correct these errors within 24 hours of being notified at no additional cost to the State.

### **The Contractor should not transmit out of balance information to IDOR!**

Vendor shall rectify any out of balance conditions before all said tax types are to be transmitted for that day.

## **Processing of Insufficient or Uncollected Funds**

Checks returned because of insufficient or uncollected funds will be automatically redeposited by the Contractor without entry to Treasurer's account. Checks returned a second time for insufficient funds and all other returned checks (account closed, signature missing, etc.) will be debited in total against the account and routed to the State Treasurer. The State Treasurer will then send IDOR an adjustment for the taxpayer's account.

## **Quality Review of Work Processed by Contractor**

Vendor shall make every attempt to ensure all work processed for all tax types is complete and accurate before transmission and delivery to IDOR. Quality control measures to ensure completeness and accuracy shall be implemented at all steps within all processes.

## **Station Numbers**

Listed below are lockbox station numbers. These station numbers are subject to change.

LOCKBOX STATION NUMBERS – (ordered numerically by tax type)

<b>STATION NUMBER</b>	<b>FORM</b>
104	1040-ES W/R (LOCKBOX)
105	1040-ES W/R (LOCKBOX)
106	1040-ES W/R (LOCKBOX)
107	1040-ES W/R (LOCKBOX)
109	1040-ES Certified
287	1040-ES LOCKBOX
288	1040-ES LOCKBOX
289	1040-ES LOCKBOX
290	1040-ES LOCKBOX
291	1040-ES LOCKBOX
292	1040-ES LOCKBOX
293	1040-ES LOCKBOX
159	505-I LOCKBOX W/R
343	505-I Certified
206	501 LOCKBOX
207	501 LOCKBOX
208	501 LOCKBOX
209	501 LOCKBOX
210	501 LOCKBOX
211	501 LOCKBOX
212	501 LOCKBOX
213	501 LOCKBOX
214	501 LOCKBOX
215	501 LOCKBOX
807	501 LOCKBOX
808	501 LOCKBOX
810	501 LOCKBOX
811	501 LOCKBOX
226	941 LOCKBOX (w/remit, w/checkbox)
227	941 LOCKBOX (w/remit, w/o checkbox)
228	941 LOCKBOX
229	941 LOCKBOX
230	941 LOCKBOX
231	941 LOCKBOX

232	941 LOCKBOX (w/remit, w/checkbox, no scanline)
233	941 LOCKBOX (w/remit, w/o checkbox, no scanline)
234	941 LOCKBOX W/O (w/checkbox)
235	941 LOCKBOX W/O (w/o checkbox)
237	941 LOCKBOX W/O (w/checkbox, backup if needed)
809	941 LOCKBOX
812	941-X LOCKBOX (w/checkbox)
813	941-X LOCKBOX (w/o checkbox)
815 (pair with 826)	ST-1 PAYMENTS (Directed, Lockbox) – Coupon/Stub
826 (pair with 815)	ST-1 RETURNS W/R (Separated from remittance, Lockbox)
827 (pair with 845)	ST-1 RETURNS W/R (Separated from remittance, Lockbox)
828	ST-1 RETURNS W/R (Separated from remittance, Lockbox)
829	ST-1 RETURNS W/R (Separated from remittance, Lockbox)
839	ST-1 RETURNS W/O (Lockbox)
845 (pair with 827)	ST-1 PAYMENTS (Directed, Lockbox) – Coupon/Stub
911	ST-1 PAYMENTS NO RETURN (Directed, Lockbox) – Coupon/Stub (Stand-alone payments)
245	ST-1-X RETURNS
246 (pair with 245)	ST-1-X PAYMENTS
837 (pair with 923)	ST-2 RETURNS W/R (Separated from remittance, Lockbox)
840	ST-2 RETURNS W/O (Lockbox)
847 (pair with 924)	ST-2 RETURNS W/R (Separated from remittance, Lockbox)
848	ST-2 RETURNS W/R (Separated from remittance, Lockbox)
923 (pair with 837)	ST-2 PAYMENTS (Directed, Lockbox) – Coupon/Stub
924 (pair with 847)	ST-2 PAYMENTS (Directed, Lockbox) – Coupon/Stub
255	ST-2-X RETURNS
256 (pair with 255)	ST-2-X PAYMENTS

## **Document Locator Number (DLN)**

**The vendor must assign document locator numbers. See tax type specifications for more information.**

**Structure:**

**YYJJSSNNBBBBBBTTT**

**(YYJJJ = year and julian)**

**(SS = scanner job number)**

**(NN = scanner number, as assigned by IDOR after vendor selection)**

**(BBBBBB = scanner batch number)**

**(TTT = transaction number within scanner batch)**

## Required Management Reports

The Contractor will create required IDOR management reports.

- The vendor must generate an email to IDOR reporting all files have been sent/acknowledgement received.

**Example “IDOR Transmission Status Report”**

TaxType	FileName	Status
IL1040ES		No Work Processed
IL941	#####_YYYYJJJ_XXXXXXX_#####.zip	Received Accepted Acknowledgement
IL501	#####_YYYYJJJ_XXXXXXX_#####.zip	Received Accepted Acknowledgement
IL1040ES	#####_YYYYJJJ_XXXXXXX_#####.zip	Received Accepted Acknowledgement
ST1_ST2	#####_YYYYJJJ_XXXXXXX_#####.zip	Received Accepted Acknowledgement
ST1_ST2-X	#####_YYYYJJJ_XXXXXXX_#####.zip	Received Accepted Acknowledgement
IL505		No Work Processed
Report_300	#####_YYYYJJJ_XXXXXXX_#####.zip	Received Accepted Acknowledgement

- The vendor must generate an email to IDOR reporting all batches.

**Example “Batch Summary Report”**

```

-----IL941-----
Revenue Batch Nbr
202115422701
Batch Total:      1 items                400.00

Revenue Batch Nbr
202115423301
Batch Total:      1 items                676.20

Revenue Batch Nbr
202115423401
Batch Total:      1 items                0.00

Revenue Batch Nbr
202115423501
Batch Total:     12 items                0.00

```

Revenue Batch Nbr  
202115481301  
Batch Total: 1 items 0.00

Revenue Batch Nbr  
202115481302  
Batch Total: 3 items 0.00

-----IL941-X-----

Revenue Batch Nbr  
202115481201  
Batch Total: 1 items 220.00

Revenue Batch Nbr  
202115481301  
Batch Total: 1 items 0.00

-----ST1-----

Revenue Batch Nbr Secondary Batch Nbr  
202115481501 201515482601  
Batch Total: 10 items 3633.83

Revenue Batch Nbr Secondary Batch Nbr  
202115481502 201515482602  
Batch Total: 4 items 1806.00

Revenue Batch Nbr Secondary Batch Nbr  
202115481503 201515482603  
Batch Total: 4 items 2348.58

Revenue Batch Nbr Secondary Batch Nbr  
202115481504 201515482604  
Batch Total: 1 items 575.00

Revenue Batch Nbr  
202115483901  
Batch Total: 3 items 0.00

Revenue Batch Nbr  
202115483902  
Batch Total: 2 items 0.00

Revenue Batch Nbr  
202115483903  
Batch Total: 1 items 0.00

Revenue Batch Nbr  
202115491101  
Batch Total: 2 items 70.59

-----ST1-X-----

Revenue Batch Nbr Secondary Batch Nbr  
202115424601 201515424501  
Batch Total: 2 items 1205.00

Revenue Batch Nbr  
202115424502  
Batch Total: 1 items 0.00

-----IL501-----

Revenue Batch Nbr  
202115420601  
Batch Total: 199 items 80604.45

Revenue Batch Nbr  
202115420602  
Batch Total: 199 items 59163.32

Revenue Batch Nbr  
202115420603  
Batch Total: 193 items 72134.88

Revenue Batch Nbr  
202115420604  
Batch Total: 64 items 21951.85

Revenue Batch Nbr  
202115481101  
Batch Total: 12 items 4177.42

Revenue Batch Nbr  
202115481102  
Batch Total: 22 items 9757.11

Revenue Batch Nbr  
202115481103  
Batch Total: 13 items 6451.51

Revenue Batch Nbr  
201515481104

Batch Total: 133 items 54295.07

-----IL1040-----

Revenue Batch Nbr

202115410401

Batch Total: 121 items 135609.00

Revenue Batch Nbr

202115410901

Batch Total: 193 items 467988.48

Revenue Batch Nbr

202115429301

Batch Total: 36 items 33025.00

Revenue Batch Nbr

202115429302

Batch Total: 19 items 11193.00

Revenue Batch Nbr

202115429303

Batch Total: 1 items 700.00

Revenue Batch Nbr

202115429304

Batch Total: 8 items 6352.00

Revenue Batch Nbr

202115429305

Batch Total: 5 items 6430.00

Revenue Batch Nbr

202115429306

Batch Total: 2 items 2120.00

Revenue Batch Nbr

202115429307

Batch Total: 4 items 2097.00

-----IL505-----

Revenue Batch Nbr

202115415901

Batch Total: 6 items 16,542.92

- The Daily Summary Report (200 report) must detail document count, sub-total dollars, total dollars, and clearing account number by tax type. It also sub-totals by form type (prepared and transmitted daily). **See tax type specifications for more information.**
- The Daily Deposit Report (300 report) must detail the total document count and total check amount by form type and transaction code. This report also reflects the total documents and dollars processed for a particular day. Example is below.

### Example 300 Report

**(Clearing account numbers will be provided.)**

DEPOSIT DATE: 05-20-21 FINANCIAL INSTITUTION NAME

PAGE: 1

STATE OF ILLINOIS, DEPARTMENT OF REVENUE

BANK ACCOUNT:

XXXXXX

#### 300-Report

CHECK FORM AMOUNT	TRAN CODE	DOCUMENT COUNT
501 LOCKBOX 308,535.61	816	835
941 LOCKBOX 1,076.20	916	2
941 LOCKBOX W/O 0.00	917	17
941-X LOCKBOX 220.00	918	2
941-X W/O 0.00	919	0
IL-1040-ES 665,514.48	E10	389
IL-505 16,542.92	E14	6
ST-1 PAYMENTS 8,434.00	240	21
ST-1 RETURNS W/O 0.00	210	8
ST-2 PAYMENTS 0.00	240	0
ST-2 RETURNS W/O 0.00	210	0
ST-1-X RETURNS 0.00	210	3
ST-1-X PAYMENTS 1205.00	240	2
ST-2-X RETURNS 0.00	220	0
ST-2-X PAYMENTS 0.00	240	0

-----  
TOTAL  
558,335.51

-----  
1318  
-----

DEPOSIT DATE: 05-20-21 FINANCIAL INSTITUTION NAME PAGE:  
2

STATE OF ILLINOIS, DEPARTMENT OF REVENUE BANK ACCOUNT:  
XXXXXX

**300-Report**

CLEARING ACCOUNT	DOCUMENT	SUB TOTAL	TOTAL
TAX TYPE	COUNT	DOLLARS	DOLLARS
NUMBER			
-----	-----	-----	-----
-----			
SALES TAX:			
ST-1 PAYMENTS	21	8,434.00	
ST-1 RETURNS W/O	8	0.00	
ST-1-X PAYMENTS	2	1,205.00	
ST-1-X RETURNS	3	0.00	
ST-2 PAYMENTS	0	0.00	
ST-2 RETURNS W/O	0	0.00	
ST-2-X PAYMENTS	0	0.00	
ST-2-X RETURNS	0	0.00	
-----	-----	-----	-----
TOTAL SALES TAX	34	9,639.00	9,639.00
#####			

(con't)

CLEARING ACCOUNT	DOCUMENT	SUB TOTAL	TOTAL
TAX TYPE	COUNT	DOLLARS	DOLLARS
NUMBER			
-----	-----	-----	-----
-----			
INCOME TAX:			
501 LOCKBOX	835	308,535.61	
941 LOCKBOX	2	1,076.20	
941 LOCKBOX W/O	17	0.00	
IL-1040-ES	389	665,514.48	
IL-505	6	16,542.92	
-----	-----	-----	-----
TOTAL INCOME TAX	1,249	991,669.01	991,669.01
#####			

# **Lockbox IL-501**

## Introduction

The Income Tax Act may require the taxpayer to make a IL-501 withholding income tax payment.

The lockbox bank will process the payment coupons, image, data enter the information, transmit the file electronically, and perform miscellaneous related document handling per specifications.

## OCR Document Specifications

The Department does not generally provide paper forms. Forms received are printed at the user's local printers and may vary in color, weight, and size. Some forms are generated from third-party software companies. These software companies are required to provide testing samples of a substitute official tax forms and payment coupons to the Department's Office of Publications Management for testing with lockbox, review, and approval.

IL-501 (scannable form)

- Generally, the coupon is printed on white paper from various local printers. The official size is 3.625 inches X 8.5 inches. (Since these coupons must be cut by the taxpayer, the size maybe somewhat irregular). Some will be torn due to perforations on the Department's preprint version (up to 3 coupons fit on a page).
- Generally, the scan line is printed in black ink and the font for the scan line is "OCR-A Std," size 10.
- Presently, the scan line is centered across the width of the page. The scan line must be at least .25 inches from the bottom edge of the form (when measuring from the bottom edge of the form to the bottom edge of the scan line characters) and no more than .375 inches from the bottom (no higher than .5 inches from the bottom edge).
- The scan line contains 15 characters. **The positions within the scan line are:**
  - 1 - 2 Tax Year (last two digits)
  - 3 - 11 FEIN
  - 12 -14 Sequence number
  - 15 FEIN/Sequence Number Check Digit (See detailed instructions below.)

### **FEIN/Sequence Number Check Digit Formula**

**The check digit is figured from the following calculations. (MOD 10)**

**Obtain Sum A:** Beginning at the left, add every other digit starting with the second.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

**Sum A:** 2 + 4 + 6 + 8 + 0 + 0 = **20**

**Obtain Sum B in two steps.** Step 1: Beginning with the left most digit, add every other digit twice and format the result as a two-digit number. Step 2: Add each digit of the two-digit result from Step 1 to obtain a one-digit number. Step 3: Add each of the Step 2 results to determine Sum B. See the following example.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

<b>Digit #</b>	<b>Step 1</b>	<b>Step 2</b>
(1)	1 + 1 = 02	0 + 2 = 2
(3)	3 + 3 = 06	0 + 6 = 6
(5)	5 + 5 = 10	0 + 0 = 1
(7)	7 + 7 = 14	1 + 4 = 5
(9)	9 + 9 = 18	1 + 8 = 9
(11)	0 + 0 = 00	0 + 0 = 0

**Sum B = 2 + 6 + 1 + 5 + 9 + 0 = 23**

**Obtain Sum C.**

Add Sum A and Sum B to obtain Sum C. (Example above: Sum A 20 + Sum B 23 = Sum C 43)

If the unit position of Sum C is zero, no subtraction is necessary, zero is the check digit. If the unit position of Sum C is not zero, subtract the unit position of Sum C from 10. In this example, 3 is the number in the unit position.  $10 - 3 = 7$ . **7 is the check digit for this example.**

**Note:** The coupon and scan line measurements are subject to change, though it is unlikely. If changes are made, the appropriate testing would be completed.

IL-501 (non-scannable form)

- Generally, the coupon is printed from various local printers and cut to size. The official size is 3.625 inches X 8.5 inches but will vary in size. (Since these coupons must be cut by the taxpayer, the size maybe somewhat irregular).
- Generally, the coupon is printed on white paper from various local printers. The weight and color of the paper may vary.

**Note:** The coupon is subject to change. If changes are made, the appropriate testing would be completed.

IL-501 Payments Only (without voucher)

Contractor shall prepare a surrogate coupon 2 ¾ X 8 ½ inches for all IL-501 lone payments.

Note: The Department has a software solution which will create the surrogate coupon with the required information. This software is Windows 7 compatible.



## **IL-501 Document and Remittance Processing**

The Contractor shall be required to perform tax document and remittance processing using on-site, state-of-the-art equipment and techniques. Following are the specifications for the tax document and remittance processing:

1. Remittance Processing Systems (equipment) or state-of-the-art equipment shall be used to:
  - A. Create a transmission for all daily transactions processed. This transmission will include tax return and batch information that must be accessible to IDOR for two (2) working days after receipt of the transmission.

**NOTE:** Each document will be assigned a 13 digit number (referred to as a batch number or validation number) per IDOR specifications: (XX [year], XXX [received date expressed as a Julian Date], XXX [station number], XX [batch sequence number (values 01-99)], XXX [document number values 000-249] - to be used for transaction sequencing). The check amount shall also be included on the document. All documents shall be placed in required batch folders, provided by IDOR, with required batch control reports. Batch size shall not exceed 250 documents.

- B. Scan the pre-coded IL-501 to capture:

- Account period ending year
- FEIN
- Sequence number
- Check digit

**NOTE:** Required information must be data-entered if non-scannable documents are used. Please see Data Capture Requirements.

**FUTURE ENHANCEMENTS:** May be required to read and capture information from a 1-D barcode.

- C. Audit trail each transaction (check[s] and document[s]) with Document Locator Number (DLN), capturing the data for inclusion in the file transmission. The DLN must be present on both physical documents and captured images; if images are captured before the documents are sprayed, the DLN can be annotated to the captured images. IDOR requests that the largest size font available be used, to improve readability in research situations.

Example:

**YYJJSSNNBBBBBBTTT**

(YYJJJ = year and julian)

(SS = scanner job number)

(NN = scanner number, as assigned by IDOR after vendor selection)

(BBBBBBB = scanner batch number)

(TTT = transaction number within scanner batch)

- D. Checks shall be encoded with the check amount. This check amount shall be captured for the transmission. The corresponding check amount shall be printed in the audit trail on all documents

- E. Check(s) shall be endorsed per IDOR/Treasurer endorsement requirements and reflect deposit date.
- F. We recognize that the Financial Institution awarded the contract will utilize Check 21 in their processing of the checks. The IDOR and Treasurer's Office will work with the financial institution if any modifications to the endorsement or tracking numbers are necessary due to banking regulations.

2. Documents shall be placed in a batch folder along with an Itemized Listing:

The batch folder shall be labeled with the following:

- Batch Control number
- Transaction code
- Total batch dollar amount
- Document count
- Date received (stamped on batch folder)
- Bar code label attached at top left edge

The Itemized Listing shall detail each item in the batch:

- Transaction type
- Batch Control and Document number
- Account period ending
- FEIN
- Sequence number
- Check digit
- Remittance dollar amount
- Date received
- Error indicator
- Total entered and accumulated document counts
- Total entered and accumulated dollar amounts
- Total record count

There shall be no more than ninety-nine (99) batches per station number per day. If there are more than 99 batches, the next station number is used.

3. The Contractor shall be assigned specific station numbers by IDOR to use in batching documents. The contractor shall ensure accountability and continuity of batch numbering and control.
4. The Contractor shall create, per IDOR specifications, required data control reports to accompany the transmission.
5. The Contractor shall notify the Illinois State Treasurer's Office and IDOR with deposit totals by no later than 8:30 a.m. Central Standard Time the following morning or in the case of weekends or holidays, notification is to be made on the first workday following the deposit by the prescribed time. The notification for IDOR shall be the generation and transmission of the (300 Report). The notification for the State Treasurer's Office shall be the generation and transmission via electronic transmission or fax of the (300 Report).
6. The Contractor will create, at a minimum, the following required IDOR deposit management reports to accompany the transmission:

- Daily Deposit Report (300 report) that details total document count and total check amount by form type and transaction code. This report also reflects the total documents and dollars processed for a particular day. Daily Summary Report details document count, sub-total dollars, total dollars, and clearing account number by tax type. It also sub-totals by form type (prepared and transmitted daily).

- Deposit Summary Report (200 report) that details batch control number, received date, document count, remittance amount, and credit amount by form type. This report should also list the total number of batches, total number of documents, and total deposit amount. The total amounts should balance to the Daily Deposit and Daily Summary Reports (prepared and transmitted daily).
- Itemized Listing that details all transactions by transaction type, batch and document number, account period ending, FEIN, sequence number, check digit, remittance dollar amount, date received, and error indicator. This report also shows total entered and accumulated document counts, total entered and accumulated dollar amounts, and total record count. The totals on this listing should balance to the Deposit Summary (prepared and transmitted daily). This listing is included in the batch folder.
- Report on clearance patterns for transactions processed (prepared on request).
- IDOR may request additional reports that would be prepared on a request basis.

### Example 200 Report for the IL-501

REPORT DATE: 05-20-21 BANK SUMMARY 200-REPORT BY TAX TYPE  
 DEPOSIT DATE: 05-20-21 FINANCIAL INSTITUTION NAME  
 PAGE: 001  
 JOB: IL501 TRAN CODE: 42 STATE OF ILLINOIS DEPARTMENT OF  
 REVENUE BANK ACCOUNT: #####

CLEARING ACCOUNT: #####

	RECEIVE	DOCUMENT	REMITTANCE	CREDIT
SUBTOTAL				
BATCHID	DATE	COUNT	AMOUNT	AMOUNT
BY STATION				
202114020601	05-20-15	104	34,434.77	0.00
202114020602	05-20-15	200	57,870.33	0.00
202114020603	05-20-15	199	50,160.78	0.00
202114020604	05-20-15	68	22,791.11	0.00
165,256.99				
202114081101	05-20-15	14	4,057.60	0.00
202114081102	05-20-15	11	4,800.36	0.00
202114081103	05-20-15	32	14,208.63	0.00
202114081104	05-20-15	9	3,317.20	0.00
202114081105	05-20-15	1	146.80	0.00
202114081106	05-20-15	19	6,943.15	0.00
202114081107	05-20-15	4	735.99	0.00
202114081108	05-20-15	2	1,519.98	0.00
202114081109	05-20-15	89	40,784.66	0.00

76,514.37

TOTALS FOR FORM IL501

TOTAL BATCHES: 13  
 TOTAL DOCUMENTS: 752  
 DEPOSIT TOTAL: 241,771.3



# Example Itemized Listing Report for the IL-501

501

Revenue Batch Nbr				APE	TaxpayerID	Tkt Num	Amount
DocNum	Sec	Src	BDN				
201515281101							
000	1515290609082386001			2015-2	[REDACTED]	082386	880.00
001	1515290609082386002			2015-2	[REDACTED]	082386	610.29
002	1515290609082386003			2015-2	[REDACTED]	082386	441.07
003	1515290609082386004			2015-2	[REDACTED]	082386	581.96
004	1515290609082386005			2015-2	[REDACTED]	082386	136.44
005	1515290609082386006			2015-2	[REDACTED]	082386	119.89
006	1515290609082386007			2015-2	[REDACTED]	082386	267.85
007	1515290609082386008			2015-2	[REDACTED]	082386	173.29
008	1515290609082386009			2015-2	[REDACTED]	082386	200.26
009	1515290609082386010			2015-1	[REDACTED]	082386	1273.72
010	1515290609082386011			2015-4	[REDACTED]	082386	2507.12
011	1515290609082386012			2015-1	[REDACTED]	082386	386.94
012	1515290609082386013			2015-1	[REDACTED]	082386	365.83
013	1515290609082386014			2015-2	[REDACTED]	082386	149.14
<b>Batch Total:</b>				<b>14 items</b>			<b>8093.80</b>

# Data Capture Requirements IL-501/Keystrokes

## IL-501 MONTHLY WITHHOLDING INCOME TAX PAYMENT FORM

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	3	3	Trans Code	"816" Constant.
4	5	2	Batch Number Yr	Must Enter YYJJSSBB. Dups.
6	8	3	Batch Number Jul	Must Enter YYJJSSBB. Dups.
9	11	3	Batch Number Sta	Must Enter YYJJSSBB. Dups.
12	13	2	Batch Number Seq	Must Enter YYJJSSBB. Dups.
14	16	3	Document Number	Must Enter. Must be in sequence.
17	18	2	APE - Year	Enter "YY" if shown. Skip if blank.
19	19	1	APE - Quarter	Enter "1"-"4" if shown. Skip if blank.
20	28	9	Fein	Enter if shown. Skip if blank.
29	31	3	Fein Sequence number	Enter if shown. Skip if blank.
32	32	1	Check Digit	Enter if shown. Skip if blank.
33	33	1	Not Used	Spaces.
34	44	11	Official Use	Dollars and Cents. Enter the amount paid.
45	46	2	Date Received - Year	Enter "YY" if shown. Skip if blank.
47	49	3	Date Received - Julian	Enter "JJJ" if shown. Skip if blank.
50	160	111	Not Used	Spaces.

## Edits

The edits must check the following:

1. Batch Control number is valid.
  - Batch Control number must remain the same throughout the batch.
  - Batch Control number consists of the year, Julian Date, station number, and batch sequence number.
  - Year must equal current year or previous year. Julian date = 001-366
2. Document number is valid.
  - Document may be 000-249.
  - Must be numeric, document numbers 000-099 must be left zeroed.
  - Documents must be in sequence.
3. FEIN and Sequence Number are valid.
  - MOD 10 check digit valid.
4. Transaction Type is valid.
  - Must remain the same throughout the batch.
  - Transaction Type 816 must have a payment amount.
  - Any money amount present must be left zeroed (right justified, no spaces).
  - The edits must balance on money amounts in the payment amount field and document count.
  - The edit prints out an Itemized Listing with the following detailed information:
    - Transaction type
    - Batch Control and Document number
    - Account period ending
    - FEIN
    - Sequence number
    - Check digit
    - Remittance dollar amount
    - Date received
    - Error indicator
    - Total entered and accumulated document counts
    - Total entered and accumulated dollar amounts
    - Total record count
  - The edit must show an "In Balance" result. Out of balance batches are never sent in the transmission.

## Formula MOD 10

**Obtain Sum A:** Beginning at the left, add every other digit starting with the second.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

**Sum A:**  $2 + 4 + 6 + 8 + 0 + 0 = 20$

**Obtain Sum B in two steps.** Step 1: Beginning with the left most digit, add every other digit twice and format the result as a two digit number. Step 2: Add each digit of the two digit result from Step 1 to obtain a one-digit number. Step 3: Add each of the Step 2 results to determine Sum B. See example below.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Digit #	Step 1	Step 2
(1)	$1 + 1 = 02$	$0 + 2 = 2$
(3)	$3 + 3 = 06$	$0 + 6 = 6$
(5)	$5 + 5 = 10$	$0 + 0 = 1$
(7)	$7 + 7 = 14$	$1 + 4 = 5$
(9)	$9 + 9 = 18$	$1 + 8 = 9$
(11)	$0 + 0 = 00$	$0 + 0 = 0$

**Sum B** =  $2 + 6 + 1 + 5 + 9 + 0 = 23$

**Obtain Sum C.**

Add Sum A and Sum B to obtain Sum C. (Example above: Sum A 20 + Sum B 23 = Sum C 43)

If the unit position of Sum C is zero, no subtraction is necessary, zero is the check digit.

If the unit position of Sum C is not zero, subtract the unit position of Sum C from 10. In this example, 3 is the number in the unit position.  $10 - 3 = 7$ . **7 is the check digit for this example.**

## **Batch Sorting Examples**

<b>DOCUMENT TYPE</b>	<b>CONDITION</b>	<b>DISPOSITION</b>
<b>IL-501</b>	A. With Remittance, Single Document. 1. Fully Paid 2. Partially Paid	A. Contractor to process.
	B. With Remittance Multiples 1. Fully Paid 2. Partially Paid	B. 1. Contractor to process. 2. Route to IDOR
	C. Without Remittance	C. Route to IDOR.
	D. With Remittance Correspondence	D. Process remittance and route correspondence to IDOR.
	E. Without Remittance Correspondence	E. Route to IDOR.
	F. Multi (two or more IL-501 forms with one or more remittances)	F. Contractor shall process if the total amount due on all forms equals the total amount of the payments. Otherwise, route to IDOR.
	G. Damaged or incomplete tax form received with remittance	G. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR.
	H. Split (different form types for the same tax type)	H. Route to IDOR
<b>Lone Checks</b>	A. Unattached checks received without tax forms. Sort separately, maintain date received integrity and coding.	A. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR.
<b>Non-IDOR Remittances</b>	A. Remittances not made payable to IDOR or acceptable payee. Maintain date received integrity and coding.	A. Route transaction (check and document) to IDOR.

## Exception Item Sorts

All exception items must have envelopes and routing tags attached and must be forwarded to IDOR. In addition, all payments and related documents being returned to IDOR that are \$10,000 and over should be segregated, placed in a separate envelope, with a routing tag attached and which must be marked clearly and boldly “BIG MONEY” or “≥ \$10,000”.

# **IL-941 & IL-941-X**

## **Introduction**

The Income Tax Act may require the taxpayer to file a IL-941, Illinois Withholding Income Tax return. A payment may be included with this return.

The lockbox bank will process the payment coupons, image, data enter the information, transmit the file electronically, and perform miscellaneous related document handling per specifications.

## **OCR Document Specifications**

The Department does not generally provide paper forms, Forms received are printed at the user's local printers and may vary in color, weight, and size. Some forms are generated from software that companies. These software companies are required to provide testing samples of a substitute official tax forms and payment coupons to the Department's Office of Publications Management for testing with lockbox, review, and approval.

IL-941 (scannable form)

- Generally, the coupon is printed from various local printers. The official size is 8.5 X 11 inches.
- Generally, the scan line is printed in black ink and the font for the scan line is "OCR-A Std," size 10.
- The scan line is printed in soy-based black laser printed tone and is in OCR-A laser font.
- Presently, the scan line is centered across the width of the page. The scan line must be at least .25 inches from the bottom edge of the form (when measuring from the bottom edge of the form to the bottom edge of the scan line characters) and no more than .375 inches from the bottom (no higher than .5 inches from the bottom edge).
- Scan line contains 16 characters at 10 characters per inch. These 16 characters include the Year (YY), Quarter (Q), FEIN, sequence number, and check digit.

### **Positions within the scan line:**

- 1 - 2 Tax Year (last two digits)
- 3 Reporting Period (quarterly filers use 1, 2, 3, or 4 to correspond with the quarter being filed; annual filers use 4 for the annual return. A taxpayer should not file an annual return unless the Illinois Department of Revenue has notified the taxpayer of the requirement to file the annual return. Note: For a calendar year, do not file an annual return if quarterly returns have already been filed during the year.)
- 4 - 12 FEIN
- 13 - 15 Sequence number

16 FEIN and Sequence Number Check Digit (See the following detailed instructions .)

**FEIN/Sequence Number Check Digit Formula**

**The check digit is figured from the following calculations. (MOD 10)**

**Obtain Sum A:** Beginning at the left, add every other digit starting with the second.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

**Sum A:**  $2 + 4 + 6 + 8 + 0 + 0 = 20$

**Obtain Sum B in two steps.** Step 1: Beginning with the left most digit, add every other digit twice and format the result as a two-digit number. Step 2: Add each digit of the two-digit result from Step 1 to obtain a one-digit number. Step 3: Add each of the Step 2 results to determine Sum B. See example below.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

<b>Digit #</b>	<b>Step 1</b>	<b>Step 2</b>
(1)	$1 + 1 = 02$	$0 + 2 = 2$
(3)	$3 + 3 = 06$	$0 + 6 = 6$
(5)	$5 + 5 = 10$	$0 + 0 = 1$
(7)	$7 + 7 = 14$	$1 + 4 = 5$
(9)	$9 + 9 = 18$	$1 + 8 = 9$
(11)	$0 + 0 = 00$	$0 + 0 = 0$

**Sum B** =  $2 + 6 + 1 + 5 + 9 + 0 = 23$

**Obtain Sum C.**

Add Sum A and Sum B to obtain Sum C. (Example above: Sum A 20 + Sum B 23 = Sum C 43)

If the unit position of Sum C is zero, no subtraction is necessary, zero is the check digit. If the unit position of Sum C is not zero, subtract the unit position of Sum C from 10. In this example, 3 is the number in the unit position.  $10 - 3 = 7$ . **7 is the check digit for this example.**

**Note:** The scan line measurements and contents are subject to change. If changes are made, the appropriate testing will be completed.

IL-941 (non-scannable form)

- Generally, the coupon is printed from various local printers.
- The official size is 8.5 X 11 inches.

**Note:** The coupon is subject to change. If changes are made, the appropriate testing would be completed.

IL-941 Payments Only (without return)

Contractor shall prepare a surrogate coupon measuring  $2 \frac{3}{4} \times 8 \frac{1}{2}$  inches for all IL-941 payments received without a return.

## **IL-941 & IL-941-X Document and Remittance Processing**

The Contractor shall be required to perform tax document and remittance processing using on-site, state-of-the-art equipment and techniques. Items with remittance and without remittance are assigned separate station numbers and must be batched separately. Following are the specifications for the tax document and remittance processing:

1. Remittance Processing Systems (equipment) or state-of-the-art equipment shall be used to:
  - A. Create a transmission for all daily transactions processed. This transmission will include tax return and batch information that must be accessible to IDOR for two (2) working days after receipt of the transmission.

NOTE: Each document will be assigned a 13 digit number (referred to as a batch number or validation number) per IDOR specifications: (XX [year], XXX [received date expressed as a Julian Date], XXX [station number], XX [batch sequence number (values 01-99)], XXX [document number - to be used for transaction sequencing (values 000-249)]) The check amount shall also be included on the document. All documents shall be placed in required batch folders, provided by IDOR, with required batch control reports. Batch size shall not exceed 250 documents.

- B. Scan the pre-coded IL-941 to capture:
  - Account period ending year
  - Quarter
  - FEIN
  - Sequence number
  - Check digit

NOTE: Required information must be data-entered if non-scannable documents are used.

**Please see Data Capture Requirements regarding any other data that may be required to be captured on both scannable and non-scannable forms.**

**FUTURE ENHANCEMENTS:** May be required to read and capture information from a 1-D barcode.

- C. Audit trail each transaction (check[s] and document[s]) with Document Locator Number (DLN), capturing the data for inclusion in the file transmission. The DLN must be present on both physical documents and captured images; if images are captured before the documents are sprayed, the DLN can be annotated to the captured images. IDOR requests that the largest size font available be used, to improve readability in research situations.

Example:

**YYJJSSNNBBBBBBBTTT**

(YYJJJ = year and julian)

(SS = scanner job number)

(NN = scanner number, as assigned by IDOR after vendor selection)  
(BBBBBBB = scanner batch number)  
(TTT = transaction number within scanner batch)

- D. Checks shall be encoded with the check amount. This check amount shall be captured for the file transmission. The corresponding check amount shall be printed in the audit trail on all documents.
  - E. Check(s) shall be endorsed per IDOR/Treasurer endorsement requirements and reflect deposit date.
  - F. We recognize that the Financial Institution awarded the contract will utilize Check 21 in their processing of the checks. The IDOR and Treasurer's Office will work with the financial institution if any modifications to the endorsement or tracking numbers are necessary due to banking regulation
  - G. If the "MARK IF YOU HAVE PERMANENTLY STOPPED WITHHOLDING" box is marked or if the form doesn't contain a valid type signature, this information must be captured for the file transmission.
2. Documents shall be placed in a batch folder along with an Itemized Listing:
- A. The batch folder shall be labeled with the following:
    - Batch control number
    - With (W/R) or Without Remittance (W/O)
    - Transaction code
    - Total batch dollar amount
    - Document count
    - Date received (stamped on batch folder)
    - Bar code label attached at top left edge
  - B. The Itemized Listing shall detail each item in the batch:
    - Transaction type
    - Batch and Document number
    - FEIN
    - Sequence number
    - Check digit
    - Account period ending
    - Line 1 - Total wages
    - Line 2 - Tax withheld
    - Line 6- Payments and Credits
    - Line 8 - Overpayment

- Remittance dollar amount
- Error indicator
- Total entered and accumulated document counts
- Total entered and accumulated dollar amounts
- Total record count

C. There shall be no more than ninety-nine (99) batches per station number per day. If there are more than 99 batches, the next station number is used.

3. The Contractor shall be assigned specific station numbers by IDOR to use in batching documents. The contractor shall ensure accountability and continuity of batch numbering and control.
4. The Contractor shall create, per IDOR specifications, required data control reports to accompany the file transmission.
5. The Contractor shall notify the Illinois State Treasurer's Office and IDOR with deposit totals by no later than 8:30 a.m. Central Standard Time the following morning or in the case of weekends or holidays, notification is to be made on the first workday following the deposit by the prescribed time. The notification for IDOR shall be the generation and transmission of the (300 Report). The notification for the State Treasurer's Office shall be the generation and transmission via electronic transmission or fax of the (300 Report).
6. The Contractor will create, at a minimum, the following required IDOR deposit management reports to accompany the file transmission:
  - Daily Deposit Report (300 report) that details total document count and total check amount by form type and transaction code. This report also reflects the total documents and dollars processed for a particular day. The Daily Summary Report that details document count, sub-total dollars, total dollars, and clearing account number by tax type. It also sub-totals by form type (prepared and transmitted daily).
  - Deposit Summary Report (200 report) that details batch control number, received date, document count, remittance amount, and credit amount by form type. This report should also list the total number of batches, total number of documents, and total deposit amount. The total amounts should balance to the Daily Deposit and Daily Summary Reports. (prepared and transmitted daily).
  - Itemized Listing that details all transactions by transaction type, batch control number and document number, FEIN, sequence number, check digit, account period ending, line 1 - total wages, line 2 - tax withheld, line 6 – payments and credits, line 8 - overpayment, remittance dollar amount, and error indicator. This report also shows total entered and accumulated document counts, total entered and accumulated dollar amounts, and total record count. The totals on this listing should balance to the Deposit Summary (prepared and transmitted daily). This listing is included in the batch folder.
  - Report on clearance patterns for transactions processed (prepared on request).

- IDOR may request additional reports that would be prepared on a request basis.

## Example 200 Report for the IL-941/IL-941-X

REPORT DATE: 05-20-21 BANK SUMMARY 200-REPORT BY TAX TYPE  
 DEPOSIT DATE: 05-20-21 FINANCIAL INSTITUTION NAME PAGE:  
 001  
 JOB: IL941/IL941X TRAN CODE: 42 STATE OF ILLINOIS DEPARTMENT OF  
 REVENUE  
 BANK ACCOUNT: #####  
 CLEARING ACCOUNT: #####

	RECEIVE	DOCUMENT	REMITTANCE	CREDIT	
SUBTOTAL	DATE	COUNT	AMOUNT	AMOUNT	BY
BATCHID					
STATION					
202114022601	05-20-21	1	112.50	0.00	112.50
202114022701	05-20-21	50	22,302.58	0.00	22302.58
202114023301	05-20-21	4	1,938.49	0.00	1938.49
202114023401	05-19-21	6	0.00	0.00	
202114023402	05-18-21	2	0.00	0.00	
202114023501	05-19-21	148	0.00	0.00	
202114081301	05-19-21	20	0.00	0.00	
202114081302	05-18-21	5	0.00	0.00	

TOTALS FOR FORM IL941/IL941X TOTAL BATCHES: 8  
 TOTAL DOCUMENTS: 236

24,353.57

DEPOSIT TOTAL:

## Example Itemized Listing Report for the IL-941/IL-941-X

941WR

Revenue Batch Nbr							
DocNum	Sec	Src	BDN	APE	TaxpayerID	Tkt Num	Amount
201515223301							
000	1515290609082389001	2014-4				082389	182.64
001	1515290609082389002	2014-3				082389	3071.05
Batch Total:				2 items		3253.69	

## Data Capture Requirements IL-941/Keystrokes

### 2020-2021 941 - WITHHOLDING INCOME TAX RETURN

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	3	3	Trans Code	Plugged: "916" - WR, "917" - WO
4	5	2	Batch Number Yr	Must Enter YYJJSSBB. Dups.
6	8	3	Batch Number Jul	Must Enter YYJJSSBB. Dups.
9	11	3	Batch Number Sta	Must Enter YYJJSSBB. Dups.
12	13	2	Batch Number Seq	Must Enter YYJJSSBB. Dups.
14	16	3	Document Number	Must Enter. Must be in sequence.
17	25	9	Fein	Must Enter. Must be in sequence.
26	28	3	Fein Sequence Number	Must Enter. Key a zero and enter if no sequence number is shown. Program plugs zeroes.
29	29	1	Not Used	Spaces.
30	31	2	Reporting Period - Year	Must Enter, YY.
32	32	1	Reporting Period - Quarter	Must Enter, Q. Enter "1"-"4" for all years - Except 2012-2016 Enter "1"-"5"
33	36	4	Not Used	Spaces.
37	96	60	Business Name	Must Enter.

97	97	1	First Return	Enter "Y" if indicated, skip if not.
98	98	1	Business Name Change	Enter "Y" if indicated, skip if not.
99	99	1	Address Change	Enter "Y" if indicated, skip if not.
100	134	35	C/O Name	Enter if shown. Skip if blank.
135	164	30	Mailing Address Line 1	Enter if shown. Skip if blank.
165	194	30	Mailing Address Line 2	Enter if shown. Skip if blank.
195	214	20	City	Enter if shown. Skip if blank.
215	216	2	State	Enter if shown. Skip if blank.
217	221	5	Zip Code	Enter if shown. Skip if blank.
222	228	7	Step 2, Line A - Total Nbr of W's	Enter if shown. Skip if blank.
229	229	1	Step 2, Line B - Permanently Stopped Withholding	Enter "Y" if indicated, skip if not.
230	231	2	Step 2, Line B - Dates you stopped paying - Month	Enter MM if shown. Skip if blank.
232	233	2	Step 2, Line B - Dates you stopped paying - Day	Enter DD if shown. Skip if blank.
234	237	4	Step 2, Line B - Dates you stopped paying - Year	Enter CCYY if shown. Skip if blank.
238	238	1	Step 2, Line C - Check Box - NOT USED	Spaces.
239	248	10	Taxpayer Phone Number	Enter if shown. Skip if blank.
249	249	1	Step 7 - Check Box	Enter "Y" if indicated, skip if not.
250	279	30	Paid Preparer Name	Enter if shown. Skip if blank.
280	288	9	PTIN	Enter if shown. Skip if blank.
289	298	10	Firm's Phone Number	Enter if shown. Skip if blank.
299	311	13	Official Use	WR: Must Enter. Dollars and Cents. WO: Zero Filled.
312	313	2	Free Form Code - DR	Enter "DR" if shown. Skip if blank.
314	318	5	Free Form Code - DR Date	Enter if shown. Skip if blank.
319	320	2	Free Form Code - FI	Enter "FI" if shown. Skip if blank.
321	322	2	Free Form Code - IR	Enter "IR" if shown. Skip if blank.
323	324	2	Free Form Code - NS	Enter "NS" if shown. Skip if blank.
325	326	2	Free Form Code - RR	Enter "RR" if shown. Skip if blank.
327	333	7	Step 2, Line A2 - Total Number of Form's	Enter if shown. Skip if blank.
334	334	1	Self Employed? Indicator	Enter "Y" if indicated, skip if not.
335	343	9	Firm's Fein	Enter if shown. Skip if blank.
344	379	36	Not Used	Spaces.
380	859	480	Delimiters and Line Amounts	Enter Dollars and Cents if shown. Skip if blank.
860	860	1	Record Type	Plugged "0".
861	862	2	APE Year	Dups. From Reporting period "YY".

863	922	60	Firm's Name	Enter if shown. Skip if blank.
923	957	35	Firm's Address	Enter if shown. Skip if blank.
958	977	20	Firm's City	Enter if shown. Skip if blank.
978	979	2	Firm's State	Enter if shown. Skip if blank.
980	984	5	Firm's Zip Code	Enter if shown. Skip if blank.
985	1000	16	Not Used	Spaces.

**Delimiters for Returns 941:**

<b>(A1 - A31, C1 - C31, D1 - D31, 31, 42A, 42C, 42D, 42, 53-55, 66)</b>
---

<b>Begin</b>	<b>End</b>	<b>Length</b>	<b>Field Name</b>
380	382	3	Delimiter
383	395	13	Data
396	398	3	Delimiter
399	411	13	Data
412	414	3	Delimiter
415	427	13	Data
428	430	3	Delimiter
431	443	13	Data
444	446	3	Delimiter
447	459	13	Data
460	462	3	Delimiter
463	475	13	Data
476	478	3	Delimiter
479	491	13	Data
492	494	3	Delimiter
495	507	13	Data
508	510	3	Delimiter
511	523	13	Data
524	526	3	Delimiter
527	539	13	Data
540	542	3	Delimiter
543	555	13	Data
556	558	3	Delimiter
559	571	13	Data
572	574	3	Delimiter
575	587	13	Data
588	590	3	Delimiter
591	603	13	Data

604	606	3	Delimiter
607	619	13	Data
620	622	3	Delimiter
623	635	13	Data
636	638	3	Delimiter
639	651	13	Data
652	654	3	Delimiter
655	667	13	Data
668	670	3	Delimiter
671	683	13	Data
684	686	3	Delimiter
687	699	13	Data
700	702	3	Delimiter
703	715	13	Data
716	718	3	Delimiter
719	731	13	Data
732	734	3	Delimiter
735	747	13	Data
748	750	3	Delimiter
751	763	13	Data
764	766	3	Delimiter
767	779	13	Data
780	782	3	Delimiter
783	795	13	Data
796	798	3	Delimiter
799	811	13	Data
812	814	3	Delimiter
815	827	13	Data
828	830	3	Delimiter
831	843	13	Data
844	846	3	Delimiter
847	859	13	Data

**SCHEDULE P - ILLINOIS WITHHOLDING PAYROLL SCHEDULE  
(941's: 2020-2021 Returns Only 941X's: 2018-2021 Returns)**

<b>Begin</b>	<b>End</b>	<b>Length</b>	<b>Field Name</b>	<b>Description</b>
1	3	3	Trans Code	"00P"
4	5	2	Batch Number Yr	Plugged YYJJSSSBB. Dups.
6	8	3	Batch Number Jul	Plugged YYJJSSSBB. Dups.
9	11	3	Batch Number Sta	Plugged YYJJSSSBB. Dups.

12	13	2	Batch Number Seq	Plugged YYJJSSBB. Dups.
14	16	3	Document Number	Plugged YYJJSSBB. Dups.
17	25	9	Fein	Plugged YYJJSSBB. Dups.
26	28	3	Fein Sequence Number	Plugged YYJJSSBB. Dups.
29	29	1	Not Used	Spaces.
30	31	2	Reporting Period - Year	Must Enter, YY.
32	32	1	Reporting Period - Quarter	Must Enter, Q. Enter "1"- "4" for all years - Except 2012-2016 Enter "1"- "5"
33	41	9	SSN - 1	Enter if shown. Skip if blank.
42	54	13	Withholding - 1	Enter Dollars and Cents if shown. Skip if blank.
55	63	9	SSN - 2	Enter if shown. Skip if blank.
64	76	13	Withholding - 2	Enter Dollars and Cents if shown. Skip if blank.
77	85	9	SSN - 3	Enter if shown. Skip if blank.
86	98	13	Withholding - 3	Enter Dollars and Cents if shown. Skip if blank.
99	107	9	SSN - 4	Enter if shown. Skip if blank.
108	120	13	Withholding - 4	Enter Dollars and Cents if shown. Skip if blank.
121	129	9	SSN - 5	Enter if shown. Skip if blank.
130	142	13	Withholding - 5	Enter Dollars and Cents if shown. Skip if blank.
143	151	9	SSN - 6	Enter if shown. Skip if blank.
152	164	13	Withholding - 6	Enter Dollars and Cents if shown. Skip if blank.
165	173	9	SSN - 7	Enter if shown. Skip if blank.
174	186	13	Withholding - 7	Enter Dollars and Cents if shown. Skip if blank.
187	195	9	SSN - 8	Enter if shown. Skip if blank.
196	208	13	Withholding - 8	Enter Dollars and Cents if shown. Skip if blank.
209	217	9	SSN - 9	Enter if shown. Skip if blank.
218	230	13	Withholding - 9	Enter Dollars and Cents if shown. Skip if blank.
231	239	9	SSN - 10	Enter if shown. Skip if blank.
240	252	13	Withholding - 10	Enter Dollars and Cents if shown. Skip if blank.
253	261	9	SSN - 11	Enter if shown. Skip if blank.
262	274	13	Withholding - 11	Enter Dollars and Cents if shown. Skip if blank.
275	283	9	SSN - 12	Enter if shown. Skip if blank.

284	296	13	Withholding - 12	Enter Dollars and Cents if shown. Skip if blank.
297	305	9	SSN - 13	Enter if shown. Skip if blank.
306	318	13	Withholding - 13	Enter Dollars and Cents if shown. Skip if blank.
319	327	9	SSN - 14	Enter if shown. Skip if blank.
328	340	13	Withholding - 14	Enter Dollars and Cents if shown. Skip if blank.
341	349	9	SSN - 15	Enter if shown. Skip if blank.
350	362	13	Withholding - 15	Enter Dollars and Cents if shown. Skip if blank.
363	371	9	SSN - 16	Enter if shown. Skip if blank.
372	384	13	Withholding - 16	Enter Dollars and Cents if shown. Skip if blank.
385	393	9	SSN - 17	Enter if shown. Skip if blank.
394	406	13	Withholding - 17	Enter Dollars and Cents if shown. Skip if blank.
407	415	9	SSN - 18	Enter if shown. Skip if blank.
416	428	13	Withholding - 18	Enter Dollars and Cents if shown. Skip if blank.
429	437	9	SSN - 19	Enter if shown. Skip if blank.
438	450	13	Withholding - 19	Enter Dollars and Cents if shown. Skip if blank.
451	459	9	SSN - 20	Enter if shown. Skip if blank.
460	472	13	Withholding - 20	Enter Dollars and Cents if shown. Skip if blank.
473	481	9	SSN - 21	Enter if shown. Skip if blank.
482	494	13	Withholding - 21	Enter Dollars and Cents if shown. Skip if blank.
495	503	9	SSN - 22	Enter if shown. Skip if blank.
504	516	13	Withholding - 22	Enter Dollars and Cents if shown. Skip if blank.
517	525	9	SSN - 23	Enter if shown. Skip if blank.
526	538	13	Withholding - 23	Enter Dollars and Cents if shown. Skip if blank.
539	547	9	SSN - 24	Enter if shown. Skip if blank.
548	560	13	Withholding - 24	Enter Dollars and Cents if shown. Skip if blank.
561	569	9	SSN - 25	Enter if shown. Skip if blank.
570	582	13	Withholding - 25	Enter Dollars and Cents if shown. Skip if blank.
583	591	9	SSN - 26	Enter if shown. Skip if blank.

592	604	13	Withholding - 26	Enter Dollars and Cents if shown. Skip if blank.
605	613	9	SSN - 27	Enter if shown. Skip if blank.
614	626	13	Withholding - 27	Enter Dollars and Cents if shown. Skip if blank.
627	635	9	SSN - 28	Enter if shown. Skip if blank.
636	648	13	Withholding - 28	Enter Dollars and Cents if shown. Skip if blank.
649	657	9	SSN - 29	Enter if shown. Skip if blank.
658	670	13	Withholding - 29	Enter Dollars and Cents if shown. Skip if blank.
671	679	9	SSN - 30	Enter if shown. Skip if blank.
680	692	13	Withholding - 30	Enter Dollars and Cents if shown. Skip if blank.
693	701	9	SSN - 31	Enter if shown. Skip if blank.
702	714	13	Withholding - 31	Enter Dollars and Cents if shown. Skip if blank.
715	723	9	SSN - 32	Enter if shown. Skip if blank.
724	736	13	Withholding - 32	Enter Dollars and Cents if shown. Skip if blank.
737	745	9	SSN - 33	Enter if shown. Skip if blank.
746	758	13	Withholding - 33	Enter Dollars and Cents if shown. Skip if blank.
759	767	9	SSN - 34	Enter if shown. Skip if blank.
768	780	13	Withholding - 34	Enter Dollars and Cents if shown. Skip if blank.
781	859	79	Not Used	Spaces.
860	860	1	Record Type	"3".
861	862	2	APE Year	"18"- "20" Enter Year printed at top of form "YY".
863	1000	138	Not Used	Spaces.

**SCHEDULE WC - WITHHOLDING INCOME TAX CREDITS  
(2020-2021 Returns)**

<b>Begin</b>	<b>End</b>	<b>Length</b>	<b>Field Name</b>	<b>Description</b>
1	3	3	Type	"WC" CONSTANT.
4	5	2	Batch Number Yr	DUPS FROM THE RETURN.
6	8	3	Batch Number Jul	DUPS FROM THE RETURN.
9	11	3	Batch Number Sta	DUPS FROM THE RETURN.
12	13	2	Batch Number Seq	DUPS FROM THE RETURN.
14	16	3	Document Number	DUPS FROM THE RETURN.

17	25	9	Fein	DUPS FROM THE RETURN.
26	28	3	Fein Sequence Number	DUPS FROM THE RETURN.
29	29	1	Not Used	Spaces
30	31	2	Reporting Period - Year	DUPS FROM THE RETURN.
32	32	1	Reporting Period - Quarter	DUPS FROM THE RETURN.
33	35	3	Not Used	Spaces.
36	36	1	Years left to Carry - 1	Enter if shown. Skip if blank.
37	40	4	Credit Code -1	Enter if shown. Skip if blank.
41	44	4	Tax Year Credit Earned - 1	Enter if shown. Skip if blank.
45	46	2	Tax Year Credit Earned Month- 1	Enter if shown. Skip if blank.
47	66	20	Identifying Number - 1	Enter if shown. Skip if blank.
67	79	13	Credit Earned - 1	Enter Dollars if shown. Skip if blank.
80	92	13	Credit Carried - 1	Enter Dollars if shown. Skip if blank.
93	93	1	Years left to Carry - 2	Enter if shown. Skip if blank.
94	97	4	Credit Code -2	Enter if shown. Skip if blank.
98	101	4	Tax Year Credit Earned - 2	Enter if shown. Skip if blank.
102	103	2	Tax Year Credit Earned Month- 2	Enter if shown. Skip if blank.
104	123	20	Identifying Number - 2	Enter if shown. Skip if blank.
124	136	13	Credit Earned - 2	Enter Dollars if shown. Skip if blank.
137	149	13	Credit Carried - 2	Enter Dollars if shown. Skip if blank.
150	150	1	Years left to Carry - 3	Enter if shown. Skip if blank.
151	154	4	Credit Code -3	Enter if shown. Skip if blank.
155	158	4	Tax Year Credit Earned - 3	Enter if shown. Skip if blank.
159	160	2	Tax Year Credit Earned Month- 3	Enter if shown. Skip if blank.
161	180	20	Identifying Number - 3	Enter if shown. Skip if blank.
181	193	13	Credit Earned - 3	Enter Dollars if shown. Skip if blank.
194	206	13	Credit Carried - 3	Enter Dollars if shown. Skip if blank.
207	207	1	Years left to Carry - 4	Enter if shown. Skip if blank.
208	211	4	Credit Code -4	Enter if shown. Skip if blank.
212	215	4	Tax Year Credit Earned - 4	Enter if shown. Skip if blank.
216	217	2	Tax Year Credit Earned Month- 4	Enter if shown. Skip if blank.
218	237	20	Identifying Number - 4	Enter if shown. Skip if blank.
238	250	13	Credit Earned - 4	Enter Dollars if shown. Skip if blank.
251	263	13	Credit Carried - 4	Enter Dollars if shown. Skip if blank.
264	373	110	Not Used	Spaces.
374	386	13	Line 5	Enter Dollars if shown. Skip if blank.
387	399	13	Line 6	Enter Dollars if shown. Skip if blank.

400	412	13	Line 7	Enter dollars if shown. Skip if blank.
413	859	447	Not Used	Spaces.
860	860	1	Record Type	"3"
861	862	2	APE Year	Enter Year printed at top of form "YY".
863	1000	138	Not Used	Spaces.

### 2019 941 - WITHHOLDING INCOME TAX RETURN

Verified fields are in yellow				
Begin	End	Length	Field Name	Description
1	3	3	Trans Code	Plugged: "916" - WR, "917" - WO
4	5	2	Batch Number Yr	Must Enter YYJJSSSBB. Dups.
6	8	3	Batch Number Jul	Must Enter YYJJSSSBB. Dups.
9	11	3	Batch Number Sta	Must Enter YYJJSSSBB. Dups. <b>222,223,225,912</b>
12	13	2	Batch Number Seq	Must Enter YYJJSSSBB. Dups.
14	16	3	Document Number	Must Enter. Must be in sequence.
17	25	9	Fein	Must Enter. Must be in sequence.
26	28	3	Fein Sequence Number	Must Enter. Key a zero and enter if no sequence number is shown. Program plugs zeroes.
29	29	1	Not Used	Spaces.
30	31	2	Reporting Period - Year	Must Enter, YY.
32	32	1	Reporting Period - Quarter	Must Enter, Q. Enter "1"-"4" for all years - Except 2012-2016 Enter "1"-"5"
33	36	4	Not Used	Spaces.
37	96	60	Business Name	Must Enter.
97	97	1	First Return	Enter "Y" if indicated, skip if not.
98	98	1	Business Name Change	Enter "Y" if indicated, skip if not.
99	99	1	Address Change	Enter "Y" if indicated, skip if not.
100	134	35	C/O Name	Enter if shown. Skip if blank.
135	164	30	Mailing Address Line 1	Enter if shown. Skip if blank.
165	194	30	Mailing Address Line 2	Enter if shown. Skip if blank.
195	214	20	City	Enter if shown. Skip if blank.
215	216	2	State	Enter if shown. Skip if blank.
217	221	5	Zip Code	Enter if shown. Skip if blank.
222	228	7	Step 2, Line A - Total Nbr of W's	Enter if shown. Skip if blank.
229	229	1	Step 2, Line B - Permanently Stopped Withholding	Enter "Y" if indicated, skip if not.

230	231	2	Step 2, Line B - Dates you stopped paying - Month	Enter MM if shown. Skip if blank.
232	233	2	Step 2, Line B - Dates you stopped paying - Day	Enter DD if shown. Skip if blank.
234	237	4	Step 2, Line B - Dates you stopped paying - Year	Enter CCYY if shown. Skip if blank.
238	238	1	Step 2, Line C - Check Box	Enter "Y" if indicated, skip if not.
239	248	10	Taxpayer Phone Number	Enter if shown. Skip if blank.
249	249	1	Step 7 - Check Box	Enter "Y" if indicated, skip if not.
250	279	30	Paid Preparer Name	Enter if shown. Skip if blank.
280	288	9	PTIN	Enter if shown. Skip if blank.
289	298	10	Firm's Phone Number	Enter if shown. Skip if blank.
299	311	13	Official Use	WR: Must Enter. Dollars and Cents. WO: Zero Filled.
312	313	2	Free Form Code - DR	Enter "DR" if shown. Skip if blank.
314	318	5	Free Form Code - DR Date	Enter if shown. Skip if blank.
319	320	2	Free Form Code - FI	Enter "FI" if shown. Skip if blank.
321	322	2	Free Form Code - IR	Enter "IR" if shown. Skip if blank.
323	324	2	Free Form Code - NS	Enter "NS" if shown. Skip if blank.
325	326	2	Free Form Code - RR	Enter "RR" if shown. Skip if blank.
327	333	7	Step 2, Line A2 - Total Number of Form's	Enter if shown. Skip if blank.
334	334	1	Self Employed? Indicator	Enter "Y" if indicated, skip if not.
335	343	9	Firm's Fein	Enter if shown. Skip if blank.
344	379	36	Not Used	Spaces.
380	859	480	Delimiters and Line Amounts	Enter Dollars and Cents if shown. Skip if blank.
860	860	1	Record Type	Plugged "0".
861	862	2	APE Year	Dups. From Reporting period "YY".
863	922	60	Firm's Name	Enter if shown. Skip if blank.
923	957	35	Firm's Address	Enter if shown. Skip if blank.
958	977	20	Firm's City	Enter if shown. Skip if blank.
978	979	2	Firm's State	Enter if shown. Skip if blank.
980	984	5	Firm's Zip Code	Enter if shown. Skip if blank.
985	1000	16	Not Used	Spaces.

**Delimiters for Returns 2019:**

**(A1 - A31, C1 - C31, D1 - D31, 31, 42A, 42C, 42D, 42, 53-55, 66)**

Begin	End	Length	Field Name
-------	-----	--------	------------

380	382	3	Delimiter
383	395	13	Data
396	398	3	Delimiter
399	411	13	Data
412	414	3	Delimiter
415	427	13	Data
428	430	3	Delimiter
431	443	13	Data
444	446	3	Delimiter
447	459	13	Data
460	462	3	Delimiter
463	475	13	Data
476	478	3	Delimiter
479	491	13	Data
492	494	3	Delimiter
495	507	13	Data
508	510	3	Delimiter
511	523	13	Data
524	526	3	Delimiter
527	539	13	Data
540	542	3	Delimiter
543	555	13	Data
556	558	3	Delimiter
559	571	13	Data
572	574	3	Delimiter
575	587	13	Data
588	590	3	Delimiter
591	603	13	Data
604	606	3	Delimiter
607	619	13	Data
620	622	3	Delimiter
623	635	13	Data
636	638	3	Delimiter
639	651	13	Data
652	654	3	Delimiter
655	667	13	Data
668	670	3	Delimiter
671	683	13	Data
684	686	3	Delimiter
687	699	13	Data
700	702	3	Delimiter

703	715	13	Data
716	718	3	Delimiter
719	731	13	Data
732	734	3	Delimiter
735	747	13	Data
748	750	3	Delimiter
751	763	13	Data
764	766	3	Delimiter
767	779	13	Data
780	782	3	Delimiter
783	795	13	Data
796	798	3	Delimiter
799	811	13	Data
812	814	3	Delimiter
815	827	13	Data
828	830	3	Delimiter
831	843	13	Data
844	846	3	Delimiter
847	859	13	Data

**2019 941 - WITHHOLDING INCOME TAX RETURN  
CONTINUATION RECORD**

<b>Begin</b>	<b>End</b>	<b>Length</b>	<b>Field Name</b>	<b>Description</b>
1	3	3	Trans Code	Pluggd from Financial Record.
4	5	2	Batch Number Yr	Plugged YYJJSSBB. Dups.
6	8	3	Batch Number Jul	Plugged YYJJSSBB. Dups.
9	11	3	Batch Number Sta	Plugged YYJJSSBB. Dups.
12	13	2	Batch Number Seq	Plugged YYJJSSBB. Dups.
14	16	3	Document Number	Plugged YYJJSSBB. Dups.
17	25	9	Fein	Plugged YYJJSSBB. Dups.
26	28	3	Fein Sequence Number	Plugged YYJJSSBB. Dups.
29	29	1	Not Used	Space.
30	31	2	Reporting Period - Year	Plugged YYJJSSBB. Dups.
32	32	1	Reporting Period - Quarter	Plugged YYJJSSBB. Dups.
33	379	347	Not Used	Spaces.
380	859	480	Delimiters and Line Amounts	Enter Dollars and Cents if shown. Skip if blank.
860	860	1	Record Type	"1" Constant.
861	862	2	APE Year	Dups. From the Reporting Period "YY".
863	1000	138	Not Used	Spaces.

**Delimiters for Returns 2019:**

(A1 - A31, C1 - C31, D1 - D31, 31, 42A, 42C, 42D, 42, 53-55, 66)

<b>Begin</b>	<b>End</b>	<b>Length</b>	<b>Field Name</b>
380	382	3	Delimiter
383	395	13	Data
396	398	3	Delimiter
399	411	13	Data
412	414	3	Delimiter
415	427	13	Data
428	430	3	Delimiter
431	443	13	Data
444	446	3	Delimiter
447	459	13	Data
460	462	3	Delimiter
463	475	13	Data
476	478	3	Delimiter
479	491	13	Data
492	494	3	Delimiter
495	507	13	Data
508	510	3	Delimiter
511	523	13	Data
524	526	3	Delimiter
527	539	13	Data
540	542	3	Delimiter
543	555	13	Data
556	558	3	Delimiter
559	571	13	Data
572	574	3	Delimiter
575	587	13	Data
588	590	3	Delimiter
591	603	13	Data
604	606	3	Delimiter
607	619	13	Data
620	622	3	Delimiter
623	635	13	Data
636	638	3	Delimiter
639	651	13	Data
652	654	3	Delimiter
655	667	13	Data

668	670	3	Delimiter
671	683	13	Data
684	686	3	Delimiter
687	699	13	Data
700	702	3	Delimiter
703	715	13	Data
716	718	3	Delimiter
719	731	13	Data
732	734	3	Delimiter
735	747	13	Data
748	750	3	Delimiter
751	763	13	Data
764	766	3	Delimiter
767	779	13	Data
780	782	3	Delimiter
783	795	13	Data
796	798	3	Delimiter
799	811	13	Data
812	814	3	Delimiter
815	827	13	Data
828	830	3	Delimiter
831	843	13	Data
844	846	3	Delimiter
847	859	13	Data



Illinois Department of Revenue

# Form IL-941

## 2021 Illinois Withholding Income Tax Return

Instructions available at [tax.illinois.gov](http://tax.illinois.gov)



This form is required to be filed electronically. To request a waiver, complete and submit Form IL-900-EW. To file electronically, use MyTax Illinois at [mytax.illinois.gov](http://mytax.illinois.gov) or an IDOR-approved Tax-Prep software program.

### Step 1: Provide your information

Federal employer identification number (FEIN) \_\_\_\_\_ Seq. number \_\_\_\_\_

Business name \_\_\_\_\_

C/O \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- Check this box if this is your first return.
- Check this box if your business name has changed.
- Check this box if your address has changed.

Reporting Period	
Check the quarter you are reporting.	
<input type="checkbox"/>	1st (January/February/ March) due April 30, 2021
<input type="checkbox"/>	2nd (April/May/June) due August 2, 2021
<input type="checkbox"/>	3rd (July/August/September) due November 1, 2021
<input type="checkbox"/>	4th (October/November/December) due January 31, 2022

### Step 2: Tell us about your business

- A1** Enter the total number of Forms W-2 reporting Illinois withholding you issued for the entire year.\* **A1** \_\_\_\_\_
- A2** Enter the total number of Forms 1099 reporting Illinois withholding you issued for the entire year.\* **A2** \_\_\_\_\_
- \*Only complete Lines A1 and A2 when you file your 4th quarter or final return.
- B** If your business has **permanently** stopped withholding because it has closed, or you no longer pay Illinois wages or withhold Illinois taxes from other payments, check Box B and enter the date you stopped withholding. This is considered your final return. Do not file future returns, unless you resume withholding Illinois income tax. **B**  \_\_\_ / \_\_\_ / 2021

### Step 3: Tell us about the amount subject to withholding

- 1** Enter the total dollar amount subject to Illinois withholding tax this reporting period, including payroll, compensation, and other amounts. See instructions. **1** 31

### Step 4: Tell us about the amount withheld

- 2** Enter the exact amount of Illinois Income Tax you actually withheld from your employees or others on the date you paid the compensation. Only enter amounts on days you made withholding - leave the remaining "Day" lines blank. If you withheld no Illinois Income Tax during the month, enter "0" on the corresponding "Total" line - Line 2a, 2c, or 2d (noted by "◆").

**2a First month of quarter** (i.e., January for 1st quarter; April for 2nd quarter; July for 3rd quarter; and October for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	A1	9	A9	17	A17	25	A25
2	A2	10	A10	18	A18	26	A26
3	A3	11	A11	19	A19	27	A27
4	A4	12	A12	20	A20	28	A28
5	A5	13	A13	21	A21	29	A29
6	A6	14	A14	22	A22	30	A30
7	A7	15	A15	23	A23	31	A31
8	A8	16	A16	24	A24		

Total Illinois Income Tax withheld this month. (Add Section 2a, Lines 1-31.) ◆ **2a** 12A ◆



Step 4: Continued

2b Enter the amount from Page 1, Step 4, Line 2a.

2b \_\_\_\_\_

2c Second month of quarter (i.e., February for 1st quarter; May for 2nd quarter; August for 3rd quarter; and November for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	C1	9	C9	17	C17	25	C25
2	C2	10	C10	18	C18	26	C26
3	C3	11	C11	19	C19	27	C27
4	C4	12	C12	20	C20	28	C28
5	C5	13	C13	21	C21	29	C29
6	C6	14	C14	22	C22	30	C30
7	C7	15	C15	23	C23	31	C31
8	C8	16	C16	24	C24		

Total Illinois Income Tax withheld this month. (Add Section 2c, Lines 1-31.) 2c 42C

2d Third month of quarter (i.e., March for 1st quarter; June for 2nd quarter; September for 3rd quarter; and December for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	D1	9	D9	17	D17	25	D25
2	D2	10	D10	18	D18	26	D26
3	D3	11	D11	19	D19	27	D27
4	D4	12	D12	20	D20	28	D28
5	D5	13	D13	21	D21	29	D29
6	D6	14	D14	22	D22	30	D30
7	D7	15	D15	23	D23	31	D31
8	D8	16	D16	24	D24		

Total Illinois Income Tax withheld this month. (Add Section 2d, Lines 1-31.) 2d 42D

Add Lines 2b, 2c, and 2d and enter the total amount here. This is the total dollar amount of Illinois Income Tax actually withheld from your employees or others for this quarter. 2 42

Step 5: Tell us about your payments and credits

- 3 Enter the amount of credit from the Schedule WC you are using this period. See instructions. 3 53
- 4 Enter the total dollar amount of withholding payments you made to the Illinois Department of Revenue (IDOR) for this period. This includes all IL-501 payments (electronic and paper coupons). Do not estimate this amount. 4 54
- 5 Add Lines 3 and 4 and enter the total amount here. 5 55

Step 6: Figure your balance

- 6 If Line 2 is greater than Line 5, subtract Line 5 from Line 2. This is your remaining balance due. Make your payment electronically or make your remittance payable to "Illinois Department of Revenue." If Line 5 is greater than Line 2, see the instructions. (Semi-weekly payers must pay electronically.) 6 660

Step 7: Sign here Under penalties of perjury, I state that, to the best of my knowledge, this return is true, correct, and complete.

Sign Here	Signature	Date (mm/dd/yyyy)	Title	Phone	<input type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
	Paid preparer's name		Paid preparer's signature	Date (mm/dd/yyyy)	
Paid Preparer Use Only	Firm's name	Firm's FEIN		Firm's phone	
	Firm's address				

NS IR DR Mail to: ILLINOIS DEPARTMENT OF REVENUE PO BOX 19052 SPRINGFIELD IL 62794-9052



Illinois Department of Revenue

# Form IL-941

## 2020 Illinois Withholding Income Tax Return

Instructions available at [tax.illinois.gov](http://tax.illinois.gov)



This form is required to be filed electronically. To request a waiver, complete and submit Form IL-900-EW. To file electronically, use MyTax Illinois at [mytax.illinois.gov](http://mytax.illinois.gov) or an IDOR-approved Tax-Prep software program.

### Step 1: Provide your information

Federal employer identification number (FEIN) \_\_\_\_\_ Seq. number \_\_\_\_\_

Business name \_\_\_\_\_

C/O \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

- Check this box if this is your first return.
- Check this box if your business name has changed.
- Check this box if your address has changed.

#### Reporting Period

Check the quarter you are reporting.

- 1st** (January/February/ March) due April 30, 2020
- 2nd** (April/May/June) due July 31, 2020
- 3rd** (July/August/September) due November 2, 2020
- 4th** (October/November/December) due February 1, 2021

### Step 2: Tell us about your business

- A1** Enter the total number of Forms W-2 reporting Illinois withholding you issued for the entire year.\* **A1** \_\_\_\_\_
- A2** Enter the total number of Forms 1099 reporting Illinois withholding you issued for the entire year.\* **A2** \_\_\_\_\_
- \*Only complete Lines A1 and A2 when you file your 4th quarter or final return.*
- B** If your business has **permanently** stopped withholding because it has closed, or you no longer pay Illinois wages or withhold Illinois taxes from other payments, check Box B and enter the date you stopped withholding. This is considered your final return. Do not file future returns, unless you resume withholding Illinois income tax.
- B**  \_\_\_ / \_\_\_ / 2020

### Step 3: Tell us about the amount subject to withholding

- 1** Enter the total dollar amount subject to Illinois withholding tax this reporting period, including payroll, compensation, and other amounts. See instructions. **1** 31

### Step 4: Tell us about the amount withheld

- 2** Enter the exact amount of Illinois Income Tax you actually withheld from your employees or others on the date you paid the compensation. Only enter amounts on days you made withholding - leave the remaining "Day" lines blank. If you withheld no Illinois Income Tax during the month, enter "0" on the corresponding "Total" line - Line 2a, 2c, or 2d (noted by "◆").

**2a First month of quarter** (i.e., January for 1st quarter; April for 2nd quarter; July for 3rd quarter; and October for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	A1	9	A9	17	A17	25	A25
2	A2	10	A10	18	A18	26	A26
3	A3	11	A11	19	A19	27	A27
4	A4	12	A12	20	A20	28	A28
5	A5	13	A13	21	A21	29	A29
6	A6	14	A14	22	A22	30	A30
7	A7	15	A15	23	A23	31	A31
8	A8	16	A16	24	A24		

**Total Illinois Income Tax withheld this month.** (Add Section 2a, Lines 1-31.) ◆ **2a** A2A ◆



**Step 4: Continued**

**2b** Enter the amount from Page 1, Step 4, Line 2a.

**2b** \_\_\_\_\_

**2c** Second month of quarter (i.e., February for 1st quarter; May for 2nd quarter; August for 3rd quarter; and November for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	C1	9	C9	17	C17	25	C25
2	C2	10	C10	18	C18	26	C26
3	C3	11	C11	19	C19	27	C27
4	C4	12	C12	20	C20	28	C28
5	C5	13	C13	21	C21	29	C29
6	C6	14	C14	22	C22	30	C30
7	C7	15	C15	23	C23	31	C31
8	C8	16	C16	24	C24		

**Total Illinois Income Tax withheld this month.** (Add Section 2c, Lines 1-31.) **2c** 42C

**2d** Third month of quarter (i.e., March for 1st quarter; June for 2nd quarter; September for 3rd quarter; and December for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	D1	9	D9	17	D17	25	D25
2	D2	10	D10	18	D18	26	D26
3	D3	11	D11	19	D19	27	D27
4	D4	12	D12	20	D20	28	D28
5	D5	13	D13	21	D21	29	D29
6	D6	14	D14	22	D22	30	D30
7	D7	15	D15	23	D23	31	D31
8	D8	16	D16	24	D24		

**Total Illinois Income Tax withheld this month.** (Add Section 2d, Lines 1-31.) **2d** 42D

**Add Lines 2b, 2c, and 2d and enter the total amount here.** This is the total dollar amount of Illinois Income Tax **actually withheld** from your employees or others for this quarter. **2** 42

**Step 5: Tell us about your payments and credits**

- 3** Enter the amount of credit from the Schedule WC you are using this period. See instructions. **3** 53
- 4** Enter the total dollar amount of withholding payments you made to the Illinois Department of Revenue (IDOR) for this period. This includes all IL-501 payments (electronic and paper coupons). **Do not estimate this amount.** **4** 54
- 5** Add Lines 3 and 4 and enter the total amount here. **5** 55

**Step 6: Figure your balance**

- 6** If Line 2 is greater than Line 5, subtract Line 5 from Line 2. This is your **remaining balance due**. Make your payment electronically or make your remittance payable to "Illinois Department of Revenue." **If Line 5 is greater than Line 2, see the instructions.** (Semi-weekly payers **must pay** electronically.) **6** 66

**Step 7: Sign here** Under penalties of perjury, I state that, to the best of my knowledge, this return is true, correct, and complete.

<b>Sign Here</b>	Signature	Date (mm/dd/yyyy)	Title	Phone	<input type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
<b>Paid Preparer Use Only</b>	Paid preparer's name		Paid preparer's signature		<input type="checkbox"/> Check if self-employed
	Date (mm/dd/yyyy)		Paid Preparer's PTIN		
	Firm's name	Firm's address	Firm's FEIN	Firm's phone	

NS IR DR Mail to: ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19052  
SPRINGFIELD IL 62794-9052



Illinois Department of Revenue

# Form IL-941 2019 Illinois Withholding Income Tax Return

This form is required to be filed electronically. To request a waiver, complete and submit Form IL-900-EW. To file electronically, use MyTax Illinois at tax.illinois.gov or an IDOR-approved Tax-Prep software program.

## Step 1: Provide your information

0 0 0 0 0 0 0 0 0 0 0 0  
Federal employer identification number (FEIN) Seq. number

Business name

C/O

Mailing address

City State ZIP

- Check this box if this is your first return.
- Check this box if your business name has changed.
- Check this box if your address has changed.

Reporting Period	
Check the quarter you are reporting.	
<input type="checkbox"/>	1st (January/February/ March) due April 30, 2019
<input type="checkbox"/>	2nd (April/May/June) due July 31, 2019
<input type="checkbox"/>	3rd (July/August/September) due October 31, 2019
<input checked="" type="checkbox"/>	4th (October/November/December) due January 31, 2020

## Step 2: Tell us about your business

A1 Enter the total number of Forms W-2 reporting Illinois withholding you issued for the entire year.\* A1 \_\_\_\_\_

A2 Enter the total number of Forms 1099 reporting Illinois withholding you issued for the entire year.\* A2 \_\_\_\_\_

\*Only complete Lines A1 and A2 when you file your 4th quarter or final return.

B If your business has **permanently** stopped withholding because it has closed, or you no longer pay Illinois wages or withhold Illinois taxes from other payments, check Box B and enter the date you stopped withholding. This is considered your final return. Do not file future returns, unless you resume withholding Illinois income tax.

B  \_\_\_\_ / \_\_\_\_ / 2019  
Month Day

C Check Box C if

- you **are not** subject to the Illinois Secure Choice Savings Program Act (820 ILCS 80/), or
- you **are** subject to the Illinois Secure Choice Savings Program Act (820 ILCS 80/) and you offer a qualified retirement savings plan, such as a pension or 401(k), to your employees.

C

For more information, see the instructions or go to [illinoisretirement.gov](http://illinoisretirement.gov).

## Step 3: Tell us about the amount subject to withholding

1 Enter the total dollar amount subject to Illinois withholding tax this reporting period, including payroll, compensation, and other amounts. See instructions.

1 31

## Step 4: Tell us about the amount withheld

2 Enter the exact amount of Illinois Income Tax you actually withheld from your employees or others on the date you paid the compensation. Only enter amounts on days you made withholding - leave the remaining "Day" lines blank. If you withheld no Illinois Income Tax during the month, enter "0" on the corresponding "Total" line - Line 2a, 2c, or 2d (noted by "◆").

2a First month of quarter (i.e., January for 1st quarter; April for 2nd quarter; July for 3rd quarter; and October for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	A1	9	A9	17	A17	25	A25
2	A2	10	A10	18	A18	26	A26
3	A3	11	A11	19	A19	27	A27
4	A4	12	A12	20	A20	28	A28
5	A5	13	A13	21	A21	29	A29
6	A6	14	A14	22	A22	30	A30
7	A7	15	A15	23	A23	31	A31
8	A8	16	A16	24	A24		

Total Illinois Income Tax withheld this month. (Add Section 2a, Lines 1-31.)

◆ 2a 42A ◆

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty.

Continue on the next page.



**Step 4: Continued**

**2b** Enter the amount from Page 1, Step 4, Line 2a.

**2b** \_\_\_\_\_

**2c** Second month of quarter (i.e., February for 1st quarter; May for 2nd quarter; August for 3rd quarter; and November for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	C1	9	C9	17	C17	25	C25
2	C2	10	C10	18	C18	26	C26
3	C3	11	C11	19	C19	27	C27
4	C4	12	C12	20	C20	28	C28
5	C5	13	C13	21	C21	29	C29
6	C6	14	C14	22	C22	30	C30
7	C7	15	C15	23	C23	31	C31
8	C8	16	C16	24	C24		

**Total Illinois Income Tax withheld this month.** (Add Section 2c, Lines 1-31.) **2c** 42C

**2d** Third month of quarter (i.e., March for 1st quarter; June for 2nd quarter; September for 3rd quarter; and December for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	D1	9	D9	17	D17	25	D25
2	D2	10	D10	18	D18	26	D26
3	D3	11	D11	19	D19	27	D27
4	D4	12	D12	20	D20	28	D28
5	D5	13	D13	21	D21	29	D29
6	D6	14	D14	22	D22	30	D30
7	D7	15	D15	23	D23	31	D31
8	D8	16	D16	24	D24		

**Total Illinois Income Tax withheld this month.** (Add Section 2d, Lines 1-31.) **2d** 42D

**Add Lines 2b, 2c, and 2d and enter the total amount here.** This is the total dollar amount of Illinois Income Tax **actually withheld** from your employees or others for this quarter. **2** 42

**Step 5: Tell us about your payments and credits**

- 3** Enter the amount of credit through DCEO you are using this period. See instructions. **3** 53
- 4** Enter the total dollar amount of withholding payments you made to the Illinois Department of Revenue (IDOR) for this period. This includes all IL-501 payments (electronic and paper coupons). **Do not estimate this amount.** **4** 54
- 5** Add Lines 3 and 4 and enter the total amount here. **5** 55

**Step 6: Figure your balance**

- 6** If Line 2 is greater than Line 5, subtract Line 5 from Line 2. This is your **remaining balance due**. Make your payment electronically or make your remittance payable to "Illinois Department of Revenue." **If Line 5 is greater than Line 2, see the instructions.** (Semi-weekly payers **must pay** electronically.) **6** 66

**Step 7: Sign here** Under penalties of perjury, I state that, to the best of my knowledge, this return is true, correct, and complete.

<b>Sign Here</b>	Signature	Date (mm/dd/yyyy)	Title	Phone	<input type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
<b>Paid Preparer Use Only</b>	Paid preparer's name	Paid preparer's signature		Date (mm/dd/yyyy)	<input type="checkbox"/> Check if self-employed
	Firm's name	Firm's FEIN			Paid Preparer's PTIN
	Firm's address	Firm's phone ( )			

NS IR DR \_\_\_\_\_ Mail to: ILLINOIS DEPARTMENT OF REVENUE  
 IL-941 back (R-12/18) PO BOX 19052  
 SPRINGFIELD IL 62794-9052



## Data Capture Requirements IL-941-X/Keystrokes

### 2021 941X - AMENDED WITHHOLDING INCOME TAX RETURN

Verified fields are in yellow				
Begin	End	Length	Field Name	Description
1	3	3	Trans Code	Plugged: "918" - XWR, "919" - XWO
4	5	2	Batch Number Year	Must Enter YYJJSSSBB. Dups.
6	8	3	Batch Number Julian	Must Enter YYJJSSSBB. Dups.
9	11	3	Batch Number Station	Must Enter YYJJSSSBB. Dups.
12	13	2	Batch Number Seq	Must Enter YYJJSSSBB. Dups.
14	16	3	Document Number	Must Enter. Must be in sequence.
17	25	9	Fein	Must Enter. Must be in sequence.
26	28	3	Fein Sequence Number	Must Enter. Key a zero and enter if no sequence number is shown. Program plugs zeroes.
29	29	1	Not Used	Spaces.
30	31	2	Reporting Period - Year	Must Enter, YY.
32	32	1	Reporting Period - Quarter	Must Enter, Q. Enter "1"-"4" for all years - Except 2012-2016 Enter "1"-"5"
33	36	4	Not Used	Spaces.
37	96	60	Business Name	Must Enter.
97	97	1	First Return	Enter "Y" if indicated, skip if not.
98	98	1	Business Name Change	Enter "Y" if indicated, skip if not.
99	99	1	Address Change	Enter "Y" if indicated, skip if not.
100	134	35	C/O Name	Enter if shown. Skip if blank.
135	164	30	Mailing Address Line 1	Enter if shown. Skip if blank.
165	194	30	Mailing Address Line 2	Enter if shown. Skip if blank.
195	214	20	City	Enter if shown. Skip if blank.
215	216	2	State	Enter if shown. Skip if blank.
217	221	5	Zip Code	Enter if shown. Skip if blank.
222	228	7	Step 2, Line A - Total Nbr of W's	Enter if shown. Skip if blank.
229	229	1	Step 2, Line B - Permanently Stopped Withholding	Enter "Y" if indicated, skip if not.
230	231	2	Step 2, Line B - Dates you stopped paying - Month	Enter MM if shown. Skip if blank.
232	233	2	Step 2, Line B - Dates you stopped paying - Day	Enter DD if shown. Skip if blank.
234	237	4	Step 2, Line B - Dates you stopped paying - Year	Enter CCYY if shown. Skip if blank.

238	238	1	Not Used	Spaces.
239	248	10	Taxpayer Phone Number	Enter if shown. Skip if blank.
249	249	1	Step 7 - Check Box	Enter "Y" if indicated, skip if not.
250	279	30	Paid Preparer Name	Enter if shown. Skip if blank.
280	288	9	PTIN	Enter if shown. Skip if blank.
289	298	10	Firm's Phone Number	Enter if shown. Skip if blank.
299	311	13	Official Use	WR: Must Enter. Dollars and Cents. WO: Zero Filled.
312	313	2	Free Form Code - DR	Enter "DR" if shown. Skip if blank.
314	318	5	Free Form Code - DR Date	Enter if shown. Skip if blank.
319	320	2	Free Form Code - FI	Enter "FI" if shown. Skip if blank.
321	322	2	Free Form Code - IR	Enter "IR" if shown. Skip if blank.
323	324	2	Free Form Code - NS	Enter "NS" if shown. Skip if blank.
325	326	2	Free Form Code - RR	Enter "RR" if shown. Skip if blank.
327	333	7	Step 2, Line A2 - Total Number of Form's	Enter if shown. Skip if blank.
334	334	1	Self Employed? Indicator	Enter "Y" if indicated, skip if not.
335	343	9	Firm's Fein	Enter if shown. Skip if blank.
344	379	36	Not Used	Spaces.
380	859	480	Delimiters and Line Amounts	Enter Dollars and Cents if shown. Skip if blank.
860	860	1	Record Type	Plugged "0".
861	862	2	APE Year	Dups. From Reporting period "YY".
863	922	60	Firm's Name	Enter if shown. Skip if blank.
923	957	35	Firm's Address	Enter if shown. Skip if blank.
958	977	20	Firm's City	Enter if shown. Skip if blank.
978	979	2	Firm's State	Enter if shown. Skip if blank.
980	984	5	Firm's Zip Code	Enter if shown. Skip if blank.
985	1000	16	Not Used	Spaces.

**Delimiters for Returns 941X:**

**(A1 - A31, C1 - C31, D1 - D31, 31, 42A, 42C, 42D, 42-44, 55-57, 68, 69)**

Begin	End	Length	Field Name
380	382	3	Delimiter
383	395	13	Data
396	398	3	Delimiter
399	411	13	Data
412	414	3	Delimiter
415	427	13	Data

428	430	3	Delimiter
431	443	13	Data
444	446	3	Delimiter
447	459	13	Data
460	462	3	Delimiter
463	475	13	Data
476	478	3	Delimiter
479	491	13	Data
492	494	3	Delimiter
495	507	13	Data
508	510	3	Delimiter
511	523	13	Data
524	526	3	Delimiter
527	539	13	Data
540	542	3	Delimiter
543	555	13	Data
556	558	3	Delimiter
559	571	13	Data
572	574	3	Delimiter
575	587	13	Data
588	590	3	Delimiter
591	603	13	Data
604	606	3	Delimiter
607	619	13	Data
620	622	3	Delimiter
623	635	13	Data
636	638	3	Delimiter
639	651	13	Data
652	654	3	Delimiter
655	667	13	Data
668	670	3	Delimiter
671	683	13	Data
684	686	3	Delimiter
687	699	13	Data
700	702	3	Delimiter
703	715	13	Data
716	718	3	Delimiter
719	731	13	Data
732	734	3	Delimiter
735	747	13	Data
748	750	3	Delimiter

751	763	13	Data
764	766	3	Delimiter
767	779	13	Data
780	782	3	Delimiter
783	795	13	Data
796	798	3	Delimiter
799	811	13	Data
812	814	3	Delimiter
815	827	13	Data
828	830	3	Delimiter
831	843	13	Data
844	846	3	Delimiter
847	859	13	Data

**Prior Years 941-X - AMENDED WITHHOLDING INCOME TAX RETURN**

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	3	3	Trans Code	Plugged: "918" - WR, "919" - WO
4	5	2	Batch Number Yr	Must Enter YYJJSSSBB. Dups.
6	8	3	Batch Number Jul	Must Enter YYJJSSSBB. Dups.
9	11	3	Batch Number Sta	Must Enter YYJJSSSBB. Dups. <b>WO: 028, 743 WR: 236, 746</b>
12	13	2	Batch Number Seq	Must Enter YYJJSSSBB. Dups.
14	16	3	Document Number	Must Enter. Must be in sequence.
17	25	9	Fein	Must Enter. Must be in sequence.
26	28	3	Fein Sequence Number	Must Enter. Key a zero and enter if no sequence number is shown. Program plugs zeroes.
29	29	1	Not Used	Spaces.
30	31	2	Reporting Period - Year	Must Enter, YY.
32	32	1	Reporting Period - Quarter	Must Enter, Q. Enter "1"-"4" for all years - Except 2012-2016 Enter "1"-"5"
33	36	4	Not Used	Spaces.
37	96	60	Business Name	Must Enter.
97	97	1	Not Used	Spaces.
98	98	1	Business Name Change	Enter "Y" if indicated, skip if not.
99	99	1	Address Change	Enter "Y" if indicated, skip if not.
100	134	35	C/O Name	Enter if shown. Skip if blank.
135	164	30	Mailing Address Line 1	Enter if shown. Skip if blank.

165	194	30	Mailing Address Line 2	Enter if shown. Skip if blank.
195	214	20	City	Enter if shown. Skip if blank.
215	216	2	State	Enter if shown. Skip if blank.
217	221	5	Zip Code	Enter if shown. Skip if blank.
222	228	7	Not Used	Spaces.
229	229	1	Step 2, Line B - Permanently Stopped Withholding	Enter "Y" if indicated, skip if not.
230	231	2	Step 2, Line B - Dates you stopped paying - Month	Enter MM if shown. Skip if blank.
232	233	2	Step 2, Line B - Dates you stopped paying - Day	Enter DD if shown. Skip if blank.
234	237	4	Step 2, Line B - Dates you stopped paying - Year	Enter CCYY if shown. Skip if blank.
238	298	61	Not Used	Spaces.
299	311	13	Official Use	WR: Must Enter. Dollars and Cents. WO: Zero Filled.
312	330	19	Free Form	Enter "NS" if shown. Enter "DR" and 5 digits for the date received if shown. (2017) Enter "RR" if shown. Skip if blank.
331	331	1	Line 11	Enter a "C" or "R". Skip if blank.
332	379	48	Not Used	Spaces.
380	859	480	Delimiters and Line Amounts	
860	860	1	Record Type	Plugged "0".
861	862	2	APE Year	Dups. From Reporting period "YY".
863	1000	138	Not Used	Spaces.

Begin	End	Length	Field Name
380	382	3	Delimiter
383	395	13	Data
396	398	3	Delimiter
399	411	13	Data
412	414	3	Delimiter
415	427	13	Data
428	430	3	Delimiter
431	443	13	Data
444	446	3	Delimiter
447	459	13	Data
460	462	3	Delimiter
463	475	13	Data

476	478	3	Delimiter
479	491	13	Data
492	494	3	Delimiter
495	507	13	Data
508	510	3	Delimiter
511	523	13	Data
524	526	3	Delimiter
527	539	13	Data
540	542	3	Delimiter
543	555	13	Data
556	558	3	Delimiter
559	571	13	Data
572	574	3	Delimiter
575	587	13	Data
588	590	3	Delimiter
591	603	13	Data
604	606	3	Delimiter
607	619	13	Data
620	622	3	Delimiter
623	635	13	Data
636	638	3	Delimiter
639	651	13	Data
652	654	3	Delimiter
655	667	13	Data
668	670	3	Delimiter
671	683	13	Data
684	686	3	Delimiter
687	699	13	Data
700	702	3	Delimiter
703	715	13	Data
716	718	3	Delimiter
719	731	13	Data
732	734	3	Delimiter
735	747	13	Data
748	750	3	Delimiter
751	763	13	Data
764	766	3	Delimiter
767	779	13	Data
780	782	3	Delimiter
783	795	13	Data
796	798	3	Delimiter

799	811	13	Data
812	814	3	Delimiter
815	827	13	Data
828	830	3	Delimiter
831	843	13	Data
844	846	3	Delimiter
847	859	13	Data



Illinois Department of Revenue

Form IL-941-X

2021 Amended Illinois Withholding Income Tax Return



Important Information

- Electronically file this form on MyTax Illinois at mytax.illinois.gov or using an IDOR approved Tax-Prep software program, OR
Mail this form and any required support to: ILLINOIS DEPARTMENT OF REVENUE, PO BOX 19016, SPRINGFIELD IL 62794-9016
Attach a completed Schedule P and if required, a Schedule WC. Note: Do not attach additional correspondence.

Step 1: Provide your information

Form fields for Step 1: Federal employer identification number (FEIN), Seq. number, Business name, C/O, Mailing address, City, State, ZIP

- Check this box if your business name has changed.
Check this box if you have an address change.

Reporting Period: Check the quarter you are amending. 1st (January, February, March), 2nd (April, May, June), 3rd (July, August, September), 4th (October, November, December)

Step 2: Tell us about your business

Step 2 questions: A1 (total Forms W-2), A2 (total Forms 1099), B (business permanently stopped withholding) with date field (Month Day) and year (2021)

Step 3: Tell us about the amount subject to withholding

Step 3 question 1: Enter the total dollar amount subject to Illinois withholding tax this reporting period, including payroll, compensation, and other amounts. See instructions. Corrected amount 1 31

Step 4: Tell us about the amount withheld and previous overpayments

2 Enter the exact amount of Illinois Income Tax you actually withheld from your employees or others on the day you paid the compensation. Only enter amounts on days you made withholding - leave the remaining "Day" lines blank. If you withheld no Illinois Income Tax during the month, enter "0" on the corresponding "Total" line - Line 2a, 2c, or 2d (noted by "◆").

2a First month of quarter (i.e., January for 1st quarter; April for 2nd quarter; July for 3rd quarter; and October for 4th quarter)

Table with 8 columns: Day, Amount, Day, Amount, Day, Amount, Day, Amount. Handwritten entries from A1 to A31.

Total Illinois Income Tax withheld this month. (Add Section 2a, Lines 1-31.) 2a 42A



Step 4: Continued

2b Enter the amount from Page 1, Step 4, Line 2a.

2b \_\_\_\_\_

2c Second month of quarter (i.e., February for 1st quarter; May for 2nd quarter; August for 3rd quarter; and November for 4th quarter)

Table with 4 columns: Day, Amount, Day, Amount, Day, Amount, Day, Amount. Rows 1-8 for each column, containing handwritten entries C1 through C31.

Total Illinois Income Tax withheld this month. (Add Section 2c, Lines 1-31.) 2c 42C

2d Third month of quarter (i.e., March for 1st quarter; June for 2nd quarter; September for 3rd quarter; and December for 4th quarter)

Table with 4 columns: Day, Amount, Day, Amount, Day, Amount, Day, Amount. Rows 1-8 for each column, containing handwritten entries D1 through D31.

Total Illinois Income Tax withheld this month. (Add Section 2d, Lines 1-31.) 2d 42D

Add Lines 2b, 2c, and 2d and enter the total amount here. This is the total dollar amount of Illinois Income Tax actually withheld from your employees or others for this quarter.

Note: If you are reducing your tax based on Form W-2c, see instructions.

2 42

- 3 If your original return or previously filed IL-941-X resulted in a credit that you were previously allowed to use, any IDOR-approved credit for the period, or a refund you have already received, please enter this amount. See instructions.

3 43

- 4 Add Lines 2 and 3 and enter the total amount here.

4 44

Step 5: Tell us about your payments and credits

- 5 Enter the amount of credit from the Schedule WC you are using this period. See instructions.

5 55

- 6 Enter the total dollar amount of withholding payments you made to the Illinois Department of Revenue (IDOR) for this period. This includes all IL-501 payments (electronic and paper coupons). Do not estimate this amount.

6 56

- 7 Add Lines 5 and 6 and enter the total amount here.

7 57

Step 6: Figure your balance

- 8 If Line 4 is greater than Line 7, subtract Line 7 from Line 4. This is your remaining balance due. Make your payment electronically or make your remittance payable to "Illinois Department of Revenue." (Semi-weekly payers must pay electronically.)

8 68

- 9 If Line 7 is greater than Line 4, subtract Line 4 from Line 7. This amount is your overpayment.

9 69

Step 7: Sign here Under penalties of perjury, I state that, to the best of my knowledge, this return is true, correct, and complete.

Sign Here section with fields for Signature, Date, Title, Phone, and checkboxes for Department discussion and self-employed status. Includes Paid Preparer Use Only section with fields for name, signature, date, PTIN, firm name, address, FEIN, and phone.



Illinois Department of Revenue

Form IL-941-X

2020 Amended Illinois Withholding Income Tax Return



Important Information

- Electronically file this form on MyTax Illinois at mytax.illinois.gov or using an IDOR approved Tax-Prep software program, OR
Mail this form and any required support to: ILLINOIS DEPARTMENT OF REVENUE, PO BOX 19016, SPRINGFIELD IL 62794-9016
Attach a completed Schedule P and if required, a Schedule WC. Note: Do not attach additional correspondence.

Step 1: Provide your information

Form fields for Step 1: Federal employer identification number (FEIN), Seq. number, Business name, C/O, Mailing address, City, State, ZIP

- Check this box if your business name has changed.
Check this box if you have an address change.

Reporting Period: Check the quarter you are amending. 1st (January, February, March), 2nd (April, May, June), 3rd (July, August, September), 4th (October, November, December)

Step 2: Tell us about your business

Form fields for Step 2: A1 (total Forms W-2), A2 (total Forms 1099), B (stopped withholding), Date (Month / Day / 2020)

Step 3: Tell us about the amount subject to withholding

Form field for Step 3: 1 (total dollar amount subject to withholding tax), Corrected amount 1 31

Step 4: Tell us about the amount withheld and previous overpayments

2 Enter the exact amount of Illinois Income Tax you actually withheld from your employees or others on the day you paid the compensation. Only enter amounts on days you made withholding - leave the remaining "Day" lines blank. If you withheld no Illinois Income Tax during the month, enter "0" on the corresponding "Total" line - Line 2a, 2c, or 2d (noted by "◆").

2a First month of quarter (i.e., January for 1st quarter; April for 2nd quarter; July for 3rd quarter; and October for 4th quarter)

Table with 4 columns: Day, Amount, Day, Amount, Day, Amount, Day, Amount. Rows 1-31 with handwritten entries for each day (A1-A31).

Total Illinois Income Tax withheld this month. (Add Section 2a, Lines 1-31.) ◆ 2a 42A ◆



Step 4: Continued

2b Enter the amount from Page 1, Step 4, Line 2a.

2b \_\_\_\_\_

2c Second month of quarter (i.e., February for 1st quarter; May for 2nd quarter; August for 3rd quarter; and November for 4th quarter)

Table with 4 columns: Day, Amount, Day, Amount, Day, Amount, Day, Amount. Rows 1-8 for each column, containing handwritten entries C1 through C31.

Total Illinois Income Tax withheld this month. (Add Section 2c, Lines 1-31.)

2c 42C

2d Third month of quarter (i.e., March for 1st quarter; June for 2nd quarter; September for 3rd quarter; and December for 4th quarter)

Table with 4 columns: Day, Amount, Day, Amount, Day, Amount, Day, Amount. Rows 1-8 for each column, containing handwritten entries D1 through D31.

Total Illinois Income Tax withheld this month. (Add Section 2d, Lines 1-31.)

2d 42D

Add Lines 2b, 2c, and 2d and enter the total amount here. This is the total dollar amount of Illinois Income Tax actually withheld from your employees or others for this quarter.

Note: If you are reducing your tax based on Form W-2c, see instructions.

2 42

- 3 If your original return or previously filed IL-941-X resulted in a credit that you were previously allowed to use, any IDOR-approved credit for the period, or a refund you have already received, please enter this amount. See instructions.

3 43

- 4 Add Lines 2 and 3 and enter the total amount here.

4 44

Step 5: Tell us about your payments and credits

- 5 Enter the amount of credit from the Schedule WC you are using this period. See instructions.

5 55

- 6 Enter the total dollar amount of withholding payments you made to the Illinois Department of Revenue (IDOR) for this period. This includes all IL-501 payments (electronic and paper coupons). Do not estimate this amount.

6 56

- 7 Add Lines 5 and 6 and enter the total amount here.

7 57

Step 6: Figure your balance

- 8 If Line 4 is greater than Line 7, subtract Line 7 from Line 4. This is your remaining balance due. Make your payment electronically or make your remittance payable to "Illinois Department of Revenue." (Semi-weekly payers must pay electronically.)

8 68

- 9 If Line 7 is greater than Line 4, subtract Line 4 from Line 7. This amount is your overpayment.

9 69

Step 7: Sign here Under penalties of perjury, I state that, to the best of my knowledge, this return is true, correct, and complete.

Sign Here section with fields for Signature, Date, Title, Phone, and checkboxes for Department discussion and self-employed status. Includes Paid Preparer Use Only section with fields for name, signature, date, firm name, address, FEIN, and phone.



Important Information

- Electronically file this form on MyTax Illinois at tax.illinois.gov, OR
Mail this form and any required support to: ILLINOIS DEPARTMENT OF REVENUE, PO BOX 19016, SPRINGFIELD IL 62794-9016
Attach only a completed Schedule P. Note: Do not attach additional correspondence.

Step 1: Provide your information

Form fields for Step 1: Federal employer identification number (FEIN), Seq. number, Business name, C/O, Mailing address, City, State, ZIP

- Check this box if your business name has changed.
Check this box if you have an address change.

Reporting Period: Check the quarter you are amending. 1st (January, February, March), 2nd (April, May, June), 3rd (July, August, September), 4th (October, November, December)

Step 2: Tell us about your business

- A1 Enter the total number of Forms W-2 reporting Illinois withholding you issued for the entire year.\*
A2 Enter the total number of Forms 1099 reporting Illinois withholding you issued for the entire year.\*
B If your business has permanently stopped withholding because it has closed, or you no longer pay Illinois wages or withhold Illinois taxes from other payments, check the box and enter the date you stopped withholding.
C Check Box C if you are not subject to the Illinois Secure Choice Savings Program Act (820 ILCS 80/), or you are subject to the Illinois Secure Choice Savings Program Act (820 ILCS 80/) and you offer a qualified retirement savings plan, such as a pension or 401(k), to your employees.

Step 3: Tell us about the amount subject to withholding

- 1 Enter the total dollar amount subject to Illinois withholding tax this reporting period, including payroll, compensation, and other amounts. See instructions.

Corrected amount

1 31

Step 4: Tell us about the amount withheld and previous overpayments

- 2 Enter the exact amount of Illinois Income Tax you actually withheld from your employees or others on the day you paid the compensation. Only enter amounts on days you made withholding - leave the remaining "Day" lines blank. If you withheld no Illinois Income Tax during the month, enter "0" on the corresponding "Total" line - Line 2a, 2c, or 2d (noted by "◆").

2a First month of quarter (i.e., January for 1st quarter; April for 2nd quarter; July for 3rd quarter; and October for 4th quarter)

Table with 8 columns: Day, Amount, Day, Amount, Day, Amount, Day, Amount. Handwritten entries for days 1-31 and amounts A1-A31.

Total Illinois Income Tax withheld this month. (Add Section 2a, Lines 1-31.)

◆ 2a 42A ◆

Continue to Page 2.

**Step 4: Continued**

**2b** Enter the amount from Page 1, Step 4, Line 2a.

**2b** \_\_\_\_\_

**2c Second month of quarter** (i.e., February for 1st quarter; May for 2nd quarter; August for 3rd quarter; and November for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	C1	9	C9	17	C17	25	C25
2	C2	10	C10	18	C18	26	C26
3	C3	11	C11	19	C19	27	C27
4	C4	12	C12	20	C20	28	C28
5	C5	13	C13	21	C21	29	C29
6	C6	14	C14	22	C22	30	C30
7	C7	15	C15	23	C23	31	C31
8	C8	16	C16	24	C24		

**Total Illinois Income Tax withheld this month.** (Add Section 2c, Lines 1-31.) **2c** 420

**2d Third month of quarter** (i.e., March for 1st quarter; June for 2nd quarter; September for 3rd quarter; and December for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	D1	9	D9	17	D17	25	D25
2	D2	10	D10	18	D18	26	D26
3	D3	11	D11	19	D19	27	D27
4	D4	12	D12	20	D20	28	D28
5	D5	13	D13	21	D21	29	D29
6	D6	14	D14	22	D22	30	D30
7	D7	15	D15	23	D23	31	D31
8	D8	16	D16	24	D24		

**Total Illinois Income Tax withheld this month.** (Add Section 2d, Lines 1-31.) **2d** 420

**Add Lines 2b, 2c, and 2d and enter the total amount here.** This is the total dollar amount of Illinois Income Tax **actually withheld** from your employees or others for this quarter.

**Note:** If you are reducing your tax based on Form W-2c, see instructions.

- 3 If your original return or previously filed IL-941-X resulted in a credit that you were previously allowed to use, any IDOR-approved credit for the period, or a refund you have already received, please enter this amount. See instructions. 2 42
- 4 Add Lines 2 and 3 and enter the total amount here. 3 43
- 4 4 44

**Step 5: Tell us about your payments and credits**

- 5 Enter the amount of credit through DCEO you are using this period. See instructions. 5 55
- 6 Enter the total dollar amount of withholding payments you made to the Illinois Department of Revenue (IDOR) for this period. This includes all IL-501 payments (electronic and paper coupons). **Do not estimate this amount.** 6 56
- 7 Add Lines 5 and 6 and enter the total amount here. 7 57

**Step 6: Figure your balance**

- 8 If Line 4 is greater than Line 7, subtract Line 7 from Line 4. This is your **remaining balance due**. Make your payment electronically or make your remittance payable to "Illinois Department of Revenue." (Semi-weekly payers **must pay** electronically.) 8 68
- 9 If Line 7 is greater than Line 4, subtract Line 4 from Line 7. This amount is your overpayment. 9 69

**Step 7: Sign here** Under penalties of perjury, I state that, to the best of my knowledge, this return is true, correct, and complete.

<b>Sign Here</b>	Signature	Date (mm/dd/yyyy)	Title	Phone	( )	<input type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.	
	<input type="checkbox"/> Check if self-employed						
<b>Paid Preparer Use Only</b>	Paid preparer's name		Paid preparer's signature		Date (mm/dd/yyyy)	Paid Preparer's PTIN	
	Firm's name	Firm's FEIN				Firm's phone ( )	
	Firm's address						



# Edits

The edits must check the following:

1. Batch control number is valid.
  - Batch control number must remain the same throughout the batch.
  - Batch control number consists of the year, Julian Date, station number, and batch sequence number.
  - Year must equal current year or previous year. Julian date = 001-366
2. Document number is valid.
  - Document may be 000-249.
  - Must be numeric, document numbers 000-099 must be left zeroed.
  - Documents must be in sequence.
3. FEIN and Sequence Number are valid.
  - MOD 10 check digit valid.
4. Transaction Type is valid.
  - Must remain the same throughout the batch.
5. Transaction Type 916, 917 and 918 must have a payment amount. (917=000000000)
6. Any money amount present must be left zeroed (right justified, no spaces).

The edits must balance on money amounts in the payment amount field and document count.

The edit prints out an Itemized Listing with the following detailed information:

- Transaction type
- Batch Control and Document number
- FEIN
- Sequence number
- Check digit
- Account period ending
- Line 1 - Total wages
- Line 2 - Tax withheld
- Line 6- Payments and Credits
- Line 8 - Overpayment
- Remittance dollar amount
- Error indicator
- Total entered and accumulated document counts
- Total entered and accumulated dollar amounts
- Total record count

The edit must show an "In Balance" result. Out of balance batches are never sent in the file transmission.

## **Formula MOD 10**

**Obtain Sum A:** Beginning at the left, add every other digit starting with the second.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

**Sum A:**  $2 + 4 + 6 + 8 + 0 + 0 = 20$

**Obtain Sum B in two steps.** Step 1: Beginning with the left most digit, add every other digit twice and format the result as a two-digit number. Step 2: Add each digit of the two-digit result from Step 1 to obtain a one-digit number. Step 3: Add each of the Step 2 results to determine Sum B. See example below.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Digit #	Step 1	Step 2
(1)	$1 + 1 = 02$	$0 + 2 = 2$
(3)	$3 + 3 = 06$	$0 + 6 = 6$
(5)	$5 + 5 = 10$	$0 + 0 = 1$
(7)	$7 + 7 = 14$	$1 + 4 = 5$
(9)	$9 + 9 = 18$	$1 + 8 = 9$
(11)	$0 + 0 = 00$	$0 + 0 = 0$

**Sum B** =  $2 + 6 + 1 + 5 + 9 + 0 = 23$

**Obtain Sum C.**

Add Sum A and Sum B to obtain Sum C. (Example above: Sum A 20 + Sum B 23 = Sum C 43)

If the unit position of Sum C is zero, no subtraction is necessary, zero is the check digit.

If the unit position of Sum C is not zero, subtract the unit position of Sum C from 10. In this example, 3 is the number in the unit position.  $10 - 3 = 7$ . **7 is the check digit for this example.**

## Batch Sorting Examples

<b>DOCUMENT TYPE</b>	<b>CONDITION</b>	<b>DISPOSITION</b>
<b>IL-941</b>	A. With Remittance, Single Document. 1. Fully Paid 2. Partially Paid	A. Contractor to process.
	B. With Remittance Multiples 1. Fully Paid 2. Partially Paid	B. 1. Contractor to process. 2. Route to IDOR.
	C. Without Remittance	C. Contractor to process.
	D. With Remittance Correspondence	D. Route correspondence to IDOR.
	E. Without Remittance Correspondence	E. Route correspondence to IDOR.
	F. Multi (two or more IL-941 forms with one or more remittances)	F. Contractor shall process if the total amount due on all forms equals the total of all payment amounts. Otherwise, route to IDOR.
	G. Damaged or incomplete tax form received with remittance	G. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR.
	H. Split (different form types for the same tax type)	H. Route to IDOR
	I. 2016 or prior APE on 2017 or newer IL-941	I. Route to IDOR
	J. 2017 APE on 2016 or prior IL-941	J. Route to IDOR
<b>Lone Checks</b>	A. Unattached checks received without tax forms. Sort separately, maintain date received integrity and coding.	A. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR .
<b>Non-IDOR Remittances</b>	A. Remittances not made payable to IDOR or acceptable payee. Maintain date received integrity and coding.	A. Route transaction (check and document) to IDOR.

## **Exception Item Sorts**

All exception items must have envelopes and routing tags attached and must be forwarded to IDOR. In addition, all payments and related documents being returned to IDOR that are \$10,000 and over should be segregated, placed in a separate envelope, with a routing tag attached and which must be marked clearly and boldly “BIG MONEY” or “≥ \$10,000”.

# **Lockbox IL-1040-ES**

## **Introduction**

The Income Tax may require the taxpayer to make an IL-1040-ES income tax estimated payment.

The lockbox bank will process the payment coupons, image, data enter the information, transmit the file electronically, and perform miscellaneous related document handling per specifications.

## **OCR Document Specifications**

The Department does not generally provide paper forms, Forms received are printed at the user's local printers and may vary in color, weight, and size. Some forms are generated from software that companies. These software companies are required to provide testing samples of a substitute official tax forms and payment coupons to the Department's Office of Publications Management for testing with lockbox, review, and approval.

**Note:** The coupon and scan line measurements are subject to change, though it is unlikely. If changes are made, the appropriate testing would be completed.

IL-1040-ES (scannable form)

- Generally, the coupon is printed on white paper from various local printers. The official size is 3.625 inches X 8.5 inches. (Since these coupons must be cut by the taxpayer, the size maybe somewhat irregular).
- The scan line is printed in black ink. The font for the scan line is "OCR-A Std", size 10.
- Presently, the scan line is centered across the width of the page. The scan line must be at least .25 inches from the bottom edge of the form (when measuring from the bottom edge of the form to the bottom edge of the scan line characters) and no more than .375 inches from the bottom (no higher than .5 inches from the bottom edge).

Scan line contains 39 positions as described below. **Positions within the scan line:**

- 1 Voucher Number is always 1
- 2 Space
- 3 - 11 Primary's SSN
- 12 Space
- 13 Primary SSN Check Digit (See formula below.)
- 14 Space
- 15 - 22 Numeric Post (See formula on next page.)
- 23 Space
- 24 - 32 Spouse's SSN
- 33 Space
- 34 Spouse SSN Check Digit (See formula below.)

35 Space

36 - 39 Account Period Ending (APE). Fill with the last month and year of the tax year being paid (mmyy).

Example: April 2015 is 1215.

### SSN Check Digit Formula (MOD 10)

Obtain the SSN Check Digit in four steps. Step 1: Beginning at the left most digit, multiply each digit of the SSN alternating by 2 and then 1 and format the result as a two-digit number. Step 2: Add each digit of the two-digit result from Step 1 to obtain a one-digit number. Step 3: Add each of the Step 2 results to obtain a total, then determine the unit (ones) position of the total. Step 4: If the result of Step 3 is zero, then zero is the check digit. Otherwise, subtract the result of Step 3 from 10. The result is the check digit.

EXAMPLE: SSN = 0 0 0 3 4 7 6 3 1

Step 1:	0	0	0	3	4	7	6	3	1
	X 2	1	2	1	2	1	2	1	2
	= 0	0	0	3	8	7	12	3	2

Step 2: Add any two-digit number in the products together to obtain one digit. ( $12 = 1 + 2 = 3$ )

Step 3:  $0 + 0 + 0 + 3 + 8 + 7 + 3 + 3 + 2 = 26$ . The unit position is 6.

Step 4: Subtract the unit position of the sum of the products from 10.  $10 - 6 = 4$ . **4 is the check digit.**

### Numeric Post Formula

Determine the numeric post from the first four letters of taxpayer's last name. The numeric post is calculated by numbering the alphabet from 01 - 26 beginning with the letter A as 01, B as 02, and so on.

Numeric post examples and special rules:

For a last name Jones = JONE = the numeric post is 10151405

For a last name that is less than four characters, fill each ending space with 00.

Last name of Coe = COE = the numeric post is 03150500

For a last name containing an apostrophe or hyphen, omit the punctuation.

Last name of O'Connor = OCON = the numeric post is 15031514

For a last name containing a space, omit the space.

Last name of De Von = DEVO = the numeric post is 04052215

IL-1040-ES (non-scannable form)

- Generally, the coupon is printed on white paper from various local printers. The weight and color of the paper may vary.
- Coupon is 3 5/8 X 8 1/2 inches (Since these coupons must be cut by the taxpayer, the size maybe somewhat irregular).

**Note:** The coupon is subject to change. If changes are made, the appropriate testing would be completed.

IL-1040-ES Payments Only (without return or voucher)

Contractor shall prepare a surrogate coupon for all IL-1040-ES payments. The blank surrogate coupons are 2  $\frac{3}{4}$  X 8  $\frac{1}{2}$  inches.

## **IL-1040-ES Document and Remittance Processing**

The Contractor shall be required to perform tax document and remittance processing using on-site, state-of-the-art equipment and techniques. Following are the specifications for the tax document and remittance processing:

1. Remittance Processing Systems (equipment) or state-of-the-art equipment shall be used to:

- A. Create a transmission for all daily transactions processed. This transmission will include tax return and batch information that must be accessible to IDOR for two (2) working days after receipt of the transmission.

**NOTE:** Each document will be assigned a 13 digit number (referred to as a batch number or validation number) per IDOR specifications: (XX [year], XXX [received date expressed as a Julian Date], XXX [station number], XX [batch sequence number (values 01-99) ], XXX [document number values 000-249) - to be used for transaction sequencing]). The check amount shall also be included on the document. All documents shall be placed in required batch folders, provided by IDOR, with required batch control reports. Batch size shall not exceed 250 documents.

- B. Scan the pre-coded IL-1040-ES to capture:

- Voucher number
- SSN
- Check digit
- Numeric Post
- Spouse SSN
- Numeric Spouse Post
- Check digit
- APE

**NOTE:** Required information must be data-entered if non-scannable documents are used. Please see Data Capture Requirements.

**FUTURE ENHANCEMENTS:** May be required to read and capture information from a 1-D barcode.

- C. Audit trail each transaction (check[s] and document[s]) with Document Locator Number (DLN), capturing the data for inclusion in the file transmission. The DLN must be present on both physical documents and captured images; if images are captured before the documents are sprayed, the DLN can be annotated to the captured images. IDOR requests that the largest size font available be used, to improve readability in research situations.

Example:

**YYJJSSNNBBBBBBBTTT**

(YYJJJ = year and julian)

(SS = scanner job number)

(NN = scanner number, as assigned by IDOR after vendor selection)  
(BBBBBBB = scanner batch number)  
(TTT = transaction number within scanner batch)

- D. Checks shall be encoded with the check amount. This check amount shall be captured for the file transmission. The corresponding check amount shall be printed in the audit trail on all documents.
  - E. Check(s) shall be endorsed per IDOR/Treasurer endorsement requirements and reflect deposit date.
  - F. We recognize that the Financial Institution awarded the contract will utilize Check 21 in their processing of the checks. The IDOR and Treasurer's Office will work with the financial institution if any modifications to the endorsement or tracking numbers are necessary due to banking regulation.
2. Documents shall be placed in a batch folder along with an Itemized Listing:
- A. The batch folder shall be labeled with the following:
    - Batch Control number
    - Transaction code
    - Total batch dollar amount
    - Document count
    - Date received (stamped on batch folder)
    - Bar code label attached at top left edge
  - B. The Itemized Listing shall detail each item in the batch:
    - Batch Control and Document number
    - Transaction code
    - Voucher number
    - APE
    - SSN
    - Check digit
    - Post
    - Official use amount
    - Estimated tax
    - Payment amount
    - Date received
    - Error indicator
    - Total entered and accumulated dollar amounts
    - Total entered and accumulated document counts
  - C. There shall be no more than ninety-nine (99) batches per station number per day. If there are more than 99 batches, the next station number is used.

**NOTE:** Log sheet numbers are no longer required for this tax application on batch folders. Fill data field(s) with “8’s” when log sheet number is required.

3. The Contractor shall be assigned specific station numbers by IDOR to use in batching documents. The contractor shall ensure accountability and continuity of batch numbering and control.
4. The Contractor shall create, per IDOR specifications, required data control reports to accompany the file transmission.
5. The Contractor shall notify the Illinois State Treasurer's Office and IDOR with deposit totals by no later than 8:30 a.m. Central Standard Time the following morning or in the case of weekends or holidays, notification is to be made on the first workday following the deposit by the prescribed time. The notification for IDOR shall be the generation and file transmission of the (300 Report). The notification for the State Treasurer’s Office shall be the generation and transmission via electronic transmission or fax of the (300 Report).
6. The Contractor will create, at a minimum, the following required IDOR deposit management reports to accompany the file transmission:
  - Daily Deposit Report (300 report) that details total document count and total check amount by form type and transaction code. This report also reflects the total documents and dollars processed for a particular day. The Daily Summary Report that details document count, sub-total dollars, total dollars, and clearing account number by tax type. It also sub-totals by form type (prepared and transmitted daily).
  - Deposit Summary Report (200 report) that details batch control number, received date, document count, remittance amount, and credit amount by form type. This report should also list the total number of batches, total number of documents, and total deposit amount. The total amounts should balance to the Daily Deposit and Daily Summary Reports (prepared and transmitted daily).
  - Itemized Listing that details all transactions by batch and document number, transaction code, voucher number, APE, SSN, check digit, post, official use amount, estimated tax, payment amount, date received, and error indicator. This report also shows total entered and accumulated dollar amounts and total entered and accumulated document counts, and should balance to the Deposit Summary shown (prepared and transmitted daily). This listing is included in the batch folder.
  - Report on clearance patterns for transactions processed (prepared on request).
  - IDOR may request additional reports that would be prepared on a request basis.

**Example 200 Report for the IL-1040-ES**

REPORT DATE: 05-20-21

BANK SUMMARY 200-REPORT BY

TAX TYPE

DEPOSIT DATE: 05-20-21

FINANCIAL INSTITUTION NAME

PAGE: 001

JOB: IL1040ES TRAN CODE: 42  
OF REVENUE

STATE OF ILLINOIS DEPARTMENT  
BANK ACCOUNT: #####

CLEARING ACCOUNT: #####

	RECEIVE	DOCUMENT	REMITTANCE	CREDIT	
SUBTOTAL	DATE	COUNT	AMOUNT	AMOUNT	BY
BATCHID					
STATION					
202114010901	05-19-21	100	76,299.00	0.00	
76,299.00					
202114029301	05-20-21	12	13,301.00	0.00	
202114029302	05-20-21	6	27,055.19	0.00	
202114029303	05-20-21	2	340.00	0.00	
202114029304	05-20-21	1	700.00	0.00	
202114029305	05-20-21	3	553.00	0.00	
202114029306	05-20-21	5	6,017.00	0.00	
202114029307	05-20-21	5	1,380.00	0.00	

49,346.19

TOTALS FOR FORM IL1040ES

TOTAL BATCHES: 8

TOTAL DOCUMENTS: 134

DEPOSIT TOTAL: 125,645.19

Example Itemized Listing Report for the IL-1040-ES

1040ES

Revenue Batch Nbr						
DocNum	Sec Src BDN	APE	TaxpayerID	Tkt Num	Amount	
201515229303						
000	1515290609082385001	2015-12-31	[REDACTED]	082385	3170.00	
001	1515290609082385002	2015-12-31	[REDACTED]	082385	500.00	
002	1515290609082385003	2015-12-31	[REDACTED]	082385	7500.00	
003	1515290609082385004	2014-12-31	[REDACTED]	082385	50.00	
004	1515290609082385005	2015-12-31	[REDACTED]	082385	72.00	
Batch Total:		5 items			11292.00	

## Data Capture Requirements IL-1040-ES/Keystrokes

### IL-1040ES - ESTIMATED INCOME TAX DECLARATION FOR INDIVIDUALS

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	3	3	Trans Code	"E10" Constant.
4	5	2	Batch Number Year	Must Enter YYJJSSSBB. Dups.
6	8	3	Batch Number Julian	Must Enter YYJJSSSBB. Dups.
9	11	3	Batch Number Station	Must Enter YYJJSSSBB. Dups.
12	13	2	Batch Number Seq	Must Enter YYJJSSSBB. Dups.
14	16	3	Document Number	Must Enter. Must be in sequence.
17	18	2	APE - Month	Enter "MM" if shown. Skip if blank.
19	20	2	APE - Year	Enter "YY" if shown. Skip if blank.
21	24	4	Post	Enter if shown. Skip if blank.
25	33	9	SSN	Enter if shown. Skip if blank.
34	34	1	Check Digit	Enter if shown. Skip if blank.
35	44	10	Not Used	Spaces.
45	45	1	Voucher Number	"1" Constant.
46	54	9	Estimated Tax	Zeroes Constant.
55	63	9	Payment Amount	Zeroes Constant.
64	65	2	Date Received - Year	Enter "YY" if shown. Skip if blank.
66	68	3	Date Received - Julian	Enter "JJJ" if shown. Skip if blank.
69	77	9	Official use	Must Enter. Dollars and Cents.
78	152	75	Not Used	Spaces.

## Edits

The edits must check the following:

1. Batch Control number is valid.
  - Batch Control number must remain the same throughout the batch.
  - Batch Control number consists of the year, Julian Date, station number, and batch sequence number.
  - Year must equal current year or previous year. Julian Date = 001-366
  - If a variance occurs in the APE from the scan line to the form, forward to IDOR as an exception.
2. Document number is valid.
  - Document may be 000-249.
  - Must be numeric, document numbers 000-099 must be left zeroed.
  - Documents must be in sequence.
3. SSN and Post are valid. The Post is the first four characters of the last name with no embedded spaces or special characters. The Post must be at least two characters in length.
  - MOD 10 check digit valid.
4. Transaction Type is valid.
  - Must remain the same throughout the batch.
5. Transaction Type E-10 must have a payment amount.
6. Any money amount present must be left zeroed (right justified, no spaces).

The edits must balance on money amounts in the payment amount field and document count.

The edit prints out an Itemized Listing with the following detailed information:

- Batch Control and Document number
- Transaction code
- Voucher number
- APE
- SSN
- Check digit
- Post
- Official use amount
- Estimated tax
- Payment amount
- Date received
- Error indicator

- Total entered and accumulated dollar amounts
- Total entered and accumulated document counts

The edit must show an "In Balance" result. Out of balance batches are never sent in the file transmission.

## Formula MOD 10

Illinois Department of Revenue MOD 10 Check Digit

EXAMPLE: Social Security Number - 000-34-7631

**STEP 1** Multiply the SSN by weighting factor:

0	X	2	<b>0</b>
0	X	1	<b>0</b>
0	X	2	<b>0</b>
3	X	1	<b>3</b>
4	X	2	<b>8</b>
7	X	1	<b>7</b>
6	X	2	<b>12</b>
3	X	1	<b>3</b>
1	X	2	<b>2</b>

Note: If the multiplication results in a two-digit number, add the digits together.  
For example: if the result is 12, add  $1 + 2 = 3$

**STEP 2** Add the resulting numbers together:

$$0+0+0+3+8+7+3+3+2 = \mathbf{26}$$

**STEP 3** Divide the sum by 10:

$$26 / 10 = \mathbf{2 \text{ with a remainder of } 6}$$

**STEP 4** If the remainder is 0, the check digit is 0. If the remainder is any other number, subtract the remainder from 10:

$$10 - 6 = 4$$

**The check digit is 4.**

## Batch Sorting Examples

<b>DOCUMENT TYPE</b>	<b>CONDITION</b>	<b>DISPOSITION</b>
<b>IL-1040-ES</b>	A. With Remittance, Single Document. 1. Fully Paid 2. Partially Paid	A. Contractor to process.
	B. With Remittance Multiples 1. Fully Paid 2. Partially Paid	B. 1. Contractor to process. 2. Route to IDOR.
	C. Without Remittance	C. Route to IDOR.
	D. With Remittance Correspondence	D. Route correspondence to IDOR.
	E. Without Remittance Correspondence	E. Route to IDOR.
	F. Multi (two or more IL-1040-ES forms with one or more remittances)	F. Contractor shall process if the total amount due on all forms equals the total amount of all the payment(s). Otherwise, route to IDOR.
	G. Split (different form types for the same tax type)	G. Route to IDOR.
<b>IL-1040-ES Certified Mail</b>	A. Certified Mail must be batched and processed under a separate station number.	A. Contractor must process certified mail adhering to the conditions stated above. Exception items must be routed to IDOR with the envelope attached.
<b>Lone Checks</b>	A. Unattached checks received without tax forms. Sort separately, maintain date received integrity and coding.	A. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR.
<b>Non-IDOR Remittances</b>	A. Remittances not made payable to IDOR or acceptable payee. Maintain date received integrity and coding.	A. Route transaction (check and document) to IDOR.

## **Exception Item Sorts**

All exception items must have envelopes and routing tags attached and must be forwarded to IDOR. In addition, all payments and related documents being returned to IDOR that are \$10,000 and over should be segregated, placed in a separate envelope, with a routing tag attached and which must be marked clearly and boldly "BIG MONEY" or "≥ \$10,000".



# **Lockbox IL-505-I**

## **Introduction**

The Income Tax may require the taxpayer to make a IL-505-I income tax extension payment.

The lockbox bank will process the payment coupons, image, data enter the information, transmit the file electronically, and perform miscellaneous related document handling per specifications.

## **OCR Document Specifications**

The Department does not generally provide paper forms, Forms received are printed at the user's local printers and may vary in color, weight, and size. Some forms are generated from software that companies. These software companies are required to provide testing samples of a substitute official tax forms and payment coupons to the Department's Office of Publications Management for testing with lockbox, review, and approval.

### IL-505-I (Scannable Form Only)

- Generally, the coupon is printed on white paper from various local printers. The official size is 3.625 inches X 8.5 inches. (Since these coupons must be cut by the taxpayer, the size maybe somewhat irregular).
- The scan line is printed in black ink. The font for the scan line is "OCR-A Std", size 10.
- Presently, the scan line is centered on the form (between the left and right edge) and must fall between .25 and .5 inches from the bottom edge of the form.
- The scan line contains 39 positions as described below. **Positions within the scan line:**
  - 1 Voucher Number is always 5
  - 2 Space
  - 3 - 11 Primary's SSN
  - 12 Space
  - 13 Primary SSN Check Digit (See formula on the following page.)
  - 14 Space
  - 15 - 22 Numeric Post (See formula below.)
  - 23 Space
  - 24 - 32 Spouse's SSN
  - 33 Space
  - 34 Spouse SSN Check Digit (See formula below following page.)
  - 35 Space
  - 36 - 39 Account Period Ending (APE). Fill with the last month and year of the tax year being paid (mmyy). Example: December 2021 is 1221.

## Numeric Post Formula

Determine the numeric post from the first four letters of taxpayer's last name. The numeric post is calculated by numbering the alphabet from 01 - 26 beginning with the letter A as 01, B as 02, and so on.

Numeric post examples and special rules:

For a last name Jones = JONE = the numeric post is 10151405

For a last name that is less than four characters, fill each ending space with 00.

Last name of Coe = COE = the numeric post is 03150500

For a last name containing an apostrophe or hyphen, omit the punctuation.

Last name of O'Connor = OCON = the numeric post is 15031514

For a last name containing a space, omit the space.

Last name of De Von = DEVO = the numeric post is 04052215

## SSN Check Digit Formula

The check digit is figured from the following calculations. (MOD 10)

EXAMPLE: SSN = 0 0 0 3 4 7 6 3 1

Step 1: Beginning at the left most digit, multiply each digit of the SSN alternating by 2 and then 1.

$$\begin{array}{r} 0 \quad 0 \quad 0 \quad 3 \quad 4 \quad 7 \quad 6 \quad 3 \quad 1 \\ \times 2 \quad 1 \quad 2 \quad 1 \quad 2 \quad 1 \quad 2 \quad 1 \quad 2 \\ \hline = 0 \quad 0 \quad 0 \quad 3 \quad 8 \quad 7 \quad 12 \quad 3 \quad 2 \end{array}$$

Step 2: Add any two-digit number in the products together to obtain one digit. (The total of the two digit 12 is 3.)

Step 3: Add the Step 1 products together substituting the one-digit number found in Step 2 for the two-digit number.

$$0 + 0 + 0 + 3 + 8 + 7 + 3 + 3 + 2 = 26.$$

Step 4: Determine the unit (ones) position of the result of Step 3. The unit position of 26 is 6.

Step 5: If the result of Step 3 is zero, then zero is the check digit. Otherwise, subtract the result of Step 4 from 10. The result is the check digit.  $10 - 6 = 4$ . **4 is the check digit.**

## IL-505-I (Non-Scannable Form Only)

- Generally, the coupon is printed on white paper from various local printers. The weight and color of the paper may vary.
- Coupon is  $3 \frac{5}{8}$  X  $8 \frac{1}{2}$  inches (Since these coupons must be cut by the taxpayer, the size maybe somewhat irregular).

**Note:** The coupon is subject to change. If changes are made, the appropriate testing would be completed.

#### IL-505-I Payments Only (without voucher)

Contractor shall prepare a surrogate coupon for all IL-505-I payments. The blank surrogate coupons are 2 ¾ X 8 ½ inches.

### **IL-505-I Document and Remittance Processing**

The Contractor shall be required to perform tax document and remittance processing using on-site, state-of-the-art equipment and techniques. Following are the specifications for the tax document and remittance processing:

1. Remittance Processing Systems (equipment) or state-of-the-art equipment shall be used to:
  - A. Create a transmission for all daily transactions processed. This transmission will include tax return and batch information that must be accessible to IDOR for two (2) working days after receipt of the transmission.

NOTE: Each document will be assigned a 13 digit number (referred to as a batch number or validation number) per IDOR specifications: (XX [year], XXX [received date expressed as a Julian Date], XXX [station number], XX [batch sequence number (values 01-99) ], XXX [document number values 000-249) - to be used for transaction sequencing]). The check amount shall also be included on the document. All documents shall be placed in required batch folders, provided by IDOR, with required batch control reports. Batch size shall not exceed 250 documents.

- B. Scan the pre-coded IL-505-I to capture:

- Batch and Document number
- Transaction code
- APE
- SSN
- Post
- Official use amount
- Date received

**NOTE:** Required information must be data-entered if non-scannable documents are used. Please see Data Capture Requirements.

**FUTURE ENHANCEMENTS:** May be required to read and capture information from a 1-D barcode.

- C. Audit trail each transaction (check[s] and document[s]) with Document Locator Number (DLN), capturing the data for inclusion in the file transmission. The DLN must be present on both physical documents and captured images; if images are captured before the documents are sprayed, the DLN can be annotated to the captured

images. IDOR requests that the largest size font available be used, to improve readability in research situations.

Example:

**YYJJSSNNBBBBBBTTT**

(YYJJJ = year and julian)

(SS = scanner job number)

(NN = scanner number, as assigned by IDOR after vendor selection)

(BBBBBBB = scanner batch number)

(TTT = transaction number within scanner batch)

- D. Checks shall be encoded with the check amount. This check amount shall be captured for the file transmission. The corresponding check amount shall be printed in the audit trail on all documents.
  - E. Check(s) shall be endorsed per IDOR/Treasurer endorsement requirements and reflect deposit date.
  - F. We recognize that the Financial Institution awarded the contract will utilize Check 21 in their processing of the checks. The IDOR and Treasurer's Office will work with the financial institution if any modifications to the endorsement or tracking numbers are necessary due to banking regulation.
2. Documents shall be placed in a batch folder along with an Itemized Listing:
- A. The batch folder shall be labeled with the following:
    - Batch Control number
    - Transaction code
    - Total batch dollar amount
    - Document count
    - Date received (stamped on batch folder)
    - Bar code label attached at top left edge
  - B. The Itemized Listing shall detail each item in the batch:
    - Batch Control and Document number
    - Transaction code
    - APE
    - SSN
    - Post
    - Official use amount
    - Date received
    - Total entered and accumulated dollar amounts
    - Total entered and accumulated document counts

- C. There shall be no more than ninety-nine (99) batches per station number per day. If there are more than 99 batches, the next station number is used.
3. The Contractor shall be assigned specific station numbers by IDOR to use in batching documents. The contractor shall ensure accountability and continuity of batch numbering and control.
  4. The Contractor shall create, per IDOR specifications, required data control reports to accompany the file transmission.
  5. The Contractor shall notify the Illinois State Treasurer's Office and IDOR with deposit totals by no later than 8:30 a.m. Central Standard Time the following morning or in the case of weekends or holidays, notification is to be made on the first workday following the deposit by the prescribed time. The notification for IDOR shall be the generation and file transmission of the (300 Report). The notification for the State Treasurer's Office shall be the generation and transmission via electronic transmission or fax of the (300 Report).
  6. The Contractor will create, at a minimum, the following required IDOR deposit management reports to accompany the file transmission:
    - Daily Deposit Report (300 report) that details total document count and total check amount by form type and transaction code. This report also reflects the total documents and dollars processed for a particular day. The Daily Summary Report that details document count, sub-total dollars, total dollars, and clearing account number by tax type. It also sub-totals by form type (prepared and transmitted daily).
    - Deposit Summary Report (200 report) that details batch control number, received date, document count, remittance amount, and credit amount by form type. Station numbers are sub-totaled, and this report should also list the total number of batches, total number of documents, and total deposit amount. The total amounts should balance to the Daily Deposit and Daily Summary Reports (prepared and transmitted daily). Itemized Listing that details all transactions by batch and document number, transaction code, APE, SSN, post, official use amount, and date received. This report also shows total entered and accumulated dollar amounts and total entered and accumulated document counts and should balance to the Deposit Summary shown (prepared and transmitted daily). This listing is included in the batch folder.
    - Report on clearance patterns for transactions processed (prepared on request).
    - IDOR may request additional reports that would be prepared on a request basis.

**Example 200 Report for the IL-505-I**

REPORT DATE:	05-20-21	BANK SUMMARY 200-REPORT BY
TAX TYPE		
DEPOSIT DATE:	05-20-21	FINANCIAL INSTITUTION NAME
PAGE: 001		

JOB: IL505 TRAN CODE: 42  
DEPARTMENT OF REVENUE  
ACCOUNT: #####

STATE OF ILLINOIS  
BANK

CLEARING ACCOUNT: #####

	RECEIVE	DOCUMENT	REMITTANCE	CREDIT	
BATCHID	DATE	COUNT	AMOUNT	AMOUNT	BY
STATION					
202114015901	05-19-21	3	8,685.00	0.00	
202114015902	05-19-21	1	3,500.00	0.00	
202114015903	05-18-21	1	3,500.00	0.00	
15,685.00					
202114034301	05-20-21	1	857.92	0.00	
857.92					

TOTALS FOR FORM IL505

TOTAL BATCHES: 4  
TOTAL DOCUMENTS: 6  
DEPOSIT TOTAL: 16,542.92

# Example Itemized Listing for the IL-505-I

505-I

Revenue Batch Nbr						
DocNum	Sec Src BDN	APB	TaxpayerID	Tkt Num	Amount	
201515215901						
000	1515290609082391001	2014-12-31	[REDACTED]	082391	5000.00	
001	1515290609082391002	2014-12-31	[REDACTED]	082391	1564.00	
002	1515290609082391003	2014-12-31	[REDACTED]	082391	1359.00	
003	1515290609082391004	2014-12-31	[REDACTED]	082391	5000.00	
004	1515290609082391005	2014-12-31	[REDACTED]	082391	2000.00	
005	1515290609082391006	2014-12-31	[REDACTED]	082391	2000.00	
006	1515290609082391007	2014-12-31	[REDACTED]	082391	2000.00	
007	1515290609082391008	2014-12-31	[REDACTED]	082391	746.00	
008	1515290609082391009	2014-12-31	[REDACTED]	082391	1900.00	
009	1515290609082391010	2014-12-31	[REDACTED]	082391	50000.00	
010	1515290609082391011	2014-12-31	[REDACTED]	082391	2650.00	
011	1515290609082391012	2014-12-31	[REDACTED]	082391	1000.00	
012	1515290609082391013	2014-12-31	[REDACTED]	082391	35000.00	
Batch Total:		13 items			110219.00	

# Data Capture Requirements IL-505-I/Keystrokes

## IL-505I - APPLICATION OF EXTENSION OF TIME TO FILE AN IL-1040

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	3	3	Trans Code	"E14" Constant.
4	5	2	Batch Number Yr	Must Enter YYJJSSBB. Dups.
6	8	3	Batch Number Julian	Must Enter YYJJSSBB. Dups.
9	11	3	Batch Number Station	Must Enter YYJJSSBB. Dups.
12	13	2	Batch Number Sequence	Must Enter YYJJSSBB. Dups.
14	16	3	Document Number	Must Enter. Must be in sequence.
17	18	2	Taxable Year Ending - Month	"12" Constant.
19	20	2	Taxable Year Ending - Year	Enter "YY" if shown. Skip if blank.
21	24	4	Post	Enter the first four letters of the last Name. Skip if blank.
25	33	9	SSN	Enter if shown. Skip if blank.
34	45	12	Not Used	Spaces.
46	54	9	MNE	Zeroes Constant.
55	63	9	MNE	Zeroes Constant.
64	65	2	Date Received - Year	Enter "YY" if shown. Skip if blank.
66	68	3	Date Received - Julian	Enter "JJJ" if shown. Skip if blank.
69	77	9	Official Use	Dollars and Cents. Enter the amount paid.
78	150	73	Not Used	Spaces.

## Edits

The edits must check the following:

1. Batch Control number is valid.
  - Batch Control number must remain the same throughout the batch.
  - Batch Control number consists of the year, Julian Date, station number, and batch sequence number.

- Year must equal current year or previous year. Julian Date = 001-366
2. Document number is valid.
    - Document may be 000-249.
    - Must be numeric, document numbers 000-099 must be left zeroed.
    - Documents must be in sequence.
  3. Social Security Number and Post are valid. The Post is the first four digits of the last name with no embedded spaces or special characters. The Post must be at least two digits in length.
  4. Transaction Type is valid.
    - Must remain the same throughout the batch.
  5. Transaction Type must be E-14.
  6. Any money amount present must be left zeroed (right justified, no spaces).

The edits must balance on money amounts in the payment amount field and document count.

The edit prints out an Itemized Listing with the following detailed information:

- Batch Control and Document number
- Transaction code
- APE
- SSN
- Post
- Official use amount
- Date received
- Total entered and accumulated dollar amounts
- Total entered and accumulated document counts

The edit must show an "In Balance" result. Out of balance batches are never sent in the file transmission.

## **Formula MOD 10**

Illinois Department of Revenue MOD 10 Check Digit

EXAMPLE: Social Security Number - 000-34-7631

**STEP 1** Multiply the SSN by weighting factor:

0	X	2	<b>0</b>
0	X	1	<b>0</b>
0	X	2	<b>0</b>

3	X	1	<b>3</b>
4	X	2	<b>8</b>
7	X	1	<b>7</b>
6	X	2	<b>12</b>
3	X	1	<b>3</b>
1	X	2	<b>2</b>

Note: If the multiplication results in a two-digit number, add the digits together.

For example: if the result is 12, add  $1 + 2 = 3$

**STEP 2** Add the resulting numbers together:  $0+0+0+3+8+7+3+3+2 = 26$

**STEP 3** Divide the sum by 10:  $26 / 10 = 2$  with a remainder of 6

**STEP 4** If the remainder is 0, the check digit is 0. If the remainder is any other number, subtract the remainder from 10:

$$10 - 6 = 4$$

**The check digit is 4.**

## Batch Sorting Examples

DOCUMENT TYPE	CONDITION	DISPOSITION
<b>IL-505-I</b>	A. With Remittance, Single Document. 1. Fully Paid 2. Partially Paid	A. Contractor to process.
	B. With Remittance Multiples 1. Fully Paid 2. Partially Paid	B. 1. Contractor to process. 2. Route to IDOR.
	C. Without Remittance	C. Route to IDOR.
	D. With Remittance Correspondence	D. Route correspondence to IDOR.
	E. Without Remittance Correspondence	E. Route to IDOR.
	F. Multi (two or more IL-505-I forms with one or more remittances)	F. Contractor shall process if the total amount due on all forms equals the total amount of the payments. Otherwise, route to IDOR.

	G. Split (different form types for the same tax type)	G. Route to IDOR.
<b>IL-505-I Certified Mail</b>	A. Certified Mail must be batched and processed under a separate station number.	A. Contractor must process certified mail adhering to the conditions stated above. Exception items must be routed to IDOR with the envelope attached.
<b>Lone Checks</b>	A. Unattached checks received without tax forms. Sort separately, maintain date received integrity and coding.	A. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR.
<b>Non-IDOR Remittances</b>	A. Remittances not made payable to IDOR or acceptable payee. Maintain date received integrity and coding.	A. Route transaction (check and document) to IDOR.

**Exception Item Sorts**

All exception items must have envelopes and routing tags attached and must be forwarded to IDOR. In addition, all payments and related documents being returned to IDOR that are \$10,000 and over should be segregated, placed in a separate envelope, with a routing tag attached and which must be marked clearly and boldly “BIG MONEY” or “≥ \$10,000”.

# **Lockbox ST-1/ST-2 & ST-1-X/ST-2-X**

## Introduction

The Retailer's Occupational Tax requires the taxpayer to file a ST-1 Tax Return, and for those taxpayers with multiple sites a ST-1 Return and ST-2 Multiple Site Form(s) must be submitted.

The lockbox bank will process the payment coupons, image the returns, data enter the information, transmit the file electronically, and perform miscellaneous related document handling per specifications. Envelopes for all ST-1s are to be attached to and remain with the return. Envelopes must be completely emptied of all contents and this must be verified as part of the vendor's quality review.

The vendor may subcontract out the data entry of the sales tax return. However, transmissions of the sales tax return data to the Department of Revenue must be sent by the Vendor/Financial Institution awarded the contract or must be approved by IDOR. **Reminder:** All work on this contract must be performed in the United States.

### General ST-1 & ST-2 Information

- An ST-1 with one or more ST-2's attached will be assigned to an ST-2 type station number.
- The monthly return due date is the 20th of the month or the first working day after the 20th, should that day fall on a weekend or a holiday. January, April, July, and October contain due dates for quarterly filers (also due on the 20th) as well as monthly filers. January also contains the due date for annual filers. Most of the returns filed are due monthly.
- The timing of the due date greatly impacts the pattern of receipts.
- Mail volumes can fluctuate based on taxpayer compliance with statutory due dates.

**Note:** The volume of returns on the months where quarterly returns are also due is normally larger than when the monthly returns are due. January is the peak processing month. Please see attached chart in the "Projected Volumes" section with actual and projected/estimated volumes.

Note: The current ST-1/ST-2 process has two parts. 1.) The payment is processed and deposited by the current lockbox bank. The deposit is required to be made within 24 hours of receipt. The Department receives the payment and deposit information from the bank along with the images of the check and the return and/or payment voucher. 2.) The paper ST-1/ST-2 forms are batched and prepared for data entry. The batched forms are sent to a subcontractor who performs the line-by-line data capture functions. The Department receives a data transmission of the batched returns/line-by-line details from the subcontractor. The physical batches are returned to the Department. The data capture, file transmission, and document return portion is to be completed within three days from the date of deposit. The Department is seeking a solution to improve and streamline this process and any bids for a streamlined process must meet the minimum requirements specified in this RFP.



## **OCR Document Specifications**

The Department does not generally provide paper forms, Forms received are printed at the user's local printers and may vary in color, weight, and size. Some forms are generated from software that companies. These software companies are required to provide testing samples of a substitute official tax forms and payment coupons to the Department's Office of Publications Management for testing with lockbox, review, and approval.

**Note:** The form, coupon, and scan line measurements are subject to change, though it is unlikely. If changes are made, the appropriate testing would be completed.

ST-1/2/X (scannable form)

- The form is printed on white paper from various local printers. This form has information on the front and back sides.
- Document is 8 1/2 X 11 inches. Coupon is 2 3/4 X 8 1/2 inches.
- The scan line is printed in soy-based black laser printed toner and is in OCR-A laser font.
- Presently, the scan line is centered across the page and located between .25 inches and .5 inches from the bottom edge of the form on the front page.
- Scan line contains 23 characters sub-divided into two (2) fields at 10 characters per inch. These 22 characters include the form identification number (5 digits), APE (4 digits), tax practitioner identification number (4 digits), check digit (1 digit - based on form code, APE, PCID), Space (1 digit) and IBT number (8 digits).

ST-1/2/X (non-scannable stock form or containing non-standard scan line)

- The form is printed on white paper from various local printers. This form has information on the front and back sides.
- Document is 8 1/2 X 11 inches.

ST-1/2/X coupon/voucher (non-scannable or containing non-standard scan line)

- The coupon is printed on white paper from various local printers. Document is a non-standard size. Coupon is 2 3/4 X 8 1/2 inches.

ST-1/2/X Payments Only (without return or voucher)

Contractor shall prepare a surrogate coupon for all ST-1/2/X payments that do not have a corresponding return or voucher. The blank surrogate coupons are 2 ¾ X 8 ½ inches.

Other Form Examples that the Lockbox may receive related to the ST-1 returns

ST-1/ST-1-X

ST-1 Single Location (SL), No ST-2 Schedule Attached  
ST-1 "Stock Form", No Coupon Attached  
ST-1 IBT Number Applied For (Exception Item)  
ST-1 Payments made through Electronic Funds Transfer  
ST-1 Accelerated Filer  
ST-1-V Payment Coupon  
ST-1 Web Payment Voucher

ST-2/ST-2-X

ST-2 Multiple Site Form (Attached to ST-1 Form)  
ST-2-X Multiple Site Form (Attached to ST-1-X Form)

PST-2

PST-2 Prepaid Sales Tax Statement of Tax Paid (If attached to ST-1)

**NOTE: The following forms may be included along with the ST-1/ST-2/ST-1-X/ST-2-X Returns/PST-2s. If included, process the ST-1/ST-2/ST-1-X/ST-2-X and route the attachment as follows. This list includes some, but not all, examples.**

Forms

REG-1 Illinois Business Registration - (Exception Item)  
PST-1 Prepaid Sales Tax Return - (Exception Item)  
PST-2 Prepaid Sales Tax Return - (Exception Item – if not attached to ST-1)  
ST-4 Metropolitan Pier & Exposition Authority Food & Beverage Tax Return - (Exception Item)  
ST-8 Tire User Fee Return - (Exception Item)

Letters

Notice of Missing Information (Exception Item)  
10 Day Demand Letter - (Exception Item)  
Taxpayer Statement of Account - (Exception Item only if split)  
Notice of Assessment for Form ST-1 - (Exception Item)

## **ST-1/ST-2/ST-1-X/ST-2-X Document and Remittance Processing**

The Contractor shall be required to perform tax document and remittance processing using on-site, state-of-the-art equipment and techniques. Items with remittance and without remittance are assigned separate station numbers and must be batched separately. If a PST-2 is attached, the PST-2 must be data entered, imaged, and transmitted as a portion of the ST-1/2/X return.

**Note:** The current ST-1/ST-2/ST-1-X/ST-2-X process is two-part: 1) the payment is separated from the return and attachments and 2) the returns are separately data entered. The Department is seeking a solution to improve and streamline this into one process and this improved process must meet the specified timeframes.

Following are the specifications for the tax document and remittance processing:

Remittance Processing Systems (equipment) or state-of-the-art equipment shall be used to:

Create a transmission for all daily transactions processed. This transmission will include tax return and batch information that must be accessible to IDOR for two (2) working days after receipt of the transmission.

### **ST-1/X & ST-2/X Payment Coupons and Checks**

Current lockbox deposits the payment into the designated state's bank account and provides IDOR a ZIP archive containing a data file for each payment record of that day's deposit and image files for the corresponding checks and ST-1 coupons or returns. Once that is completed, the physical paper return is placed in batch folders and sent to a third-party subcontractor to perform line-by-line data capture of the ST-1/ST-2/ST-1-X/ST-2-X forms. The subcontractor transmits the data file to IDOR of the ST-1/ST-2/ST-1-X/ST-2-X information and returns the paper documents back to the Department. This must occur within 3 days after the deposit.

- A. During the sorting and separating of the ST's, the Contractor shall compare the APE date on the coupon with that of the return to ensure they are the same APE date. If there are any changes made to the APE date on the coupon or the return, but not both, change the non-altered APE to match the altered APE. If the date is questionable, the Contractor shall return the documents to the Exception Processing Unit at IDOR.
- B. The Contractor shall prepare a surrogate coupon for all with remittance ST-1 non-scannable stock forms or lone checks. (Refer to the ST-1/ST-2/ST-1-X/ST-2-X Returns section for information on processing of the returns.) Payment coupons and checks received without the return shall be processed following the same guidelines as specified above.
- C. The scan and non-scan log sheets shall be prepared for the payment coupon, which will include the received date and batch number. Each coupon will be assigned a 13 position batch number/ validation number per IDOR specifications: (XX [year], XXX [received/processing date expressed as a Julian Date], XXX [station number], XX [batch sequence number], XXX [document number - to be used for transaction sequencing]). The check amount shall also be included on the document.

D. All coupons shall be batched accordingly. The received date shall be placed on the side of the batch folder. Information from this folder shall be entered onto the image system: received date, processing date, station number, batch sequence number, beginning document number. Batch size shall not exceed 250 coupons.

E. The **Itemized Listing** detailing each item in the batch shall be placed in the batch folder with all coupons:

Batch Control and Document numbers

- IBT number/Account Number
- Form type
- Payment type
- Official use amount
- APE
- Tax system code
- Source ID
- Total entered and accumulated dollar amounts
- Total entered and accumulated document counts
- Total record count

F. The **Batch Summary Sheet** is generated by the Contractor and is stored for future reference detailing each item in the batch:

- Batch Control number
- With remittance (W/R)
- Document count
- Total batch dollar amount
- Date received

G. All coupons shall be returned to IDOR.

H. The coupon will contain the same validation number as the check. The return will not contain the same validation number.

I. Coupon and check information shall be captured, entered, and verified and transmitted to the Department. Scan the pre-coded ST-1 to capture:

- Form Identification number (Read-only field)
- APE
- Tax Practitioner ID number (Read-only field)
- Check digit based on form number
- Account/IBT number

**NOTE:** Required information must be data-entered if non-scannable documents are used. Please see Data Capture Requirements regarding any other data that may be required to be captured. **FUTURE ENHANCEMENTS:** May be required to read and capture information from a 1-D barcode.

- J. Audit trail each transaction (check[s] and document[s]) with Document Locator Number (DLN), capturing the data for inclusion in the file transmission. The DLN must be present on both physical documents and captured images; if images are captured before the documents are sprayed, the DLN can be annotated to the captured images. IDOR requests that the largest size font available be used, to improve readability in research situations.

Example:

**YYJJSSNNBBBBBBTTT**

(YYJJJ = year and julian)

(SS = scanner job number)

(NN = scanner number, as assigned by IDOR after vendor selection)

(BBBBBB = scanner batch number)

(TTT = transaction number within scanner batch)

- K. Items rejected due to bad capture or image shall be rebatched (maintaining the integrity of the received date) and processed no later than the next day. Items that are unprocessable shall be returned to the Exception Processing Unit at IDOR (indicate received date).
- L. Check(s) shall be encoded with the check amount. This check amount shall be captured for the file transmission. The corresponding check amount shall be printed in the audit trail on all coupons.
- M. Check(s) shall be endorsed per IDOR/Treasurer endorsement requirements and reflect deposit date.
- N. We recognize that the Financial Institution awarded the contract will utilize Check 21 in their processing of the checks. The IDOR and Treasurer's Office will work with the financial institution if any modifications to the endorsement or tracking numbers are necessary due to banking regulation.

ST-1 Returns & ST-2 Multiple Site Forms (and PST-2 if applicable)

- O. ST-1, ST-2, and any PST-2 attachments will need to be imaged according to the Illinois Department of Revenue's requirements before they are forwarded to the designated Data Entry vendors. (See Data Entry Requirements & Procedures.)
- P. All ST-1 and ST-2 returns shall be placed in required batch folders, provided by IDOR. Batch size shall not exceed 100 documents for ST-1 returns. Batch size shall not exceed 25 documents for ST-1 Returns with ST-2 Multiple Site Forms attached, due to the number of attachments. (Some batches of ST-1/ST-2 returns may only have 1 return in a batch.)  
**Note:** A ST-1 with more than 25 ST-2's attached must be placed in a single batch, regardless of the number of ST-2's attached.

The batch folder shall be labeled with the following:  
Batch Control number

- Document type
- Date received (stamped on the batch folder)
- Transaction code (210)
- Document count
- Total batch dollar amount
- Bar code label attached on appropriate side of batch folder

Q. Each return will be assigned a sequence number in the batch. The batch folder will be labeled with a 10 position number (batch control number) per IDOR specifications: (XX [year], XXX [received/processing date expressed as a Julian Date], XXX [station number], XX [batch sequence number]).

2. Batch control log transmittals and daily control reports shall be completed with the received date and batch numbers. Copies of the log sheets shall be forwarded to IDOR's Data Entry Section.

**NOTE:** In most cases, the received date and processing date will be the same. In cases where it is different, the Batch Control File will reflect the received date for returns in the batch.

3. The Contractor will create the following required **Data Entry Reports:**
  - A. Keystroke Calculation Report detailing number of keystrokes. This report shall be faxed to the IDOR Data Entry Section.
  - B. Batch Control Log Transmittal detailing number of batches/documents. This report is faxed to IDOR Data Entry Section and original sent to Data Entry with the batch work.
  - C. Daily Control Report detailing the work submitted to the vendors. This report is sent to Data Entry so they can verify and compare this against the actual work received. A copy is also faxed to the IDOR Data Entry Section
4. The Contractor shall be assigned specific station numbers by IDOR to use in batching documents. The contractor shall ensure accountability and continuity of batch numbering and control.
5. The Contractor shall create, per IDOR specifications, required data control reports to accompany the transmission.
6. The Contractor shall notify the Illinois State Treasurer's Office and IDOR with deposit totals by no later than 8:30 a.m. Central Standard Time the following morning or in the case of weekends or holidays, notification is to be made on the first workday following the deposit by the prescribed time. The notification for IDOR shall be the generation and file transmission of the (300 Report). The notification for the State Treasurer's Office shall be the generation and transmission via electronic transmission or fax of the (300 Report).

7. The Contractor will create, at a minimum, the following required IDOR Deposit Management Reports to accompany the file transmission:
  - A. Daily Deposit Report (300 report) that details total document count and total check amount by form type and transaction code. This report also reflects the total documents and dollars processed for a particular day. The Daily Summary Report details document count, sub-total dollars, total dollars, and clearing account number by tax type. It also sub-totals by form type (prepared and transmitted daily).
  - B. Deposit Summary Report by Tax Type (200 report) that details batch number, received date, document count, remittance amount, and credit amount by form type. This report should also list the total number of batches, total number of documents, and total deposit amount. The total amounts should balance to the Daily Deposit and Daily Summary Reports (prepared and transmitted daily).
  - C. Itemized Listing that details all transactions by batch and document number, IBT number, form type, payment type, official use amount, APE, tax system code, and source ID. This report also shows total entered and accumulated dollar amounts, total entered and accumulated document counts, and total record count. The report should balance to the Deposit Summary Report. This listing is included with the coupon batches (prepared and transmitted daily).
  - D. Report on clearance patterns for transactions processed (prepared on request).
  - E. IDOR may request additional reports that would be prepared on a request basis.

**Example 200 Report for the ST-1/ST-2/ST-1-X/ST-2-X**

```

REPORT DATE:      05-20-21                BANK SUMMARY 200-REPORT BY
TAX TYPE
DEPOSIT DATE:    05-20-21                FINANCIAL INSTITUTION
NAME
JOB: ST1_ST2 TRAN CODE: 42              PAGE: 001
OF REVENUE
CLEARING ACCOUNT: #####                STATE OF ILLINOIS DEPARTMENT
BANK ACCOUNT: #####

```

	RECEIVE	DOCUMENT	REMITTANCE	CREDIT
SUBTOTAL				
BATCHID	DATE	COUNT	AMOUNT	AMOUNT
BY STATION				
202114081501	05-19-21	76	91,086.10	0.00
202114081502	05-18-21	2	4,943.00	0.00
202114081503	05-18-21	1	1,105.00	0.00
202114081504	05-16-21	2	20,082.52	0.00
202114081505	05-16-21	6	2,983.51	0.00
202114081506	05-20-21	2	192.82	0.00
202114081507	05-14-21	2	1,025.00	0.00
202114081508	05-11-21	1	714.49	0.00
202114082601	05-19-21	76	0.00	0.00
202114082602	05-18-21	2	0.00	0.00
202114082603	05-18-21	1	0.00	0.00
202114082604	05-16-21	2	0.00	0.00
202114082605	05-16-21	6	0.00	0.00

202114082606	05-20-21	2	0.00	0.00
202114082607	05-14-21	2	0.00	0.00
202114082608	05-11-21	1	0.00	0.00
				122132.44
202114083901	05-19-21	39	0.00	0.00
202114083902	05-18-21	2	0.00	0.00
202114083903	05-18-21	2	0.00	0.00
202114083904	05-16-21	5	0.00	0.00
202114083905	05-16-21	1	0.00	0.00
202114083906	05-15-21	3	0.00	0.00
202114083907	05-14-21	1	0.00	0.00
202114084001	05-19-21	21	0.00	0.00
202114084002	05-16-21	1	0.00	0.00
202114091101	05-19-21	4	3,541.00	0.00
202114091102	05-16-21	5	2,835.00	0.00
				6376.00
202114092301	05-19-21	13	17,312.00	0.00
202114092302	05-18-21	1	4,202.03	0.00
202114083701	05-19-21	13	0.00	0.00
202114083702	05-18-21	1	0.00	0.00
				21514.03

### Example Itemized Listing Report for the ST-1/2/X payment

*ST1 pymt vclir*

Revenue Batch Nbr	DocNum	Sec	Src	BDN	APE	TaxpayerID	Tkt Num	Amount
201515291101	000	1515290609082387001	2015-04-30				082387	103.86
	001	1515290609082387002	2015-03-31				082387	389.00
<b>Batch Total:</b>								<b>492.86</b>
						<b>2 items</b>		

### Example Itemized Listing Report for the ST's

S+1-

Revenue Batch Nbr	Secondary Batch Nbr				
DocNum	Sec Src BDN	APE	TaxpayerID	Tkt Num	Amount
201514281512	201514282612				
000 1514290609082122001	2015-04-30			082122	3393.00
Batch Total:		1 items			3393.00



0037	A	025	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0038	A	025	210	2	0000	XXXXXXXXXX	003	05	
0039	A	025	140	1	7000			0	
0040	A	026	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0041	A	026	210	2	0000	XXXXXXXXXX	003	05	
0042	A	026	140	1	7000			0	
0043	A	027	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0044	A	027	210	2	0000	XXXXXXXXXX	003	05	
0045	A	027	140	1	7000			0	
0046	A	028	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0047	A	029	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0048	A	030	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0049	A	030	210	2	0000	XXXXXXXXXX	003	05	
0050	A	030	140	1	7000			0	
0051	A	031	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0052	A	032	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0053	A	033	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0054	A	034	210	1	0000	XXXXXXXXXX	003	05	00000000000000

St1\_hashedit ILLINOIS DEPARTMENT OF REVENUE  
 DATE: 06/01/21 TIME: 08:54:55  
 FILENAME: ST1WOLVN\1514683905 STS-ST1/ST2 HASH & EDIT  
 LIST USERID: FPJS PAGE: 0002  
 BATCH#: 1514683905 SERVER: Captival

REC NBR	ACTION CODE	DOC#	TRAN	SEQ	RECORD CODE	IBT#	FORM	REV	OFFICIAL USE AMT
- - -	- - -	- - -	E R R O R	- - -	C O D E S	- - -	- - -	- - -	- - -
0055	A	035	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0056	A	036	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0057	A	037	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0058	A	038	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0059	A	039	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0060	A	040	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0061	A	041	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0062	A	041	210	2	0000	XXXXXXXXXX	003	05	
0063	A	041	140	1	7000			0	
0064	A	042	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0065	A	043	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0066	A	044	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0067	A	045	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0068	A	046	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0069	A	047	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0070	A	048	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0071	A	049	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0072	A	050	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0073	A	051	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0074	A	052	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0075	A	052	210	2	0000	XXXXXXXXXX	003	05	
0076	A	052	140	1	7000			0	
0077	A	052	140	1	7001			0	
0078	A	053	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0079	A	054	210	1	0000	XXXXXXXXXX	003	05	00000000000000

0080	A	055	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0081	A	056	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0082	A	056	210	2	0000	XXXXXXXXXX	003	05	
0083	A	056	140	1	7000			0	
0084	A	056	140	1	7001			0	
0085	A	057	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0086	A	057	210	2	0000	XXXXXXXXXX	003	05	
0087	A	057	140	1	7000			0	
0088	A	058	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0089	A	059	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0090	A	060	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0091	A	061	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0092	A	061	210	2	0000	XXXXXXXXXX	003	05	
0093	A	061	140	1	7000			0	
0094	A	062	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0095	A	062	140	1	7000			0	
0096	A	063	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0097	A	064	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0098	A	065	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0099	A	066	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0100	A	067	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0101	A	067	210	2	0000	XXXXXXXXXX	003	05	
0102	A	068	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0103	A	069	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0104	A	069	210	2	0000	XXXXXXXXXX	003	05	
0105	A	069	140	1	7000			0	
0106	A	070	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0107	A	071	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0108	A	072	210	1	0000	XXXXXXXXXX	003	05	00000000000000

St1\_hashedit ILLINOIS DEPARTMENT OF REVENUE DATE: 06/01/21 TIME: 08:54:55  
 FILENAME: ST1WOLVN\1514683905 STS-ST1/ST2 HASH & EDIT  
 LIST USERID: FPJS PAGE: 0003  
 BATCH#: 1514683905 SERVER: Captival

REC NBR	ACTION CODE	DOC#	TRAN	SEQ	RECORD CODE	IBT#	FORM	REV	OFFICIAL USE AMT
0109	A	073	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0110	A	073	140	1	7000			0	
0111	A	074	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0112	A	075	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0113	A	076	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0114	A	077	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0115	A	078	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0116	A	079	210	1	0000	XXXXXXXXXX	003	05	00000000000000

BATCH IN BALANCE ACCUMULATED AMT: 00000000000000  
 ACCUMULATED DOC CT: 080 TOTAL RECORDS READ: 00116  
 NO ERRORS ENTERED AMT: 00000000000000  
 ENTERED DOC CNT: 080

St1\_hashedit

ILLINOIS DEPARTMENT OF

REVENUE

DATE: 06/01/21

TIME: 09:10:00

FILENAME: ST1WRLVN\1514782624

STS-ST1/ST2 HASH & EDIT

LIST

USERID: FPJS

PAGE: 0001

BATCH#: 1514782624

SERVER:

Captival

REC	ACTION	DOC#	TRAN	SEQ	RECORD	IBT#	FORM	REV	OFFICIAL
NBR	CODE	DOC#	TRAN	SEQ	CODE	IBT#	FORM	REV	USE AMT
- - -	- - -	- - -	E R R O R	- - -	C O D E S	- - -	- - -	- - -	- - -
0001	A	000	210	1	0000	XXXXXXXX	003	05	000000000000
0002	A	001	210	1	0000	XXXXXXXX	003	05	000000000000
0003	A	002	210	1	0000	XXXXXXXX	003	05	000000000000
0004	A	003	210	1	0000	XXXXXXXX	003	05	000000000000
0005	A	004	210	1	0000	XXXXXXXX	003	05	000000000000
0006	A	005	210	1	0000	XXXXXXXX	003	05	000000000000
0007	A	006	210	1	0000	XXXXXXXX	003	05	000000000000
0008	A	007	210	1	0000	XXXXXXXX	003	05	000000000000
0009	A	008	210	1	0000	XXXXXXXX	003	05	000000000000
0010	A	009	210	1	0000	XXXXXXXX	003	05	000000000000
0011	A	010	210	1	0000	XXXXXXXX	003	05	000000000000
0012	A	011	210	1	0000	XXXXXXXX	003	05	000000000000
0013	A	012	210	1	0000	XXXXXXXX	003	05	000000000000
0014	A	013	210	1	0000	XXXXXXXX	003	05	000000000000
0015	A	014	210	1	0000	XXXXXXXX	003	05	000000000000
0016	A	015	210	1	0000	XXXXXXXX	003	05	000000000000
0017	A	016	210	1	0000	XXXXXXXX	003	05	000000000000
0018	A	017	210	1	0000	XXXXXXXX	003	05	000000000000
0019	A	018	210	1	0000	XXXXXXXX	003	05	000000000000
0020	A	019	210	1	0000	XXXXXXXX	003	05	000000000000
0021	A	020	210	1	0000	XXXXXXXX	003	05	000000000000
0022	A	021	210	1	0000	XXXXXXXX	003	05	000000000000
0023	A	022	210	1	0000	XXXXXXXX	003	05	000000000000
0024	A	023	210	1	0000	XXXXXXXX	003	05	000000000000
0025	A	024	210	1	0000	XXXXXXXX	003	03	000000000000
0026	A	025	210	1	0000	XXXXXXXX	003	05	000000000000
0027	A	026	210	1	0000	XXXXXXXX	003	05	000000000000
0028	A	027	210	1	0000	XXXXXXXX	003	05	000000000000
0029	A	028	210	1	0000	XXXXXXXX	003	05	000000000000
0030	A	029	210	1	0000	XXXXXXXX	003	05	000000000000
0031	A	030	210	1	0000	XXXXXXXX	003	05	000000000000
0032	A	031	210	1	0000	XXXXXXXX	003	05	000000000000
0033	A	032	210	1	0000	XXXXXXXX	003	05	000000000000
0034	A	033	210	1	0000	XXXXXXXX	003	05	000000000000
0035	A	034	210	1	0000	XXXXXXXX	003	05	000000000000
0036	A	035	210	1	0000	XXXXXXXX	003	05	000000000000
0037	A	036	210	1	0000	XXXXXXXX	003	05	000000000000
0038	A	037	210	1	0000	XXXXXXXX	003	05	000000000000
0039	A	038	210	1	0000	XXXXXXXX	003	05	000000000000
0040	A	039	210	1	0000	XXXXXXXX	003	05	000000000000
0041	A	040	210	1	0000	XXXXXXXX	003	05	000000000000
0042	A	041	210	1	0000	XXXXXXXX	003	03	000000000000
0043	A	042	210	1	0000	XXXXXXXX	003	05	000000000000

0044	A	043	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0045	A	044	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0046	A	045	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0047	A	046	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0048	A	047	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0049	A	048	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0050	A	049	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0051	A	050	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0052	A	051	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0053	A	052	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0054	A	053	210	1	0000	02923701	003	05	00000000000000

```

St1_hashedit
REVENUE                               DATE: 06/01/21    TIME: 09:10:00
FILENAME: ST1WRLVN\1514782624        STS-ST1/ST2 HASH & EDIT
LIST                                  USERID: FPJS     PAGE: 0002
BATCH#: 1514782624                  SERVER:
Captival

```

REC	ACTION	DOC#	TRAN	SEQ	RECORD	IBT#	FORM	REV	OFFICIAL
NBR	CODE				CODE				USE AMT
-	-	-	E	R	R	O	R	-	-
-	-	-	-	-	C	O	D	E	S
0055	A	054	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0056	A	055	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0057	A	056	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0058	A	057	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0059	A	058	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0060	A	059	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0061	A	060	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0062	A	061	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0063	A	062	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0064	A	063	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0065	A	064	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0066	A	065	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0067	A	066	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0068	A	067	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0069	A	068	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0070	A	069	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0071	A	070	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0072	A	071	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0073	A	072	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0074	A	073	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0075	A	074	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0076	A	075	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0077	A	076	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0078	A	077	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0079	A	078	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0080	A	079	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0081	A	080	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0082	A	081	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0083	A	082	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0084	A	083	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0085	A	084	210	1	0000	XXXXXXXXXX	003	05	00000000000000

BATCH IN BALANCE ACCUMULATED AMT: 00000000000000  
 ACCUMULATED DOC CT: 085 TOTAL RECORDS READ: 00085  
 NO ERRORS ENTERED AMT: 00000000000000  
 ENTERED DOC CNT: 085

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St1\_hashedit ILLINOIS DEPARTMENT OF  
 REVENUE DATE: 06/01/21 TIME: 09:16:24  
 FILENAME: ST2WOLVN\1514784004 STS-ST1/ST2 HASH & EDIT  
 LIST USERID: FPJS PAGE: 0001  
 BATCH#: 1514784004 SERVER: Captival

REC	ACTION	NBR	CODE	DOC#	TRAN	SEQ	RECORD	IBT#	FORM	REV	OFFICIAL
-	-	-	-	-	-	-	CODES	-	-	-	USE AMT
0001	A	000	210	1	0000	XXXXXXX	003	05	00000000000000		
0002	A	000	210	2	0000	XXXXXXX	003	05			
0003	A	000	220	1	0000		009	01			
0004	A	001	210	1	0000	XXXXXXX	003	05	00000000000000		
0005	A	001	210	2	0000	XXXXXXX	003	05			
0006	A	001	220	1	0000		009	01			
0007	A	001	220	1	0001		009	01			
0008	A	001	220	1	0002		009	01			
0009	A	001	220	1	0003		009	01			
0010	A	001	220	1	0004		009	01			
0011	A	001	220	1	0005		009	01			
0012	A	001	220	1	0006		009	01			
0013	A	001	220	1	0007		009	01			
0014	A	001	220	1	0008		009	01			
0015	A	001	220	1	0009		009	01			
0016	A	001	220	1	0010		009	01			
0017	A	001	220	1	0011		009	01			
0018	A	001	220	1	0012		009	01			
0019	A	001	220	1	0013		009	01			
0020	A	001	220	1	0014		009	01			
0021	A	001	220	1	0015		009	01			
0022	A	001	220	1	0016		009	01			

BATCH IN BALANCE ACCUMULATED AMT: 00000000000000  
 ACCUMULATED DOC CT: 002 TOTAL RECORDS READ: 00022  
 NO ERRORS ENTERED AMT: 00000000000000  
 ENTERED DOC CNT: 002

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St1\_hashedit ILLINOIS DEPARTMENT OF  
 REVENUE DATE: 06/01/21 TIME: 09:18:50  
 FILENAME: ST2WRLVN\1514783702 STS-ST1/ST2 HASH & EDIT  
 LIST USERID: FPJS PAGE: 0001  
 BATCH#: 1514783702 SERVER: Captival

REC	ACTION	NBR	CODE	DOC#	TRAN	SEQ	RECORD	IBT#	FORM	REV	OFFICIAL
-	-	-	-	-	-	-	CODES	-	-	-	USE AMT
-	-	-	-	-	-	-	-	-	-	-	-

0001	A	000	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0002	A	000	220	1	0000		009	01	
0003	A	001	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0004	A	001	220	1	0000		009	01	
0005	A	001	220	1	0001		009	01	
0006	A	002	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0007	A	003	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0008	A	003	220	1	0000		009	01	
0009	A	004	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0010	A	005	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0011	A	006	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0012	A	007	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0013	A	007	220	1	0000		009	01	
0014	A	007	220	1	0001		009	01	
0015	A	007	220	1	0002		009	01	
0016	A	007	220	1	0003		009	01	
0017	A	007	220	1	0004		009	01	
0018	A	007	220	1	0005		009	01	
0019	A	007	220	1	0006		009	01	
0020	A	007	220	1	0007		009	01	
0021	A	007	220	1	0008		009	01	
0022	A	007	220	1	0009		009	01	
0023	A	007	220	1	0010		009	01	
0024	A	007	220	1	0011		009	01	
0025	A	007	220	1	0012		009	01	
0026	A	007	220	1	0013		009	01	
0027	A	007	220	1	0014		009	01	
0028	A	007	220	1	0015		009	01	
0029	A	007	220	1	0016		009	01	
0030	A	008	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0031	A	008	220	1	0000		009	01	
0032	A	008	220	1	0001		009	01	
0033	A	009	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0034	A	009	220	1	0000		009	01	
0035	A	010	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0036	A	010	220	1	0000		009	01	
0037	A	011	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0038	A	011	220	1	0000		009	01	
0039	A	012	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0040	A	012	220	1	0000		009	01	
0041	A	013	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0042	A	013	220	1	0000		009	01	
0043	A	013	220	1	0001		009	01	
0044	A	014	210	1	0000	XXXXXXXXXX	003	05	00000000000000
0045	A	014	220	1	0000		009	01	
0046	A	014	220	1	0001		009	01	
0047	A	014	220	1	0002		009	01	
0048	A	014	220	1	0003		009	01	

BATCH IN BALANCE  
 ACCUMULATED DOC CT: 015  
 NO ERRORS  
 ENTERED DOC CNT: 015

ACCUMULATED AMT: 00000000000000  
 TOTAL RECORDS READ: 00048  
 ENTERED AMT: 00000000000000

**Data Capture Requirements ST-1/ST-2/PST-2**  
**Schedule/Keystrokes**

**ST-1 (Rev 05, 07-08)**

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	1	1	Action code	"A" Constant.
2	3	2	Batch Number Yr	Must Enter YYJJSSBB. Dups.
4	6	3	Batch Number Jul	Must Enter YYJJSSBB. Dups.
7	9	3	Batch Number Sta	Must Enter YYJJSSBB. Dups. Station Numbers: ST1WR: 825-832, 834, 849 ST1WO: 216(ELEC), 691, 839, 862, 895 ST2WR: 836, 837, 847-849, 860 ST2WO: 217(ELEC), 693, 840, 863, 896
10	11	2	Batch Number Seq	Must Enter YYJJSSBB. Dups.
12	14	3	Document Number	Must Enter. Must be in sequence.
15	18	4	Record Code	Zeroes Constant.
19	19	1	DE Sequence Number	1-5 AS NEEDED
20	27	8	IBT	Enter if shown. Skip if blank. Program plugs zeros
28	30	3	Not Used	Zeros Constant.
31	33	3	Trans Code	210 (ST1), 220 (ST2), OR 140 (PST2)
34	35	2	Form Revision Number	Must Enter "01" "03" "05" OR "07" - "08"
36	38	3	Form Number	"003" CONSTANT
39	40	2	MNE	Zeroes Constant.
41	42	2	APE Period - Month	Enter "MM" if shown. Skip if blank.
43	44	2	APE Period - Year	Enter "YY" if shown. Skip if blank.
45	85	41	APE Period Continued	Enter, if shown, MMY in ascending sequence.
86	86	1	E/S Indicator	Enter the letter that is circled.
87	88	2	E/S - Month	Enter "MM" if Shown. Skip if blank.
89	90	2	E/S - Day	Enter "DD" if Shown. Skip if blank.
91	92	2	E/S - Year	Enter "YY" if Shown. Skip if blank.
93	112	20	Free Form Codes	Enter if shown. Skip if blank.
113	125	13	Official use	WR Batches: Must Enter Dollars and Cents. WO Batches: Zeroes Constant.
126	127	2	Payment Source	"10" Constant.
128	140	13	Total amount paid for liquor	Dollars & cents. Skip if blank

141	151	11	Not Used	Spaces.
152	154	3	total receipts delimiter	must enter "001"
155	167	13	Line 1 total receipts	Dollars & Cents. Enter "0" if blank. Must Enter
168	407	240	DELIMITERS AND AMOUNTS	Delimiters are the line numbers. Dollars and Cents. Enter amount followed by F8 if negative
408	409	2	Not Used	Spaces.
410	410	1	Error Indicator	Zero Constant. The Edit will indicate if there are any errors. "1" = Fatal error "2" = No Errors

**Delimiters for Revision 05 Returns:**

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-025(150-250), 16A(161), A4-A9(A04-A09), A0A(A10),A0B(A11), A1A(A12),A1B(A13),  
A12(A14), A13(A15), A14(A16), B1(B01), B2A(B02),B2B(B04),  
B3A(B05),B3B(B07),B4(B08),B5A(B09),B5B(B11), B6A(B12),B6B(B14), B7 (B15), B8(B16), B9(B18),  
B10(B19)

**Delimiters for Revision 07 & 08 Returns**

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-025(150-250), 16A(161), A4-A9(A04-A09), A0A(A10),A0B(A11), A1A(A12),A1B(A13),  
A12(A14), A13(A15), A14(A16), B1(B01), B2A(B02),B2B(B04),  
B3A(B05),B3B(B07),B4(B08),B5A(B09),B5B(B11), B6A(B12),B6B(B14), B7 (B15), B8(B16), B9(B18),  
B10(B19)

Begin	End	Length	Field Name
168	170	3	Delimiter
171	183	13	Data
184	186	3	Delimiter
187	199	13	Data
200	202	3	Delimiter
203	215	13	Data
216	218	3	Delimiter
219	231	13	Data
232	234	3	Delimiter
235	247	13	Data

248	250	3	Delimiter
251	263	13	Data
264	266	3	Delimiter
267	279	13	Data
280	282	3	Delimiter
283	295	13	Data
296	298	3	Delimiter
299	311	13	Data
312	314	3	Delimiter
315	327	13	Data
328	330	3	Delimiter
331	343	13	Data
344	346	3	Delimiter
347	359	13	Data
360	362	3	Delimiter
363	375	13	Data
376	378	3	Delimiter
379	391	13	Data
392	394	3	Delimiter
395	407	13	Data

**ST-1 (Rev 03)**

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	1	1	Action code	"A" Constant.
2	3	2	Batch Number Yr	Must Enter YYJJSSBB. Dups.
4	6	3	Batch Number Jul	Must Enter YYJJSSBB. Dups.
7	9	3	Batch Number Sta	Must Enter YYJJSSBB. Dups. Station Numbers: ST1WR: 825-832, 834, 849 ST1WO: 216(ELEC), 691, 839, 862, 895 ST2WR: 836, 837, 847-849, 860 ST2WO: 217(ELEC), 693, 840, 863, 896
10	11	2	Batch Number Seq	Must Enter YYJJSSBB. Dups.
12	14	3	Document Number	Must Enter. Must be in sequence.
15	18	4	Record Code	Zeroes Constant.
19	19	1	DE Sequence Number	1-5 AS NEEDED
20	27	8	IBT	Must Enter. Enter zeros if blank
28	30	3	Not Used	Zeros Constant.
31	33	3	Trans Code	210 (ST1X), 220 (ST2X), OR 140 (PST2)

34	35	2	Form Revision Number	Must Enter "01" "03" "05" OR "07" - "08"
36	38	3	Form Number	"003" CONSTANT
39	40	2	MNE	Zeroes Constant.
41	42	2	APE Period - Month	Enter "MM" if shown. Skip if blank.
43	44	2	APE Period - Year	Enter "YY" if shown. Skip if blank.
45	85	41	APE Period Continued	Enter, if shown, MMY in ascending sequence.
86	86	1	E/S Indicator	Enter the letter that is circled.
87	88	2	E/S - Month	Enter "MM" if Shown. Skip if blank.
89	90	2	E/S - Day	Enter "DD" if Shown. Skip if blank.
91	92	2	E/S - Year	Enter "YY" if Shown. Skip if blank.
93	112	20	Free Form Codes	Enter if shown. Skip if blank.
113	125	13	Official use	WR Batches: Must Enter Dollars and Cents. WO Batches: Zeroes Constant.
126	127	2	Payment Source	"10" Constant.
128	140	13	Total amount paid for liquor	dollars and cents. Skip if blank.
141	151	11	Not Used	Spaces.
152	154	3	total receipts delimiter	must enter "001"
155	167	13	line 1 total receipts	dollars and cents. Skip if blank.
168	407	240	delimiters and line amounts	Delimiters are the line numbers. Amounts are dollars and cents. Enter amount followed by F8 if negative.
408	409	2	Not Used	Spaces.
410	410	1	Error Indicator	Zero Constant. The Edit will indicate if there are any errors. "1" = Fatal error "2" = No Errors

Delimiters for Revision 03 Returns:

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-025(150-250), 16A(161)

Begin	End	Length	Field Name
200	202	3	Delimiter
203	215	13	Data
216	218	3	Delimiter
219	231	13	Data

232	234	3	Delimiter
235	247	13	Data
248	250	3	Delimiter
251	263	13	Data
264	266	3	Delimiter
267	279	13	Data
280	282	3	Delimiter
283	295	13	Data
296	298	3	Delimiter
299	311	13	Data
312	314	3	Delimiter
315	327	13	Data
328	330	3	Delimiter
331	343	13	Data
344	346	3	Delimiter
347	359	13	Data
360	362	3	Delimiter
363	375	13	Data
376	378	3	Delimiter
379	391	13	Data
392	394	3	Delimiter
395	407	13	Data

### ST-1 (Rev 01)

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	1	1	Action code	"A" Constant.
2	3	2	Batch Number Yr	Must Enter YYJJSSBB. Dups.
4	6	3	Batch Number Jul	Must Enter YYJJSSBB. Dups.
7	9	3	Batch Number Sta	Must Enter YYJJSSBB. Dups. Station Numbers: ST1WR: 825-832, 834, 849 ST1WO: 216(ELEC), 691, 839, 862, 895 ST2WR: 836, 837, 847-849, 860 ST2WO: 217(ELEC), 693, 840, 863, 896
10	11	2	Batch Number Seq	Must Enter YYJJSSBB. Dups.
12	14	3	Document Number	Must Enter. Must be in sequence.
15	18	4	Record Code	Zeroes Constant.
19	19	1	DE Sequence Number	1-5 AS NEEDED

20	27	8	IBT	Must Enter. Enter zeros if blank
28	30	3	Not Used	Zeros Constant.
31	33	3	Trans Code	210 (ST1X), 220 (ST2X), OR 140 (PST2)
34	35	2	Form Revision Number	Must Enter "01" "03" "05" OR "07" - "08"
36	38	3	Form Number	"003" CONSTANT
39	40	2	MNE	Zeroes Constant.
41	42	2	APE Period - Month	Enter "MM" if shown. Skip if blank.
43	44	2	APE Period - Year	Enter "YY" if shown. Skip if blank.
45	85	41	APE Period Continued	Enter, if shown, MMY in ascending sequence.
86	86	1	E/S Indicator	Enter the letter that is circled.
87	88	2	E/S - Month	Enter "MM" if Shown. Skip if blank.
89	90	2	E/S - Day	Enter "DD" if Shown. Skip if blank.
91	92	2	E/S - Year	Enter "YY" if Shown. Skip if blank.
93	112	20	Free Form Codes	Enter if shown. Skip if blank.
113	125	13	Official use	WR Batches: Must Enter Dollars and Cents. WO Batches: Zeroes Constant.
126	127	2	Payment Source	"10" Constant.
128	140	13	Total amount paid for liquor	Dollars and cents. Skip if blank.
141	151	11	Not Used	Spaces.
152	154	3	total receipts delimiter	must enter "001"
155	167	13	Line 1 total receipts	Dollars and cents. Skip if blank.
168	407	240	Delimiters and line amounts	Delimiters are the line numbers. Dollars and cents. Skip if blank. Enter amount followed by F8 if negative.
408	409	2	Not Used	Spaces.
410	410	1	Error Indicator	Zero Constant. The Edit will indicate if there are any errors. "1" = Fatal error "2" = No Errors

**Delimiters for Revision 01 Returns:**

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-034(150-340), 16A(161)

Begin	End	Length	Field Name
200	202	3	Delimiter
203	215	13	Data
216	218	3	Delimiter

219	231	13	Data
232	234	3	Delimiter
235	247	13	Data
248	250	3	Delimiter
251	263	13	Data
264	266	3	Delimiter
267	279	13	Data
280	282	3	Delimiter
283	295	13	Data
296	298	3	Delimiter
299	311	13	Data
312	314	3	Delimiter
315	327	13	Data
328	330	3	Delimiter
331	343	13	Data
344	346	3	Delimiter
347	359	13	Data
360	362	3	Delimiter
363	375	13	Data
376	378	3	Delimiter
379	391	13	Data
392	394	3	Delimiter
395	407	13	Data

**ST-1 Continuation form**

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	1	1	Action Code	"A" Constant.
2	3	2	Batch Number Yr	Dups.
4	6	3	Batch Number Jul	Dups.
7	9	3	Batch Number Sta	Dups.
10	11	2	Batch Number Seq	Dups.
12	14	3	Document Number	Dups.
15	18	4	Record Code	Zeroes Constant.

19	19	1	DE Sequence Number	2-5 as needed
20	27	8	IBT Number	Dups
28	30	3	MNE	Zeros Constant
31	33	3	Trans Code	"210" constant
34	35	2	Form Revision Number	Dups
36	38	3	Form Number	"002" Constant
39	41	3	Delimiter	must enter at least one delimiter
42	54	13	Amount	must enter. Dollars and cents. Enter amount then the dash if negative
55	406	352	Delimiters and Line Amounts	Continue entering delimiters if an amount is present. Enter zero amounts, all amounts are dollars and cents.
407	409	3	Not Used	Spaces.
410	410	1	Error Indicator	Zero Constant. The Edit will indicate if there are any errors. "1" = Fatal error "2" = No Errors "3" = Error O.K.

**Delimiters for Revision 01 Returns:**

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-034(150-340), 16A(161)

**Delimiters for Revision 03 Returns:**

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-025(150-250), 16A(161)

**Delimiters for Revision 05 Returns:**

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-025(150-250), 16A(161), A4-A9(A04-A09), A0A(A10),A0B(A11), A1A(A12),A1B(A13),  
A12(A14), A13(A15), B1(B01), B2A(B02),B2B(B04), B3A(B05),B3B(B07),B4(B08),B5A(B09),B5B(B11),  
B6A(B12),B6B(B14), B7 (B15), B8(B16), B9(B18), B10(B19)

**Delimiters for Revision 07 & 08 Returns**

001(Output as 010),002(020),003(030),  
 04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
 07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
 14B(141),015-025(150-250), 16A(161), A4-A9(A04-A09), A0A(A10),A0B(A11), A1A(A12),A1B(A13),  
 A12(A14), A13(A15), B1(B01), B2A(B02),B2B(B04), B3A(B05),B3B(B07),B4(B08),B5A(B09),B5B(B11),  
 B6A(B12),B6B(B14), B7 (B15), B8(B16), B9(B18), B10(B19)

Begin	End	Length	Field Name
200	202	3	Delimiter
203	215	13	Data
216	218	3	Delimiter
219	231	13	Data
232	234	3	Delimiter
235	247	13	Data
248	250	3	Delimiter
251	263	13	Data
264	266	3	Delimiter
267	279	13	Data
280	282	3	Delimiter
283	295	13	Data
296	298	3	Delimiter
299	311	13	Data
312	314	3	Delimiter
315	327	13	Data
328	330	3	Delimiter
331	343	13	Data
344	346	3	Delimiter
347	359	13	Data
360	362	3	Delimiter
363	375	13	Data
376	378	3	Delimiter
379	391	13	Data
392	394	3	Delimiter
395	407	13	Data



Illinois Department of Revenue

ST-1

Sales and Use Tax and E911 Surcharge Return

Account ID \_\_\_\_\_ This form is for: \_\_\_\_\_

REV 08 FORM 002
E S
NS CA RC

(Reporting period)

You must round your figures to whole dollars. (See instructions.)

Step 1: Alcoholic Liquor Purchases (See instructions.)

If you are not required to report your purchases, go to Step 2.

Note: Distributors will also report your total purchases to us.

A Total dollar amount of alcoholic liquor purchased (invoiced and delivered) \_\_\_\_\_

Step 2: Taxable Receipts

- 1 Total receipts (Include tax.) 1 010
2 Deductions - include tax collected (From Schedule A, Line 30.) 2 020
3 Taxable receipts (Subtract Line 2 from Line 1.) 3 030

Step 3: Tax on Receipts

Sales from locations within Illinois

- 4a General merchandise 040 x (rate) = 4b 041
5a Food, drugs, and medical appliances 050 x (rate) = 5b 051

Sales from locations outside Illinois

- 6a General merchandise 060 x .0625 = 6b 061
7a Food, drugs, and medical appliances 070 x .01 = 7b 071

Sales at prior rates

- 8a Receipts taxed at other rates 080 x (rate) = 8b 081
9 Tax due on receipts (Add Lines 4b, 5b, 6b, 7b, and 8b.) 9 090

Step 4: Retailer's Discount and Net Tax on Receipts

- 10 Retailer's discount - If qualified, multiply Line 9 by the applicable rate. (See instructions.) 10 100
11 Net tax due on receipts (Subtract Line 10 from Line 9.) 11 110

Step 5: Tax on Purchases

- 12a General merchandise 120 x .0625 = 12b 121
13a Food, drugs, and medical appliances 130 x .01 = 13b 131
14a Purchases at other rates 140
15 Tax due on purchases (Add Lines 12b, 13b, and 14b.) 15 150

Step 6: Net Tax Due

- 16 Tax due from receipts and purchases (Add Lines 11 and 15.) 16 160
16a Manufacturer's Purchase Credit (See instructions.) 16a 161
17 Prepaid sales tax (Attach PST-2 copy A.) 17 170
18 Quarter-monthly (accelerated) payments 18 180
19 Total prepayments (Add Lines 16a, 17, and 18.) 19 190
20 Net tax due (Subtract Line 19 from Line 16.) 20 200

Step 7: Payment Due

- 21 E911 Surcharge and ITAC Assessment (From Schedule B, Line 10.) 21 210
22 Excess tax, surcharge, and assessment collected (See instructions.) 22 220
23 Total tax, surcharge, and assessment due (Add Lines 20, 21, and 22.) 23 230
24 Credit amount (See instructions.) 24 240
25 Payment due (Subtract Line 24 from Line 23.) 25 250

Step 8: Sign Below

Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete. The information in this return is taken from the records of the business for which it is filed.

Taxpayer Phone Date
Preparer Phone Date

ST-1 (R-07/19)

Use this form only if a preprinted form is not available.

Owner's name \_\_\_\_\_

Business name \_\_\_\_\_

Business address \_\_\_\_\_

Mailing address \_\_\_\_\_

Make your payment to

ILLINOIS DEPARTMENT OF REVENUE
RETAILERS' OCCUPATION TAX
SPRINGFIELD IL 62796-0001



Account ID: \_\_\_\_\_ This form is for: \_\_\_\_\_

**Schedule A — Deductions**

**Section 1: Taxes and miscellaneous deductions - If no Section 1 deductions, go to Section 2.**

1	Taxes collected on general merchandise sales and service	1	_____
2	Taxes collected on food, drugs, and medical appliances sales and service	2	_____
3	E911 Surcharge and ITAC Assessment collected	3	_____
4	Resale	• 4	A04
5	Interstate commerce	• 5	A05
6	Manufacturing machinery and equipment (MM&E) - Do <i>not</i> include deduction for graphic arts.	• 6	A06
7	Farm machinery and equipment	• 7	A07
8	Graphic arts machinery and equipment - Do <i>not</i> combine with deduction for MM&E on Line 6.	• 8	A08
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	• 9	A09
10	Enterprise zone		
a	Sales of building materials	• 10a	A10
b	Sales of items other than building materials	• 10b	A11
11	High impact business		
a	Sales of building materials	• 11a	A12
b	Sales of items other than building materials	• 11b	A13
12	River edge redevelopment zone building materials	• 12	A14
13	Exempt organizations	• 13	A15
14	Uncollectible debt on which tax was previously paid	• 14	A16
15	Sales of service - Identify here: _____	15	_____
16	Other (including cash refunds, newspapers and magazines, etc.) - Identify below.	16	_____
17	Total Section 1 deductions. Add Lines 1 through 16.	17	_____

**Section 2: Motor fuel deductions - If no Section 2 deductions, go to Section 3.**

<b>State motor fuel tax</b> (See instructions.)		<b>Number of gallons/DGEs/GGEs</b>	<b>Rate</b>	
18	Gasoline	18a _____	x _____	= 18b _____
19	Gasohol and majority blended ethanol	19a _____	x _____	= 19b _____
20	Diesel (including biodiesel and biodiesel blends)	20a _____	x _____	= 20b _____
21	Dieselhol and other fuels at diesel rate	21a _____	x _____	= 21b _____
22	Liquefied natural gas and liquefied petroleum gas	22a _____	x _____	= 22b _____
23	Compressed natural gas and other fuels at gasoline rate	23a _____	x _____	= 23b _____
<b>Specific fuels sales tax exemption</b>		<b>Receipts</b>	<b>Percentage</b>	
24	Biodiesel blend (no less than 1% but no more than 10% biodiesel)	24a _____	x 20% (.20) =	24b _____
25	Biodiesel blend (more than 10% but no more than 99% biodiesel)	25a _____	x 100% (1.00) =	25b _____
26	100 percent biodiesel	26a _____	x 100% (1.00) =	26b _____
27	Majority blended ethanol fuel	27a _____	x 100% (1.00) =	27b _____
28	Other motor fuel deductions _____			28 _____
29	Total Section 2 deductions. Add Lines 18b through 28.			29 _____

**Section 3: Total deductions**

30	Add Lines 17 and 29. Enter this amount on Step 2, Line 2 on the front page of this return.	30	_____
----	--	----	-------

**Schedule B — E911 Surcharge and ITAC Assessment**

**Receipts from retail transactions of prepaid wireless telecommunications service**

1	Enter receipts subject to E911 Surcharge and ITAC Assessment.	1	B01
<b>Figure your breakdown of retail transactions for Chicago locations</b>			
2	For Chicago locations	2a B02	x _____ = 2b B04
3	For Chicago locations at prior rates	3a B05	x _____ = 3b B07
4	Total for Chicago locations. Add Lines 2b and 3b.	4	B08
<b>Figure your breakdown of retail transactions for non-Chicago locations</b>			
5	For non-Chicago locations	5a B09	x _____ = 5b B11
6	For non-Chicago locations at prior rates	6a B12	x _____ = 6b B14
7	Total for non-Chicago locations. Add Lines 5b and 6b.	7	B15
<b>Figure your net E911 Surcharge and ITAC Assessment</b>			
8	Total E911 Surcharge and ITAC Assessment. Add Lines 4 and 7.	8	B16
9	Discount - If you qualify, multiply Line 8 by the applicable rate. See instructions.	9	B18
10	Subtract Line 9 from Line 8. Enter this amount on Step 7, Line 21.	10	B19





Illinois Department of Revenue  
**ST-2 Multiple Site Form**  
 Attach to Form ST-1.

REV 01  
 FORM 009

Do not write above this line.

Account ID: \_\_\_\_\_ This form is for \_\_\_\_\_  
(Reporting period)

**You must round your figures to whole dollars. See instructions.**

Site where the taxable sales were made

Location code \_\_\_\_\_  
 Site name \_\_\_\_\_  
 Site address \_\_\_\_\_  
 \_\_\_\_\_  
 City, state, ZIP \_\_\_\_\_

General merchandise

4a 040 X \_\_\_\_\_ = 4b 041  
(rate)  
 Food, drugs, and medical appliances  
 5a 050 X \_\_\_\_\_ = 5b 051  
(rate)  
 Receipts taxed at other rates  
 8a 060 \_\_\_\_\_ = 8b 061

Location code \_\_\_\_\_  
 Site name \_\_\_\_\_  
 Site address \_\_\_\_\_  
 \_\_\_\_\_  
 City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X \_\_\_\_\_ = 4b \_\_\_\_\_  
(rate)  
 Food, drugs, and medical appliances  
 5a \_\_\_\_\_ X \_\_\_\_\_ = 5b \_\_\_\_\_  
(rate)  
 Receipts taxed at other rates  
 8a \_\_\_\_\_ = 8b \_\_\_\_\_

Location code \_\_\_\_\_  
 Site name \_\_\_\_\_  
 Site address \_\_\_\_\_  
 \_\_\_\_\_  
 City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X \_\_\_\_\_ = 4b \_\_\_\_\_  
(rate)  
 Food, drugs, and medical appliances  
 5a \_\_\_\_\_ X \_\_\_\_\_ = 5b \_\_\_\_\_  
(rate)  
 Receipts taxed at other rates  
 8a \_\_\_\_\_ = 8b \_\_\_\_\_

Location code \_\_\_\_\_  
 Site name \_\_\_\_\_  
 Site address \_\_\_\_\_  
 \_\_\_\_\_  
 City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X \_\_\_\_\_ = 4b \_\_\_\_\_  
(rate)  
 Food, drugs, and medical appliances  
 5a \_\_\_\_\_ X \_\_\_\_\_ = 5b \_\_\_\_\_  
(rate)  
 Receipts taxed at other rates  
 8a \_\_\_\_\_ = 8b \_\_\_\_\_

Location code \_\_\_\_\_  
 Site name \_\_\_\_\_  
 Site address \_\_\_\_\_  
 \_\_\_\_\_  
 City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X \_\_\_\_\_ = 4b \_\_\_\_\_  
(rate)  
 Food, drugs, and medical appliances  
 5a \_\_\_\_\_ X \_\_\_\_\_ = 5b \_\_\_\_\_  
(rate)  
 Receipts taxed at other rates  
 8a \_\_\_\_\_ = 8b \_\_\_\_\_



Page totals

4a \_\_\_\_\_ = 4b \_\_\_\_\_  
 5a \_\_\_\_\_ = 5b \_\_\_\_\_  
 8a \_\_\_\_\_ = 8b \_\_\_\_\_

**Data Capture Requirements ST-1-X/ST-2-X/PST-2**  
**Schedule/Keystrokes**

**ST-1X (Rev 07-08)**

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	1	1	Action code	"A" Constant.
2	3	2	Batch Number Yr	Must Enter YYJJSSBB. Dups.
4	6	3	Batch Number Jul	Must Enter YYJJSSBB. Dups.
7	9	3	Batch Number Sta	Must Enter YYJJSSBB. Dups. Station Numbers: ST1XWR 833,A29 ST1Xwo: 820,390 ST2Xwr: 851 ST2Xwo: 851,391 , 487
10	11	2	Batch Number Seq	Must Enter YYJJSSBB. Dups.
12	14	3	Document Number	Must Enter. Must be in sequence.
15	18	4	Record Code	Zeroes Constant.
19	19	1	DE Sequence Number	1-4 AS NEEDED
20	27	8	IBT	Must Enter.
28	30	3	Not Used	Zeros Constant.
31	33	3	Trans Code	210 (ST1X), 215 (RE), 220 (ST2X), OR 140 (PST2)
34	35	2	Form Revision Number	Must Enter "01" - "05" OR "07" - "08"
36	38	3	Form Number	"003" CONSTANT
39	40	2	MNE	Zeroes Constant.
41	42	2	APE Period - Month	Enter "MM" if shown. Skip if blank.
43	44	2	APE Period - Year	Enter "YY" if shown. Skip if blank.
45	85	41	APE Period Continued	Enter, if shown, MMY in ascending sequence.
86	86	1	E/S Indicator	Enter the letter that is circled.
87	88	2	E/S - Month	Enter "MM" if Shown. Skip if blank.
89	90	2	E/S - Day	Enter "DD" if Shown. Skip if blank.
91	92	2	E/S - Year	Enter "YY" if Shown. Skip if blank.
93	112	20	Free Form Codes	Enter if shown. Skip if blank.
113	125	13	Official use	WR Batches: Must Enter Dollars and Cents. WO Batches: Zeroes Constant.
126	127	2	Payment Source	"10" Constant.
128	129	2	Not Used	Spaces.

130	147	18	Not Used	Spaces.
148	148	1	Amending Reason	Enter "1" - "4".
149	149	1	Step 3 Line 1A	ENTER "1" IF MARKED, SKIP IF NOT MARKED
150	150	1	Step 3 Line 1B	ENTER "1" IF MARKED, SKIP IF NOT MARKED
151	151	1	Step 3 Line 1C	ENTER "1" IF MARKED, SKIP IF NOT MARKED
152	152	1	Step 3 Line 1D	ENTER "1" IF MARKED, SKIP IF NOT MARKED
153	153	1	Step 3 Line 1E	ENTER "1" IF MARKED, SKIP IF NOT MARKED
154	154	1	Step 3 Line 1F	ENTER "1" IF MARKED, SKIP IF NOT MARKED
155	155	1	Step 3 Line 1G	ENTER "1" IF MARKED, SKIP IF NOT MARKED
156	159	4	Not Used	Spaces.
160	160	1	Step 3 Line 2	ENTER "1" IF MARKED, SKIP IF NOT MARKED
161	161	1	Step 3 Line 3	ENTER "1" IF MARKED, SKIP IF NOT MARKED
162	162	1	Step 3 Line 4	ENTER "1" IF MARKED, SKIP IF NOT MARKED
163	163	1	Step 3 Line 5	ENTER "1" IF MARKED, SKIP IF NOT MARKED
164	164	1	Step 3 Line 6	ENTER "1" IF MARKED, SKIP IF NOT MARKED
165	165	1	Step 3 Line 7	ENTER "1" IF MARKED, SKIP IF NOT MARKED
166	166	1	Step 3 Line 8	ENTER "1" IF MARKED, SKIP IF NOT MARKED
167	167	1	Step 3 Line 9	ENTER "1" IF MARKED, SKIP IF NOT MARKED
168	168	1	Step 3 Line 10	ENTER "1" IF MARKED, SKIP IF NOT MARKED
169	169	1	Step 3 Line 11A	ENTER "1" IF MARKED, SKIP IF NOT MARKED
170	170	1	Step 3 Line 11B	ENTER "1" IF MARKED, SKIP IF NOT MARKED
171	171	1	Step 3 Line 11C	ENTER "1" IF MARKED, SKIP IF NOT MARKED
172	172	1	Step 3 Line 11D	ENTER "1" IF MARKED, SKIP IF NOT MARKED
173	182	10	Not Used	Spaces.

183	195	13	Total amount paid for liquor	dollars & cents. SKIP IF BLANK. ENTER FROM COLUMN B ONLY. IF NEGATIVE ENTER AMOUNT THEN A DASH.
196	199	4	Not Used	Spaces.
200	407	208	DELIMITERS AND AMOUNTS, COLUMN B ONLY	ENTER ZERO AMOUNTS, ALL AMOUNTS ARE DOLLARS AND CENTS. ENTER 00 FOR CENTS IF ONLY DOLLARS ARE SHOWN. ENTER THE AMOUNT THEN THE DASH IF NEGATIVE. DELIMITERS ARE THE LINE NUMBERS.
408	409	2	Not Used	Spaces.
410	410	1	Error Indicator	Zero Constant. The Edit will indicate if there are any errors. "1" = Fatal error "2" = No Errors "3" = Error O.K.

Delimiters for Revision 01 & 02 Returns:

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-034(150-340), 16A(161)

Delimiters for Revision 03 & 04 Returns:

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-028(150-280), 16A(161)

Delimiters for Revision 05 Returns:

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-028(150-280), 16A(161), A4-A9(A04-A09), A0A(A10),A0B(A11), A1A(A12),A1B(A13),  
A12(A14), A13(A15), A14(A16), B1(B01), B2A(B02),B2B(B04),  
B3A(B05),B3B(B07),B4(B08),B5A(B09),B5B(B11), B6A(B12),B6B(B14), B7 (B15), B8(B16), B9(B18), B10(B19)

Delimiters for Revision 07 & 08 Returns

001(Output as 010),002(020),003(030),  
 04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
 07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
 14B(141),015-028(150-280), 16A(161), A4-A9(A04-A09), A0A(A10),A0B(A11), A1A(A12),A1B(A13),  
 A12(A14), A13(A15), A14(A16), B1(B01), B2A(B02),B2B(B04),  
 B3A(B05),B3B(B07),B4(B08),B5A(B09),B5B(B11), B6A(B12),B6B(B14), B7 (B15), B8(B16), B9(B18), B10(B19)

Begin	End	Length	Field Name
200	202	3	Delimiter
203	215	13	Data
216	218	3	Delimiter
219	231	13	Data
232	234	3	Delimiter
235	247	13	Data
248	250	3	Delimiter
251	263	13	Data
264	266	3	Delimiter
267	279	13	Data
280	282	3	Delimiter
283	295	13	Data
296	298	3	Delimiter
299	311	13	Data
312	314	3	Delimiter
315	327	13	Data
328	330	3	Delimiter
331	343	13	Data
344	346	3	Delimiter
347	359	13	Data
360	362	3	Delimiter
363	375	13	Data
376	378	3	Delimiter
379	391	13	Data
392	394	3	Delimiter
395	407	13	Data

**ST-1X (Rev 04-05)**

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	1	1	Action code	"A" Constant.
2	3	2	Batch Number Yr	Must Enter YYJJSSBB. Dups.
4	6	3	Batch Number Jul	Must Enter YYJJSSBB. Dups.

7	9	3	Batch Number Sta	Must Enter YYJJSSBB. Dups. Station Numbers: ST1XWR 833,A29 ST1Xwo: 820,390 ST2Xwr: 851 ST2Xwo: 851,391 , 487
10	11	2	Batch Number Seq	Must Enter YYJJSSBB. Dups.
12	14	3	Document Number	Must Enter. Must be in sequence.
15	18	4	Record Code	Zeroes Constant.
19	19	1	DE Sequence Number	1-4 AS NEEDED
20	27	8	IBT	Must Enter.
28	30	3	Not Used	Zeros Constant.
31	33	3	Trans Code	210 (ST1X), 215 (RE), 220 (ST2X), OR 140 (PST2)
34	35	2	Form Revision Number	Must Enter "01" - "05" OR "07" - "08"
36	38	3	Form Number	"003" CONSTANT
39	40	2	MNE	Zeroes Constant.
41	42	2	APE Period - Month	Enter "MM" if shown. Skip if blank.
43	44	2	APE Period - Year	Enter "YY" if shown. Skip if blank.
45	85	41	APE Period Continued	Enter, if shown, MMY in ascending sequence.
86	86	1	E/S Indicator	Enter the letter that is circled.
87	88	2	E/S - Month	Enter "MM" if Shown. Skip if blank.
89	90	2	E/S - Day	Enter "DD" if Shown. Skip if blank.
91	92	2	E/S - Year	Enter "YY" if Shown. Skip if blank.
93	112	20	Free Form Codes	Enter if shown. Skip if blank.
113	125	13	Official use	WR Batches: Must Enter Dollars and Cents. WO Batches: Zeroes Constant.
126	127	2	Payment Source	"10" Constant.
128	129	2	Not Used	Spaces.
130	147	18	Not Used	Spaces.
148	148	1	Amending Reason	Enter "1" - "4".
149	149	1	Step 3 Line 1A	ENTER "1" IF MARKED, SKIP IF NOT MARKED
150	150	1	Step 3 Line 1B	ENTER "1" IF MARKED, SKIP IF NOT MARKED
151	151	1	Step 3 Line 1C	ENTER "1" IF MARKED, SKIP IF NOT MARKED
152	152	1	Step 3 Line 1D	ENTER "1" IF MARKED, SKIP IF NOT MARKED
153	153	1	Step 3 Line 1E	ENTER "1" IF MARKED, SKIP IF NOT MARKED

154	154	1	Step 3 Line 1F	ENTER "1" IF MARKED, SKIP IF NOT MARKED
155	159	5	Not Used	Spaces.
160	160	1	Step 3 Line 2	ENTER "1" IF MARKED, SKIP IF NOT MARKED
161	161	1	Step 3 Line 3	ENTER "1" IF MARKED, SKIP IF NOT MARKED
162	162	1	Step 3 Line 4	ENTER "1" IF MARKED, SKIP IF NOT MARKED
163	163	1	Step 3 Line 5	ENTER "1" IF MARKED, SKIP IF NOT MARKED
164	164	1	Step 3 Line 6	ENTER "1" IF MARKED, SKIP IF NOT MARKED
165	165	1	Step 3 Line 7	ENTER "1" IF MARKED, SKIP IF NOT MARKED
166	166	1	Step 3 Line 8	ENTER "1" IF MARKED, SKIP IF NOT MARKED
167	167	1	Step 3 Line 9	ENTER "1" IF MARKED, SKIP IF NOT MARKED
168	168	1	Step 3 Line 10	ENTER "1" IF MARKED, SKIP IF NOT MARKED
169	169	1	Step 3 Line 11A	ENTER "1" IF MARKED, SKIP IF NOT MARKED
170	170	1	Step 3 Line 11B	ENTER "1" IF MARKED, SKIP IF NOT MARKED
171	171	1	Step 3 Line 11C	ENTER "1" IF MARKED, SKIP IF NOT MARKED
172	172	1	Step 3 Line 11D	ENTER "1" IF MARKED, SKIP IF NOT MARKED
173	182	10	Not Used	Spaces.
183	195	13	Total amount paid for liquor	dollars & cents. SKIP IF BLANK. ENTER FROM COLUMN B ONLY. IF NEGATIVE ENTER AMOUNT THEN A DASH.
196	199	4	Not Used	Spaces.
200	407	208	DELIMITERS AND AMOUNTS, COLUMN B ONLY	ENTER ZERO AMOUNTS, ALL AMOUNTS ARE DOLLARS AND CENTS. ENTER 00 FOR CENTS IF ONLY DOLLARS ARE SHOWN. ENTER THE AMOUNT THEN THE DASH IF NEGATIVE. DELIMITERS ARE THE L INE NUMBERS.
408	409	2	Not Used	Spaces.

410	410	1	Error Indicator	Zero Constant. The Edit will indicate if there are any errors. "1" = Fatal error "2" = No Errors "3" = Error O.K.

Delimiters for Revision 01 & 02 Returns:

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-034(150-340), 16A(161)

Delimiters for Revision 03 & 04 Returns:

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-028(150-280), 16A(161)

Delimiters for Revision 05 Returns:

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-028(150-280), 16A(161), A4-A9(A04-A09), A0A(A10),A0B(A11), A1A(A12),A1B(A13),  
A12(A14), A13(A15), A14(A16), B1(B01), B2A(B02),B2B(B04),  
B3A(B05),B3B(B07),B4(B08),B5A(B09),B5B(B11), B6A(B12),B6B(B14), B7 (B15), B8(B16), B9(B18), B10(B19)

Delimiters for Revision 07 & 08 Returns

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-028(150-280), 16A(161), A4-A9(A04-A09), A0A(A10),A0B(A11), A1A(A12),A1B(A13),  
A12(A14), A13(A15),A14(A16), B1(B01), B2A(B02),B2B(B04),  
B3A(B05),B3B(B07),B4(B08),B5A(B09),B5B(B11), B6A(B12),B6B(B14), B7 (B15), B8(B16), B9(B18), B10(B19)

Begin	End	Length	Field Name
200	202	3	Delimiter
203	215	13	Data
216	218	3	Delimiter
219	231	13	Data
232	234	3	Delimiter
235	247	13	Data
248	250	3	Delimiter

251	263	13	Data
264	266	3	Delimiter
267	279	13	Data
280	282	3	Delimiter
283	295	13	Data
296	298	3	Delimiter
299	311	13	Data
312	314	3	Delimiter
315	327	13	Data
328	330	3	Delimiter
331	343	13	Data
344	346	3	Delimiter
347	359	13	Data
360	362	3	Delimiter
363	375	13	Data
376	378	3	Delimiter
379	391	13	Data
392	394	3	Delimiter
395	407	13	Data

**ST-1X (Rev 01-03)**

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	1	1	Action code	"A" Constant.
2	3	2	Batch Number Yr	Must Enter YYJJSSBB. Dups.
4	6	3	Batch Number Jul	Must Enter YYJJSSBB. Dups.
7	9	3	Batch Number Sta	Must Enter YYJJSSBB. Dups. Station Numbers: ST1XWR 833,A29 ST1Xwo: 820,390 ST2Xwr: 851 ST2Xwo: 851,391 , 487
10	11	2	Batch Number Seq	Must Enter YYJJSSBB. Dups.
12	14	3	Document Number	Must Enter. Must be in sequence.
15	18	4	Record Code	Zeroes Constant.
19	19	1	DE Sequence Number	1-4 AS NEEDED
20	27	8	IBT	Must Enter.
28	30	3	Not Used	Zeros Constant.
31	33	3	Trans Code	210 (ST1X), 215 (RE), 220 (ST2X), OR 140 (PST2)
34	35	2	Form Revision Number	Must Enter "01" - "05" OR "07" - "08"

36	38	3	Form Number	"003" CONSTANT
39	40	2	MNE	Zeroes Constant.
41	42	2	APE Period - Month	Enter "MM" if shown. Skip if blank.
43	44	2	APE Period - Year	Enter "YY" if shown. Skip if blank.
45	85	41	APE Period Continued	Enter, if shown, MMY in ascending sequence.
86	86	1	E/S Indicator	Enter the letter that is circled.
87	88	2	E/S - Month	Enter "MM" if Shown. Skip if blank.
89	90	2	E/S - Day	Enter "DD" if Shown. Skip if blank.
91	92	2	E/S - Year	Enter "YY" if Shown. Skip if blank.
93	112	20	Free Form Codes	Enter if shown. Skip if blank.
113	125	13	Official use	WR Batches: Must Enter Dollars and Cents. WO Batches: Zeroes Constant.
126	127	2	Payment Source	"10" Constant. ("30" for Rev 02)
128	129	2	Not Used	Spaces.
130	148	19	Not Used	Spaces.
149	149	1	Step 2 Line 1	ENTER "1" IF MARKED, SKIP IF NOT MARKED
150	150	1	Step 2 Line 2A	ENTER "1" IF MARKED, SKIP IF NOT MARKED
151	158	8	Exempt IBT	Enter if shown. Skip if blank.
159	159	1	Step 2 Line 2B	ENTER "1" IF MARKED, SKIP IF NOT MARKED
160	160	1	Step 2 Line 2C	ENTER "1" IF MARKED, SKIP IF NOT MARKED
161	161	1	Not Used	Spaces.
162	169	8	Tax Exempt Number	Enter if shown. Skip if blank.
170	170	1	Step 2 Line 2D	ENTER "1" IF MARKED, SKIP IF NOT MARKED
171	171	1	Step 2 Line 2E	ENTER "1" IF MARKED, SKIP IF NOT MARKED
172	172	1	Step 2 Line 2F	ENTER "1" IF MARKED, SKIP IF NOT MARKED
173	173	1	Step 2 Line 2G	ENTER "1" IF MARKED, SKIP IF NOT MARKED
174	174	1	Step 2 Line 3	ENTER "1" IF MARKED, SKIP IF NOT MARKED
175	175	1	Step 2 Line 4	ENTER "1" IF MARKED, SKIP IF NOT MARKED
176	176	1	Step 2 Line 5	ENTER "1" IF MARKED, SKIP IF NOT MARKED
177	177	1	Step 2 Line 6	ENTER "1" IF MARKED, SKIP IF NOT MARKED

178	178	1	Step 2 Line 7	ENTER "1" IF MARKED, SKIP IF NOT MARKED
179	179	1	Step 2 Line 8	ENTER "1" IF MARKED, SKIP IF NOT MARKED
180	180	1	Step 2 Line 9	ENTER "1" IF MARKED, SKIP IF NOT MARKED
181	181	1	Step 3 Line 1	ENTER "1" IF MARKED, SKIP IF NOT MARKED
182	182	1	Step 3 Line 2	ENTER "1" IF MARKED, SKIP IF NOT MARKED
183	195	13	Total amount paid for liquor	dollars & cents. SKIP IF BLANK. ENTER FROM COLUMN B ONLY. IF NEGATIVE ENTER AMOUNT THEN A DASH.
196	199	4	Not Used	Spaces.
200	407	208	DELIMITERS AND AMOUNTS, COLUMN B ONLY	ENTER ZERO AMOUNTS, ALL AMOUNTS ARE DOLLARS AND CENTS. ENTER 00 FOR CENTS IF ONLY DOLLARS ARE SHOWN. ENTER THE AMOUNT THEN THE DASH IF NEGATIVE. DELIMITERS ARE THE LINE NUMBERS.
408	409	2	Not Used	Spaces.
410	410	1	Error Indicator	Zero Constant. The Edit will indicate if there are any errors. "1" = Fatal error "2" = No Errors "3" = Error O.K.

Delimiters for Revision 01 & 02 Returns:

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-034(150-340), 16A(161)

Delimiters for Revision 03 & 04 Returns:

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-028(150-280), 16A(161)

Delimiters for Revision 05 Returns:

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),

07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
 14B(141),015-028(150-280), 16A(161), A4-A9(A04-A09), A0A(A10),A0B(A11), A1A(A12),A1B(A13),  
 A12(A14), A13(A15), A14(A16), B1(B01), B2A(B02),B2B(B04),  
 B3A(B05),B3B(B07),B4(B08),B5A(B09),B5B(B11), B6A(B12),B6B(B14), B7 (B15), B8(B16), B9(B18), B10(B19)

Delimiters for Revision 07 & 08 Returns

001(Output as 010),002(020),003(030),  
 04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
 07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
 14B(141),015-028(150-280), 16A(161), A4-A9(A04-A09), A0A(A10),A0B(A11), A1A(A12),A1B(A13),  
 A12(A14), A13(A15), A14(A16), B1(B01), B2A(B02),B2B(B04),  
 B3A(B05),B3B(B07),B4(B08),B5A(B09),B5B(B11), B6A(B12),B6B(B14), B7 (B15), B8(B16), B9(B18), B10(B19)

Begin	End	Length	Field Name
200	202	3	Delimiter
203	215	13	Data
216	218	3	Delimiter
219	231	13	Data
232	234	3	Delimiter
235	247	13	Data
248	250	3	Delimiter
251	263	13	Data
264	266	3	Delimiter
267	279	13	Data
280	282	3	Delimiter
283	295	13	Data
296	298	3	Delimiter
299	311	13	Data
312	314	3	Delimiter
315	327	13	Data
328	330	3	Delimiter
331	343	13	Data
344	346	3	Delimiter
347	359	13	Data
360	362	3	Delimiter
363	375	13	Data
376	378	3	Delimiter
379	391	13	Data
392	394	3	Delimiter
395	407	13	Data

**ST-1X Continuation form**

Verified fields are in yellow

Begin	End	Length	Field Name	Description
1	1	1	Action Code	"A" Constant.
2	3	2	Batch Number Yr	Dups.
4	6	3	Batch Number Jul	Dups.
7	9	3	Batch Number Sta	Dups.
10	11	2	Batch Number Seq	Dups.
12	14	3	Document Number	Dups.
15	18	4	Record Code	Zeroes Constant.
19	19	1	DE Sequence Number	2-4 as needed
20	27	8	IBT Number	Dups
28	30	3	Not Used	"210" constant
31	33	3	Trans Code	
34	35	2	Form Revision Number	Dups
36	38	3	Form Number	Dups
39	41	3	Delimiter	must enter at least one delimiter
42	54	13	Amount	must enter. Dollars and cents. Enter amount then the dash if negative
55	406	352	Delimiters and Line Amounts	Continue entering delimiters if an amount is present. Enter zero amounts, all amounts are dollars and cents.
407	409	3	Not Used	Spaces.
410	410	1	Error Indicator	Zero Constant. The Edit will indicate if there are any errors. "1" = Fatal error "2" = No Errors "3" = Error O.K.

Delimiters for Revision 01 & 02 Returns:

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-034(150-340), 16A(161)

Delimiters for Revision 03 & 04 Returns:

001(Output as 010),002(020),003(030),  
04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
14B(141),015-028(150-280), 16A(161)

Delimiters for Revision 05 Returns:

001(Output as 010),002(020),003(030),  
 04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
 07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
 14B(141),015-028(150-280), 16A(161), A4-A9(A04-A09), A0A(A10),A0B(A11), A1A(A12),A1B(A13),  
 A12(A14), A13(A15), B1(B01), B2A(B02),B2B(B04), B3A(B05),B3B(B07),B4(B08),B5A(B09),B5B(B11),  
 B6A(B12),B6B(B14), B7 (B15), B8(B16), B9(B18), B10(B19)

Delimiters for Revsion 07 & 08 Returns

001(Output as 010),002(020),003(030),  
 04A(040),04B(041),05A(050),05B(051),06A(060),06B(061),07A(070),  
 07B(071),08A(080),08B(081),009(090),010(100),011(110),12A(120),12B(121),13A(130),13B(131),14A(140),  
 14B(141),015-028(150-280), 16A(161), A4-A9(A04-A09), A0A(A10),A0B(A11), A1A(A12),A1B(A13),  
 A12(A14), A13(A15), B1(B01), B2A(B02),B2B(B04), B3A(B05),B3B(B07),B4(B08),B5A(B09),B5B(B11),  
 B6A(B12),B6B(B14), B7 (B15), B8(B16), B9(B18), B10(B19)

Begin	End	Length	Field Name
200	202	3	Delimiter
203	215	13	Data
216	218	3	Delimiter
219	231	13	Data
232	234	3	Delimiter
235	247	13	Data
248	250	3	Delimiter
251	263	13	Data
264	266	3	Delimiter
267	279	13	Data
280	282	3	Delimiter
283	295	13	Data
296	298	3	Delimiter
299	311	13	Data
312	314	3	Delimiter
315	327	13	Data
328	330	3	Delimiter
331	343	13	Data
344	346	3	Delimiter
347	359	13	Data
360	362	3	Delimiter
363	375	13	Data
376	378	3	Delimiter
379	391	13	Data
392	394	3	Delimiter
395	407	13	Data



Illinois Department of Revenue

# ST-1-X Amended Sales and Use Tax and E911 Surcharge Return

REV 08 FORM 003 Station 820, 833

E S \_\_\_\_/\_\_\_\_/\_\_\_\_  
NS DP CA RC

## General Information

Do not write above this line.

Everyone must complete Steps 1, 2, 4, and 5.

Amount you are paying: \$ \_\_\_\_\_

You must also complete Step 3 if you believe that you have overpaid.

Make your check payable to "Illinois Department of Revenue."

## Step 1: Identify your business.

1 Account ID: \_\_\_\_\_ - \_\_\_\_\_

3 Business name: \_\_\_\_\_

2 Reporting period you are amending: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

## Step 2: Mark the reason why you are filing an amended return.

1 \_\_\_ Overpaid (Complete Step 3)

3 \_\_\_ Response to notice or bill

2 \_\_\_ Underpaid

4 \_\_\_ Corrections to line items but no additional tax due

## Step 3: Mark the reason(s) why you have overpaid your return.

**If you collected the overpaid Sales Tax, E911 Surcharge, or ITAC Assessment from your customer(s), you must have unconditionally refunded the overpaid amount to your customer(s) before you file a claim for credit.**

- 1 \_\_\_ I am decreasing Line 1 *or* I am increasing Line 2 because I sold merchandise
- a \_\_\_ to another Illinois business for resale. List the account ID(s) on Schedule RE and attach to Form ST-1-X.
  - b \_\_\_ to an out-of-state customer and it was delivered to a location outside Illinois.
  - c \_\_\_ to an exempt organization. List the tax exempt (E) number(s) on Schedule RE and attach to Form ST-1-X.
  - d \_\_\_ that qualifies for a tax exemption for machinery or equipment used in manufacturing, farming, or graphic arts.
  - e \_\_\_ that qualifies for an enterprise zone exemption.
  - f \_\_\_ that was returned by my customer.
  - g \_\_\_ and paid tax that is represented by amounts that have become worthless as uncollectible debt.
- 2 \_\_\_ I included receipts from prior month(s) or used the wrong month's receipts.
- 3 \_\_\_ I failed to include tax collected in Line 2.

- 4 \_\_\_ I used the wrong tax rate.
- 5 \_\_\_ The tax base is correct but I put it on the wrong tax line.
- 6 \_\_\_ I made a math error calculating Lines 9,11,15, 20, 23, or 25.
- 7 \_\_\_ I failed to take the discount or made a math error calculating the discount.
- 8 \_\_\_ I made errors completing Form ST-2, Multiple Site Form.
- 9 \_\_\_ I am a retailer who is exchanging Manufacturer's Purchase Credit from a customer for cash previously paid.
- 10 \_\_\_ I overpaid use tax because I failed to use Manufacturer's Purchase Credit to pay use tax.
- 11 \_\_\_ I overpaid use tax because the item
- a \_\_\_ qualifies for a tax exemption for machinery or equipment used in manufacturing, farming, or graphic arts.
  - b \_\_\_ qualifies for an enterprise zone exemption.
  - c \_\_\_ was shipped to and used at a site outside Illinois.
  - d \_\_\_ was returned to my supplier.

Turn page to complete Steps 4 and 5.



This form is authorized as outlined under the tax or fee Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

ST-1-X (R-07/19)

Printed by the authority of the state of Illinois - Web only, One copy



### Step 4: Correct your financial information.

Complete all applicable lines.

Please round to the nearest whole dollar.

**Column A**  
Most recent figures filed

**Column B**  
Figures as they should have been filed

#### Alcoholic Liquor Purchases

**A** Total dollar amount of alcoholic liquor purchased (invoiced and delivered)

**A** \_\_\_\_\_ **A** \_\_\_\_\_

#### Taxable Receipts

- 1** Total receipts (Include tax.)
- 2** Deductions - include tax collected (From Schedule A-X, Line 30)
- 3** Taxable receipts (Subtract Line 2 from Line 1.)

**1** \_\_\_\_\_ **1** 010  
**2** \_\_\_\_\_ **2** 020  
**3** \_\_\_\_\_ **3** 030

#### Tax on Receipts

Sales from locations within Illinois

- 4a** General merchandise tax base
- 4b** General merchandise tax - Multiply Line 4a by your tax rate of \_\_\_\_\_.
- 5a** Food, drugs, and medical appliances tax base
- 5b** Food, drugs, and medical appliances tax - Multiply Line 5a by your tax rate of \_\_\_\_\_.

**4a** \_\_\_\_\_ **4a** 040  
**4b** \_\_\_\_\_ **4b** 041  
**5a** \_\_\_\_\_ **5a** 050  
**5b** \_\_\_\_\_ **5b** 051

Sales from locations outside Illinois

- 6a** General merchandise tax base
- 6b** General merchandise tax - Multiply Line 6a by 6.25 percent (.0625).
- 7a** Food, drugs, and medical appliances tax base
- 7b** Food, drugs, and medical appliances tax - Multiply Line 7a by 1 percent (.01).

**6a** \_\_\_\_\_ **6a** 060  
**6b** \_\_\_\_\_ **6b** 061  
**7a** \_\_\_\_\_ **7a** 070  
**7b** \_\_\_\_\_ **7b** 071

Sales at prior rates

- 8a** Receipts at other rates tax base
- 8b** Receipts at other rates tax - Multiply Line 8a by the applicable tax rate.
- 9** Tax due on receipts (Add Lines 4b, 5b, 6b, 7b, and 8b.)

**8a** \_\_\_\_\_ **8a** 080  
**8b** \_\_\_\_\_ **8b** 081  
**9** \_\_\_\_\_ **9** 090

#### Retailer's Discount and Net Tax Due on Receipts

- 10** Discount (See instructions.)
- 11** Net tax due on receipts (Subtract Line 10 from Line 9.)

**10** \_\_\_\_\_ **10** 100  
**11** \_\_\_\_\_ **11** 110

#### Tax on Purchases

- 12a** General merchandise tax base
- 12b** General merchandise tax - Multiply Line 12a by 6.25 percent (.0625).
- 13a** Food, drugs, and medical appliances tax base
- 13b** Food, drugs, and medical appliances tax - Multiply Line 13a by 1 percent (.01).
- 14a** Purchases at other rates tax base
- 14b** Purchases at other rates tax - Multiply Line 14a by the applicable tax rate.
- 15** Tax due on purchases (Add Lines 12b, 13b, and 14b.)

**12a** \_\_\_\_\_ **12a** 120  
**12b** \_\_\_\_\_ **12b** 121  
**13a** \_\_\_\_\_ **13a** 130  
**13b** \_\_\_\_\_ **13b** 131  
**14a** \_\_\_\_\_ **14a** 140  
**14b** \_\_\_\_\_ **14b** 141  
**15** \_\_\_\_\_ **15** 150

#### Net Tax Due

- 16** Tax due from receipts and purchases (Add Lines 11 and 15.)
- 16a** Manufacturer's Purchase Credit (See instructions.)
- 17** Prepaid sales tax (See instructions.)
- 18** Quarter-monthly (accelerated) payments
- 19** Total prepayments (Add Lines 16a, 17, and 18.)
- 20** Net tax due (Subtract Line 19 from Line 16.)

**16** \_\_\_\_\_ **16** 160  
**16a** \_\_\_\_\_ **16a** 161  
**17** \_\_\_\_\_ **17** 170  
**18** \_\_\_\_\_ **18** 180  
**19** \_\_\_\_\_ **19** 190  
**20** \_\_\_\_\_ **20** 200

#### Payment Due

- 21** E911 Surcharge and ITAC Assessment (From Schedule B-X, Line 10.)
- 22** Excess tax, surcharge, and assessment collected
- 23** Total tax, surcharge, and assessment due (Add Lines 20, 21, and 22.)
- 24** Credit amount (See instructions.)
- 25** Subtract Line 24 from Line 23. This is the net total due.
- 26** Enter the total amount you have previously paid.

**21** \_\_\_\_\_ **21** 210  
**22** \_\_\_\_\_ **22** 220  
**23** \_\_\_\_\_ **23** 230  
**24** \_\_\_\_\_ **24** 240  
**25** \_\_\_\_\_ **25** 250  
**26** \_\_\_\_\_ **26** 260

Compare Line 25, Column B, and Line 26.

- If Line 26 is **greater than** Line 25, Column B, enter the difference on Line 27.
- If Line 26 is **less than** Line 25, Column B, enter the difference on Line 28.

- 27** Overpayment - This is the amount you have overpaid. Go to Step 5 and sign this return.
- 28** Underpayment - This is the amount you have underpaid. Please pay this amount. Enter this amount on Page 1. Go to Step 5 and sign this return.

**27** \_\_\_\_\_ **27** 270  
**28** \_\_\_\_\_ **28** 280

**Make your payment to "Illinois Department of Revenue."**

### Step 5: Sign below.

Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete. Under penalties of perjury, I state that I have unconditionally refunded to my customer(s) any overpaid sales tax, E911 Surcharge, and ITAC Assessment that I collected from my customer(s) and am claiming as an overpayment on this return.

Taxpayer \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_ Preparer \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

**Mail to:** ILLINOIS DEPARTMENT OF REVENUE  
 PO BOX 19034  
 SPRINGFIELD IL 62794-9034



Account ID: \_\_\_\_\_

Reporting period you are amending: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_  
Month Day Year Month Day Year

**Schedule A-X — Amended Deductions**

**Section 1: Taxes and miscellaneous deductions**

Column A  
Most recent  
figures filed

Column B  
Figures as they  
should have been filed

If no Section 1 deductions, go to Section 2.

1	Taxes collected on general merchandise sales and service	1				
2	Taxes collected on food, drugs, and medical appliances sales and service	2				
3	E911 Surcharge and ITAC Assessment collected	3				
4	Resale	• 4				A04
5	Interstate commerce	• 5				A05
6	Manufacturing machinery and equipment (MM&E) - Do <u>not</u> include graphic arts.	• 6				A06
7	Farm machinery and equipment	• 7				A07
8	Graphic arts machinery and equipment - Do <u>not</u> combine with deduction for MM&E on Line 6.	• 8				A08
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	• 9				A09
10	Enterprise zone					
	a Sales of building materials	• 10a				A10
	b Sales of items other than building materials	• 10b				A11
11	High impact business					
	a Sales of building materials	• 11a				A12
	b Sales of items other than building materials	• 11b				A13
12	River edge redevelopment zone building materials	• 12				A14
13	Exempt organizations	• 13				A15
14	Uncollectible debt on which tax was previously paid	• 14				A16
15	Sales of service - Identify here: _____	15				
16	Other (including cash refunds, newspapers and magazines, etc.) - Identify below.	16				
17	Total Section 1 deductions. Add Lines 1 through 16.	17				

**Section 2: Motor fuel deductions - If no Section 2 deductions, go to Section 3.**

<b>State motor fuel tax</b>						
18	Gasoline - number of gallons	18a				
	Multiply Line 18a by the applicable rate. (See Instructions.)	18b				
19	Gasohol and majority blended ethanol - number of gallons	19a				
	Multiply Line 19a by the applicable rate. (See Instructions.)	19b				
20	Diesel (including biodiesel and biodiesel blends) - number of gallons	20a				
	Multiply Line 20a by the applicable rate. (See Instructions.)	20b				
21	Dieselhol and other fuels at diesel rate - number of gallons	21a				
	Multiply Line 21a by the applicable rate. (See Instructions.)	21b				
22	Liquefied natural gas and liquefied petroleum gas - number of DGEs	22a				
	Multiply Line 22a by the applicable rate. (See Instructions.)	22b				
23	Compressed natural gas and other fuels at gasoline rate - number of GGEs	23a				
	Multiply Line 23a by the applicable rate. (See Instructions.)	23b				
<b>Specific fuels sales tax exemption</b>						
24	Biodiesel blend (no less than 1% but no more than 10% biodiesel) - total receipts	24a				
	Multiply Line 24a by 20% (.20).	24b				
25	Biodiesel blend (more than 10% but no more than 99% biodiesel) - total receipts	25a				
	Multiply Line 25a by 100% (1.00).	25b				
26	100 percent biodiesel - total receipts	26a				
	Multiply Line 26a by 100% (1.00).	26b				
27	Majority blended ethanol fuel - total receipts	27a				
	Multiply Line 27a by 100% (1.00).	27b				
28	Other motor fuel deductions: _____	28				
29	Total Section 2 deductions. Add Lines 18b through 27b and 28.	29				

**Section 3: Total deductions**

30	Add Lines 17 and 29. Enter these amounts on Step 4, Line 2. →	30				
----	---	----	--	--	--	--



Account ID: \_\_\_\_\_

Reporting period you are amending: \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_  
Month Day Year Month Day Year

**Schedule B-X — Amended E911 Surcharge and ITAC Assessment**

**Receipts from retail transactions of prepaid wireless telecommunications service**

	Column A Most recent figures filed	Column B Figures as they should have been filed
<b>1</b> Enter receipts subject to E911 Surcharge and ITAC Assessment	1	B01
<b>Figure your breakdown of retail transactions for Chicago locations</b>		
<b>2</b> For Chicago locations	2a	B02
Multiply Line 2a by your rate of _____.	2b	B04
<b>3</b> For Chicago locations at prior rates	3a	B05
Multiply Line 3a by your rate of _____.	3b	B07
<b>4</b> Total for Chicago. Add Lines 2b and 3b.	4	B08
<b>Figure your breakdown of retail transactions for non-Chicago locations</b>		
<b>5</b> For non-Chicago locations	5a	B09
Multiply Line 5a by your rate of _____.	5b	B11
<b>6</b> For non-Chicago locations at prior rates	6a	B12
Multiply Line 6a by your rate of _____.	6b	B14
<b>7</b> Total for non-Chicago locations. Add Lines 5b and 6b.	7	B15
<b>Figure your net E911 Surcharge and ITAC Assessment</b>		
<b>8</b> Total E911 Surcharge and ITAC Assessment. Add Lines 4 and 7.	8	B16
<b>9</b> Discount - If you qualify, multiply Line 8 by the applicable rate. See instructions.	9	B18
<b>10</b> Subtract Line 9 from Line 8. Enter these amounts on Step 4, Line 21. →	10	B19



## Batch Sorting Examples

DOCUMENT TYPE	CONDITION	DISPOSITION
ST-1/ST-2	A. With Remittance, Single Document. 1. Fully Paid 2. Partially Paid	A. Contractor to process. Validate coupon(s) and check(s) and process. Validate and batch returns separately.
	B. With Remittance Multiples – More than one check with one document, or one or more checks and several documents of like tax types. 1. Fully Paid 2. Partially Paid	B.  See Disposition 1A - 1. Contractor to process. 2. Route to IDOR.
	C. Without Remittance – Batch Separately	C. Contractor to place return in batch folder. The coupon should not be detached from the return.
	D. Simple Correspondence – With Remittance	D. See Disposition 1A. <b>Note:</b> Attach correspondence to return. If correspondence is more complex – Route to IDOR
	E. Simple Correspondence – Without Remittance	E. See Disposition 1A. <b>Note:</b> Attach correspondence to return. If correspondence is more complex – Route to IDOR
	F. Multi (two or more unlike forms with one remittance)	F. Contractor shall process if the total amount due on all forms equals the total amount of the payments. Otherwise, route entire transaction to IDOR.
	G. Tax Protest Letter	G. Bundle separately and place in an envelope <b>clearly &amp; boldly</b> labeled <b>“PROTEST ITEM”</b> . Route entire transaction, including remittance, to IDOR.

	H. Amended Returns	H. Route entire transaction to IDOR.
	I. ST-1 Payment Voucher & Check Only	I. Contractor to Process
	J. Splits (different form types for the same tax type)	J. Route to IDOR
<b>Lone Checks</b>	A. Unattached checks received without tax forms. Sort separately, maintain date received integrity and coding.	A. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR.
<b>Non-IDOR Remittances</b>	A. Remittances not made payable to IDOR or acceptable payee. Maintain date received integrity and coding.	A. Route transaction (check and document) to IDOR.
<b>Attachments</b>	A. The following are acceptable attachments: PST-2, Credit Letter, and Taxpayer Statement	A. Contractor to process ST-1/ST-2 return and leave attachments, if check covers ST-1/ST-2 only. If just one check for all forms – Route to IDOR.
<b>ST-1 Web payment voucher</b>	A. 1. With Remit 2. Without Remit	A. 1. Contractor to process 2. Route to IDOR

## **Exception Item Sorts**

The Department would like the items sorted and labeled by the following: ST-1 unprocessable returns with remittance, ST-1 unprocessable returns without remittance, ST-2 unprocessable returns with remittance, and ST-2 unprocessable returns without remittance. Protested payments shall be bundled separately and labeled “Protested Payments”. In addition, all items that are \$10,000 and over should be marked “Big Money” or “≥\$10,000”. All other miscellaneous correspondence and any other tax forms should be bundled separately. Send these and all other exception items to: IDOR Forms Process Section: Miscellaneous Exception Items. A routing tag with the received date shall be placed on each bundle of exception items.

## **Envelope Processing**

All envelopes are retained and imaged. The envelope should be attached to the back of the corresponding return after processing and placed in the batch folder.

## **Certified Mail Processing**

- Certified mail is not batched separately.
- All certified mail must have the envelope date (postmark date) recorded in the source code area of the return (top right-hand corner). The envelope date will need to be captured for the file transmission (by the Data Entry vendor).
- All certified mail receipts (green cards received from the U.S. Post Office) are stamped and returned to the U.S. Post Office. Copies of the delivery receipts from the U.S. Post Office shall be forwarded to IDOR daily.

## **Procedures for Preparing the Return Batches**

The Contractor shall be required to create manifests for all the batches. The requirements are as follows:

- Julian date
  - Calendar date
  - Vendor
  - Job
    - ST1WOLVN
    - ST1WRLVN
    - ST2WOLVN
    - ST2WRLVN
    - ST1XLVN
    - ST2XLVN
  - Transaction code (constant 210)
- A. Detailed information per batch (for Vendor and IDOR use):
- Date received
  - Batch number (station # + sequence #)
  - Document count
- B. Totals
- Document count

## Calculating Keystrokes

The Contractor shall be required to calculate the total amount of work that was received on current Julian day. The following steps should be taken:

1. For each of the various types of work, multiply the number of documents being sent by the average number of keystrokes for that job. The keystrokes listed below are the billable keystrokes for the ST-1/2 returns and may be changed at the sole option of the Department.

<b><u>JOB</u></b>	<b><u>KEYSTROKES</u></b>
ST1WOLVN	189
ST1WRLVN	261
ST2WOLVN	686
ST2WRLVN	881
ST1XLVN	233
ST2XLVN	1076

2. Copy this information on the keystroke calculation form and fax to the contact person at IDOR, daily.

## Preparing the Work for Data Entry & Shipment to IDOR

If the Contractor chooses to subcontract the Data Entry portion of the contract to another party, these are the current controls in place and should be used as a guide when submitting the work.

The Contractor shall prepare the work for data entry of the documents. This shall be performed daily. The following steps should be taken:

1. Place Vendor's name on heading by SYS/VEN.
2. Prepare a daily control report.
  - A. Work needs to be by type and in batch number order.
  - B. Fields required on report.
    1. Heading information
      - Date started
      - Date due back
      - Vendor's name
    2. Detailed information per type of work
      - Job
      - Batch name
      - Batch count
      - Document count
      - Date returned (IDOR use only)
      - Comments (IDOR use only)

3. Total information per type of work.
  - Batch Name
  - Batch Subtotal
  - Document Subtotal
  - Keystrokes Subtotal
  
4. Grand total
  - Job Type(s)
  - Total Batches Due
  - Documents
  - Keystrokes
  
5. Number of boxes
  
6. Released from Lockbox for data entry by:
  - Preparer's name
  - Date
  
7. Received by data entry:
  - Receiver's name
  - Time
  - Date
  
3. Boxing of the work.
  - A. The boxes need to be labeled with the address of where the work is to be returned after the returns have been data entered.
 

**RETURN TO:**       ILLINOIS DEPARTMENT OF REVENUE  
                           WILLARD ICE BUILDING  
                           101 W. JEFFERSON ST  
                           SPRINGFIELD, IL 62702  
                           DATA ENTRY CONTROL
  
  - B. The batches must be in order and by type in the box. DO NOT split a Batch Control Log Transmittal in different boxes.
  
  - C. The Batch Control Log Transmittal should be put in front of the first batch of that log in the box, after verifying that all batches are accounted for.
  
  - D. A copy of the daily control report is to be placed in the first box of the shipment.
  
  - E. The boxes must be securely taped.
  
  - F. Deliver the signed original daily control report and the required sets to the contact person at IDOR. If IDOR is scheduled to do any of the work, this needs to be

delivered. This delivery needs to be sent no later than 8:00 A.M. the following morning. See "Daily Control Report" example.

**Note:** Lockbox should keep a copy of the daily control report.

**Example Daily Control Report**

DAILY CONTROL REPORT

VENDOR: ACD

DATE SENT OUT: 6/12/2015

DATE DUE BACK: \_\_\_\_\_

FORM TYPE	BATCH NAME	BATCH CNT	DOC CNT	LOGPAGE	DATE RCVD	TRANS DTE
ST1wrlvn	1516282601-05	5	184	516201		
<b>TOTAL</b>		<b>5</b>	<b>184</b>			
ST1wolvn	1516283901-04	4	61	516202		
<b>TOTAL</b>		<b>4</b>	<b>61</b>			
ST2wolvn	1516284001-01	1	10	516203		
<b>TOTAL</b>		<b>1</b>	<b>10</b>			
ST2wrlvn	1516283701-01	1	5	516205		
<b>TOTAL</b>		<b>1</b>	<b>5</b>			
<b>ALL FORM TYPES</b>						
<b>TOTAL</b>	<b>BATCH CNT</b>	<b>11 DOCUMENTS</b>			<b>260</b>	

NUMBER OF BOXES: 1

RELEASED FROM BANK LOCKBOX BY: \_\_\_\_\_ DATE: 6/12/2015

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**Example Note:** This report is still received as part of the present INB contract, however the log page number itself is now omitted as it was deemed unnecessary shortly after contract inception.

LOG BOOK PG	516201	JULIAN DATE	15162	FORM TYPE	ST1wrhvn	SYS/VENDOR	ACD
CALENDAR DATE		DATE				TRANS CODE	210
DATA ENT OPER	VER OPER	BALANCE	DATE RECVD	JULIAN DATE	STATION NUM	BATCH #	DOC COUNT
			15162	15162	826	01	90
			15162	15162	826	02	80
			15162	15162	826	03	2
			15162	15162	826	04	5
			15162	15162	826	05	7

TOTAL DOCUMENTS 184

LOG BOOK PG	516202	JULIAN DATE	15162	FORM TYPE	ST1wolvn	SYS/VENDOR	ACD
CALENDAR DATE		DATE				TRANS CODE	210
DATA ENT OPER	VER OPER	BALANCE	DATE RECVD	JULIAN DATE	STATION NUM	BATCH #	DOC COUNT
			15162	15162	839	01	53
			15162	15162	839	02	2
			15162	15162	839	03	3
			15162	15162	839	04	3

TOTAL DOCUMENTS 61

LOG BOOK PG	516203	JULIAN DATE	15162	FORM TYPE	ST2wolvn	SYS/VENDOR	ACD
CALENDAR DATE		DATE				TRANS CODE	220
DATA ENT OPER	VER OPER	BALANCE	DATE RECVD	JULIAN DATE	STATION NUM	BATCH #	DOC COUNT
			15162	15162	840	01	10

TOTAL DOCUMENTS 10

LOG BOOK PG	516205	JULIAN DATE	15162	FORM TYPE	ST2wrhvn	SYS/VENDOR	ACD
CALENDAR DATE		DATE				TRANS CODE	220
DATA ENT OPER	VER OPER	BALANCE	DATE RECVD	JULIAN DATE	STATION NUM	BATCH #	DOC COUNT
			15162	15162	837	01	5

TOTAL DOCUMENTS 5

## Edits

The edits must check the following:

1. Batch number is valid.
  - Batch Control number must remain the same throughout the batch.
  - Batch Control number consists of the year, Julian Date, station number, and batch sequence number.

Year must equal current year or previous year Julian Date = 001-366

2. Document number is valid.
  - Document may be 000-249.
    - 100 ST-1s
    - 25 ST-2s
    - 250 ST-1 coupons
  - Must numeric, document numbers 000-099 must be left zeroed.
  - Documents must be in sequence.
3. Account ID/IBT Number (up to 8 digits) and (APE, PCID, Form Code ID) are valid.
  - MOD 11 check digit is valid.

**Note:** Mod 11 check digit routine is used for both parts of the scan line.
4. Transaction Type is valid.
  - ST-1/ST-2 returns (210) & ST-1/ST-2 coupons (240)
  - The transaction type with remittance or without remittance must remain the same throughout the batch.

**Note:** ST-1 & ST-2 coupons without remittance are not to be processed.
5. Any money amount present must be left zeroed (right justified, no spaces).
6. The edits must balance on money amounts in the payment amount field and document count.
7. The edit prints out an Itemized Listing with the following detailed information:
  - Batch Control and Document number
  - Account ID
  - Form type
  - Payment type
  - Official use amount
  - APE
  - Tax system code
  - Source ID
  - Total entered and accumulated dollar amounts
  - Total entered and accumulated document counts



# **Lockbox Imaging and Communication Specifications**

**2021**

**IL-501  
IL-941  
IL-941-X  
IL-1040-ES  
IL-505-I  
ST-1/ST-2  
ST-1/ST-2-X**

## Lockbox Instructions Overview

The purpose of this document is to communicate to the Lockbox how to construct and transmit data and image files to the Illinois Department of Revenue (IDOR). At this time, the following types of tax forms are included in the imaging project.

- ST-1 payment only (Station 911)
- ST-1 /ST-2/ST-1-X/ST-2-X return and payment (with returns batched and sent to be data entered)
- IL-1040-ES payment
- IL-501 payment
- IL-941/IL-941-X return and payment
- IL-505-I payment

**Note:** All imaging required in the RFP must be in compliance with the State Records Act. All digital surrogates produced will be in compliance with Section 4400.070 Digital Reproduction in the State Records Act.

## Constructing and Sending Transmission Files

### Transmission Types and Components

A transmission file is a ZIP archive that contains a single data file, and may also contain multiple TIFF image files, and one or more report files. Each ZIP file will contain processing for a single tax form type; data and images for different form types may not be combined together in the same transmission file.

A transmission file could contain an entire day's processing for a particular form type, but sending multiple files for a given form type on the same day is also allowed, and in fact may be required in certain situations: because the ZIP64 format extensions are not yet supported, the number of entries in the **ZIP file must not be greater than 65,535 and the total file size must not exceed 4 GB.**

The Department's Images On Demand (IOD) system classifies transmissions into several different types. Initially, the lockbox will use a combination of "original" and "revised" transmissions to communicate to the Department of Revenue. The transmission of data for a particular set of documents will be associated with a transmission identifier, which is part of the transmission file name (see file naming conventions). Normally, the lockbox will send an original transmission, which is the first transmission under a given transmission identifier.

*If the file does not pass the edit and balancing checks done by IDOR's Electronic Funds System (EFS), the EFS contact person will work with the lockbox to resolve the issue and a replacement file will be created. This replacement file should be created with the same IOD file name as the previous transmission, and will therefore still be considered by IOD as an "original" transmission.*

*Once the transmission file passes the EFS edit and balancing checks, it will be passed on to IOD. If the file does not pass the IOD edit and balancing checks, the lockbox may be requested to send a revised transmission file. Additionally, if it is determined that errors exist in the original transmission after IOD has accepted the file, the re-transmission of the file will need to be in the form of a revised transmission. In these cases, IOD staff will work with the EFS staff to resolve these issues and communicate a plan for re-submitting a corrected file. When*

a revised transmission is sent, the substitute transmission file will have a modified IOD file name, following the file naming conventions for transmission files.

## **File Specifications**

### **Specifications - Data File**

The transmission ZIP file will always contain one data file (original or revised). The data file will

- be in a flat text file format following the record and field requirements.
- have the same name as the transmission ZIP file (apart from the file extension), following the file naming conventions for transmission files.
- have a .TXT extension.

### **Specifications - Image File**

The transmission ZIP file may contain multiple image files associated with the data file. Images should be submitted as follows:

- In TIFF format
- As a multipart TIFF file or as part of an image set for a single document.
- Image file names can be anything the lockbox chooses, as long as they adhere to the following standards:
  - The name must be 50 characters long or less (including the extension).
  - The name must not contain any spaces.
  - The file must have a .TIF or .TIFF extension.
  - The name must correspond to the name referenced in the data file.

Note: Any leading or trailing spaces found in the image file name field within the data files image record will be stripped.

### **Specifications - Daily Report File**

The transmission ZIP file may contain multiple report files associated with the data file. Reports should be submitted as follows:

- In text format
- Submitted as a separate file from the data file
- Named according to EFS standards. Note: EFS will work with the lockbox to supply the file name. The name must correspond to the name referenced in the report record within the data file.
- Contain the same layout and data as the examples included.
- See Daily Report File Examples for a complete listing of possible report file layouts.

## File Naming Conventions for Transmission Files

### Original and Revised Transmission Files

The ZIP file will be named with the transmission identifier plus the revision number plus the update number followed by the .ZIP extension. The transmission file name should not contain spaces. The name will be constructed of the following parts in sequence:

- Transmission identifier will be equal to:
  - The IOD assigned lockbox abbreviation followed by an underscore
  - Julian date (7 digits) followed by an underscore
  - Lockbox's unique identifier for the file followed by an underscore. The lockbox's unique identifier for the file will be an incremental number representing how many transmissions have come from the lockbox that day or some other predetermined unique identifier, like document type plus incremental number. This would have to be agreed upon at the time of the file design between the bank and IDOR. This will indicate which order the transmission files will be processed in. The bank's unique identifier cannot contain spaces.
  - Revision number will be equal to "R" + revision number as NNN (3 digits). For original transmission files, the three digit number will be "000". Revised transmission files will have a revision number incremented by one compared to the previous transmission sent under the same transmission identifier.
  - Update number will be equal to "U000".

### Examples:

Type of File	ZIP file name
Original transmission from Lockbox bank using the revenue batch number as the unique identifier.	LBXXX_2004276_63201_R000U000.ZIP
Test transmission from Lockbox bank using the revenue batch number as the unique identifier.	LBXXX-TEST_2004276_63201_R000U000.ZIP
Revised transmission file from Lockbox bank for first transmission file for the day using the form and an incremental number as the unique identifier.	LBXXX_2005276_IL9410001_R001U000.ZIP
Revised test transmission file from Lockbox bank for first transmission file for the day using the form and an incremental number as the unique identifier.	LBXXX-TEST_2005276_IL9410001_R001U000.ZIP

Note: If, for any reason, multiple abbreviations are required, they will consist of the abbreviations listed above followed by a sequence number, for example: LBXXX1, LBXXX2, LBXXX3.

# Sending Transmission Files - Utility Transfer Program / HttpsPost User Guide

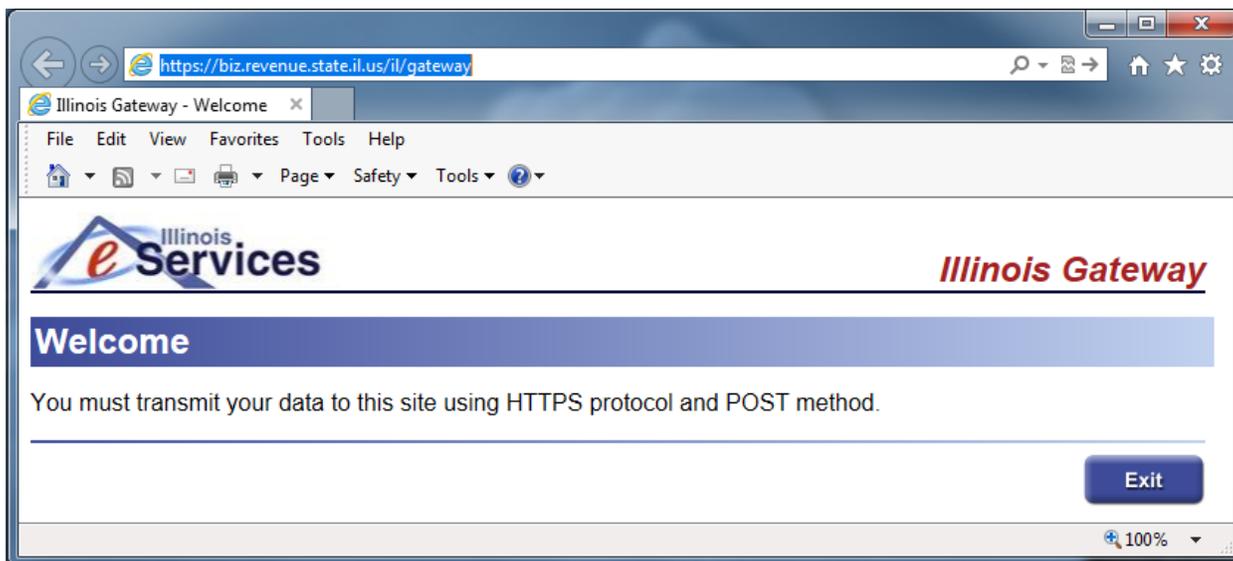
## Description

The HttpsPost utility program transfers files to and from the Illinois Department of Revenue's (IDOR) Gateway via the internet using Secure Socket Layer (SSL) technology. The utility runs as a 32-bit application under Microsoft Windows XP, Windows Server 2003, Windows Vista, Windows Server 2008, Windows 7 and Windows 8. The program supports both a graphical user interface (GUI) mode of operation as well as a command line mode suitable for batch processing.

The program requires a connection to the internet and makes use of Windows' built-in Winsock and certificate management software. These items must have already been installed and set up correctly before attempting to run the program. The best approach is to test the computer setup and internet connectivity first by trying to connect to the IDOR Gateway through a web browser. The web address has the following URL:

`https://biz.revenue.state.il.us/il/gateway`

For example, browsing to this URL with Internet Explorer, one should see a web page similar to the illustration below. In addition to testing the computer's network connectivity, seeing this page also proves that the SSL certificate exchange has been successful and your computer system recognizes our site as being authentic. Issues involving SSL site certificate exchange must be resolved by emailing [rev.ecstech@illinois.gov](mailto:rev.ecstech@illinois.gov).



## Installation

Installation consists of simply copying the executable file, HttpsPost.exe, to an **empty** directory or folder.

## Program Use

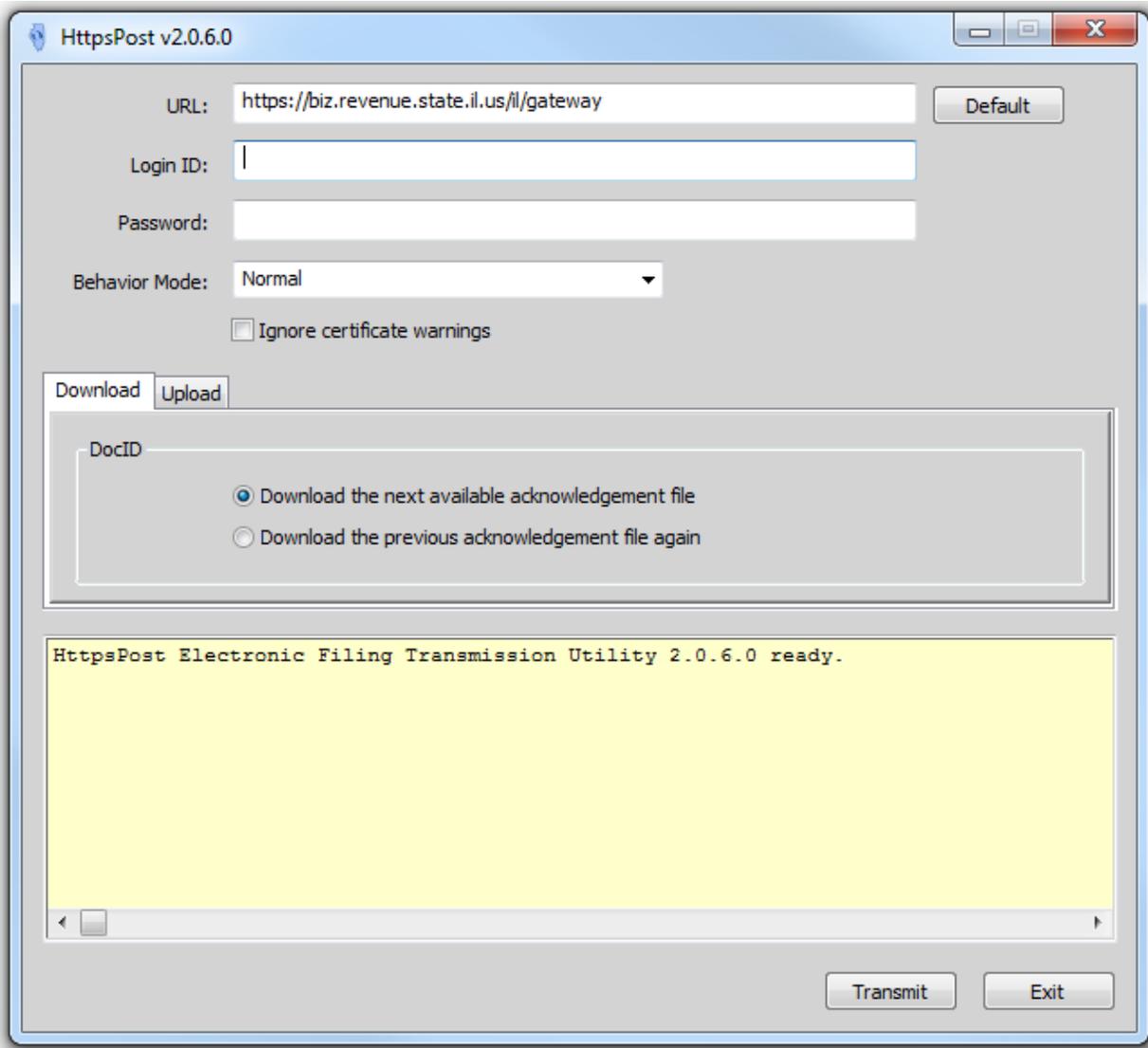
For convenience in launching the application in its GUI mode, place shortcuts to the executable on the desktop or in the Windows start menu. Simply launching the executable without command line arguments starts the application in its GUI mode.

During operation, the program creates two files in the current working directory. One is named `HttpsPost.log`, which is a text file of logging information showing some messages regarding the HTTP session. This log file provides session record keeping and may be helpful for debugging. The file is overwritten each time a new HTTP connection is made so that it contains only the log of the last full session completed.

The other file, named `Response.ack`, contains the body of the HTTP response data returned to the application from the IDOR Gateway. This file will contain all acknowledgements sent by the server during the connection.

Whenever a new connection or new transmission is made, the content of the `Response.ack` file is completely erased and all new response data are recorded here in its place. Therefore, before initiating a new transmission, be sure to rename the `Response.ack` file, or move the `Response.ack` file to another directory where it will not be overwritten.

After launching the `HttpsPost` program in its GUI mode, one should see a window similar to the illustration below.



The input field labeled "Logon ID" should contain the user's five-character login ID (ETIN) that was assigned by IDOR. The input field labeled "Password" should contain the user's password. The drop-down list labeled "Behavior Mode" should remain set to its default setting of "Normal" for most users. The other behavior mode settings will be explained later in this document. The "Ignore certificate warnings" check box will allow you to automatically ignore digital certificate warnings. This should only be checked for troubleshooting connection failures resulting from errors involving digital certificate exchange during SSL handshaking. One of the tabs labeled "Download" and "Upload" should be selected to indicate whether the user wants to download an acknowledgement file from the gateway or upload a file to the gateway. If the Download tab is selected, the user must select one of the options labeled "Download the next available acknowledgement file" and "Download the previous acknowledgement file again". If the Upload tab is selected, the input field labeled "DocID" may be used at the discretion of the user. It should generally contain any character string that conveys meaning to the user uniquely related to the file that will be uploaded. Any alphanumeric sequence, including leaving the input field blank, may be used here with the exception of two reserved values. The reserved values are "NewAck" and "LastAck", neither of which is case sensitive. The "NewAck" and "LastAck" values have special meanings to the IDOR Gateway for transmitting acknowledgements as will be discussed later.

At the end of a transmission, whatever character string value was in the "DocID" input field will be echoed back to the transmitter as part of an acknowledgement-one receipt for the transmission as the `TransmissionIDNumber`. Hence, the "DocID" value may be useful to the user as a way of associating an acknowledgement-one receipt to its transmitted file. At the end of every successful file transmission the server returns this acknowledgement-one as proof of receipt of transmission. The acknowledgement-one receipt will appear in the `Response.ack` file similar to the following text:

```
Illinois Department of Revenue Acknowledgement One
1. ETIN = 12345
2. TransmissionIDNumber = doc1
3. TransmissionTimeStamp = 10/07/2013 12:30:33 PM
4. FileSize = 436352
5. SysFileName = T1234520131007123033829.280
```

No transmission should ever be considered successful unless an acknowledgement-one receipt is received.

The input field labeled "Filename" should contain the full path to the file the user intends to upload to the IDOR Gateway. Click on the "Browse" button to use a dialog window to navigate interactively to this file. Finally, click on the "Transmit" button to begin the transmission.

If the Download tab is selected, for downloading an acknowledgement file, then one of the two, special, reserved values will automatically be supplied for the "DocID" of the transmission. Selecting the "Download the next available acknowledgement file" option will automatically use the DocID of "NewAck", not case sensitive, to download the next available new acknowledgement file waiting to be retrieved. In case some error prevents an acknowledgement file from downloading successfully, then select the "Download the previous acknowledgement file again" option which will automatically use the DocID of "LastAck", also not case sensitive, to request that the last acknowledgement file downloaded be resent. The "Download the previous acknowledgement file again" option may be used repeatedly. However, once the "Download the next available acknowledgement file" option is used again, the previously downloaded acknowledgement file will no longer be available. The acknowledgement file downloaded using the "Download the next available acknowledgement file" option becomes the file available for retransmission in a subsequent use of the "Download the previous

acknowledgement file again" option. The presence of either of the two special values, either "NewAck" or "LastAck", is what triggers the IDOR Gateway to send an acknowledgement file. When one of these values is present in the DocID transmission request, the gateway immediately responds with the contents of the acknowledgement file and no file will be uploaded to the IDOR Gateway even if the "Filename" input field is filled in.

A single transmission request cannot both upload a file and download an acknowledgement file.

## **Command Line Operation**

Adding command line arguments automatically switches the HttpsPost program into its command line mode of operation. In this mode, the program will display the user interface during transmission, but no interaction with the user interface will be possible. The values of each input field will be supplied by the command line parameters. If command line parameters are supplied, the program requires between a minimum of four parameters, up to a maximum of eight parameters, each separated by a space. If a parameter contains embedded space characters, use double quotation characters before and after the parameter. The command line has the following form where [] indicate optional parameters and | separates a list of acceptable values for a parameter:

```
HttpsPost.exe <url | /Default> <loginid> <password> <docid | NEWACK | LASTACK>  
[<filename>] [</ProxyUser:user>] [</ProxyPassword:password>] [</BehaviorMode:NORMAL |  
FSET105 | FSET44>] [</IgnoreCerts>]
```

Where:

<url | /Default> = The URL of the site or /Default will always go to "https://biz.revenue.state.il.us/il/gateway".

<loginid> = The user's 5 digit login ID (ETIN).

<password> = The user's password.

<docid | NEWACK | LASTACK> = Since the GUI options are not available in command line mode, the DocID must be specified with either one of the special values NEWACK or LASTACK described above to download an acknowledgement file, or any other value to upload the file specified as the <filename> parameter.

<filename> = Optional parameter containing the full path filename of the file to be uploaded. This is only used if the docid parameter contains a value other than NEWACK or LASTACK.

</ProxyUser:user> = Optional parameter containing /ProxyUser: followed with the user's proxy server login name. This is only used if Windows is configured to use a proxy server when connecting via the internet and only if the proxy server requires user authentication for such connectivity.

</ProxyPassword:password> = Optional parameter containing /ProxyPassword: followed with the user's proxy server password. This is only used if Windows is configured to use a proxy server when connecting via the internet and only if the proxy server requires user authentication for such connectivity.

</BehaviorMode:NORMAL | FSET105 | FSET44> = Optional parameter containing /BehaviorMode: followed with one of the following values NORMAL, FSET105, or FSET44. The uses for this parameter will be explained later in this document.

</IgnoreCerts> = Optional parameter containing /IgnoreCerts. This parameter is used to ignore digital certificate warnings that can occur for several reasons including encountering a digital certificate that was issued by an unrecognized Certificate Authority, a digital certificate whose name does not match the name of the server, expired digital certificates, etc.

In command line mode, the HttpsPost program returns error level 0 upon successful completion, returns error level 1 if an error occurs while sending data or error level 2 if an error occurs while receiving data. Below is a sample Windows batch file that demonstrates uploading a file, and using the error level to determine success or failure of the transmission:

```
@setlocal

start /w HttpsPost /default myetin mypassword mytransid c:\my\folder\file.txt
@if errorlevel 2 @goto badreceive
@if errorlevel 1 @goto badsend
@if errorlevel 0 @goto okay

@echo Unknown errorlevel %errorlevel%
@goto done

:okay
@echo OKAY
@goto done

:badsend
@echo SEND FAILED
@goto done

:badreceive
@echo RECEIVE FAILED
@goto done

:done
@echo.
@endlocal
```

## **Technical Information**

The IDOR Gateway is available to use seven days a week except between the times of 11:30 pm to 3:00 am Central Time. This system down-time is required to allow for scheduled system maintenance.

### **Content-Length Header**

File transfers are verified through the use of the Content-Length HTTP header. Every file transmission request to the IDOR Gateway must contain a Content-Length header specifying the number of bytes in the body of the message that will be transmitted. The IDOR Gateway verifies that all bytes were received by comparing the received file size with this header value. Discrepancies result in the transmission being rejected.

Likewise, a Content-Length header precedes all HTTP response data returned by the IDOR Gateway. This header specifies the number of bytes that will be transmitted in the body of the HTTP response. The HttpsPost program automatically checks this header and compares it to the received file size. If the two values do not match, the program will display an error message with a note of explanation. If you encounter a transmission error while receiving acknowledgements, the best error handling practice is to wait a few minutes, then request

retransmission of the acknowledgement file using the “LastAck” value in the “DocID” command line parameter or choose the “Download the previous acknowledgement file again” option of the HttpsPost window.

Users who prefer to use their own software to send and receive files to the IDOR Gateway must supply a Content-Length header for file uploads, and their software is responsible for verifying file receipt by checking the file size against the value of the Content-Length header of the IDOR Gateway response.

### Behavior Mode and Headers

When transmitting with “Behavior Mode” set to “Normal”, the value of the “DocID” field of the HttpsPost program is passed to the IDOR Gateway as the value of the extended HTTP request header X-Transmit-ID, and the Content-Type HTTP header will contain the value text/plain. Users who write their own software must supply these headers in their HTTP requests and set the values appropriately. As described previously, acknowledgements will be returned whenever the X-Transmit-ID header contains the value “NewAck” or “LastAck”. These two reserved values are not case sensitive. Also, any other value for this header will cause the IDOR Gateway server to expect to receive a file from the user. After the file transfer, the value of the extended header will be returned in the acknowledgement-one response as a convenient form of document tracking for the user. The use of the extended header for document tracking is optional and remains at the discretion of the user.

The following shows an example of a complete http post transmission including all HTTP MIME headers:

```
POST /il/gateway HTTP/1.1
Host: biz.revenue.state.il.us
Authorization: Basic MDAwMDA6cGFzc3dvcmQ= (Base64 encoded)
Accept: text/plain, text/html, text/xml
User-Agent: (optional header)
X-Transmit-ID: DOC1
Content-Type: text/plain
Content-Length: 99
```

```
*****
The transmitted file goes here.
*****
```

Below is the complete HTTP response to the above transmission:

```
HTTP/1.1 200 OK
X-Powered-By: Servlet/3.0
HttpsPostVersion: 2.0.4.0
Pragma: no-cache
Cache-Control: no-cache
Expires: Wed, 30 Oct 2013 19:35:45 GMT
Last-Modified: Wed, 30 Oct 2013 19:35:45 GMT
Content-Type: text/plain
Content-Length: 231
Content-Language: en-US
Date: Wed, 30 Oct 2013 19:35:45 GMT
Server: WebSphere Application Server/8.5
```

```
Illinois Department of Revenue Acknowledgement One
1. ETIN = 00000
2. TransmissionIDNumber = DOC1
3. TransmissionTimeStamp = 10/30/2013 02:35:45 PM
4. FileSize = 99
5. SysFileName = T0000020131030143545704.303
```

When transmitting with “Behavior Mode” set to “FSET105”, when downloading, the value of the “DocID” field of the HttpsPost program is passed to the IDOR Gateway as the value of the extended HTTP request header `x-eFileRequestCode`, and the `Content-Type` HTTP header will contain the value “`Multipart/Related; type=text/xml`”. Users who write their own software must supply these headers in their HTTP requests and set the values appropriately. Similar to normal Behavior Mode, acknowledgements will be returned whenever the `X-eFileRequestCode` header contains the value “`ILAck`” or “`ILLastAck`”. These two reserved values are not case sensitive. When uploading, set the value of this header to “`ILSend`” to cause the IDOR Gateway server to expect to receive a file formatted as a multipart request body containing XML formatted in compliance with the FSET 1.05 electronic filing specifications. Note that the “`ILSend`” value is exclusive to “Behavior Mode” “FSET105”, and should not be used for other “Behavior Mode” settings. In addition, when uploading, the “DocID” value is not used when operating in “Behavior Mode” “FSET105” as the transmission ID is determined by the IDOR Gateway by parsing the value of the `TransmissionId` element in the SOAP envelope of the file being uploaded. After the file transfer, the value of the `TransmissionId` element in the SOAP envelope will be returned in the acknowledgement-one response as a convenient form of document tracking for the user, and the acknowledgement-one response will be formatted as XML using the `Content-Type` header value “`text/xml`”. The HttpsPost program will automatically translate from “`NewAck`” and “`LastAck`” command line parameter values to “`ILAck`” and “`ILLastAck`”, and will also automatically use the `X-eFileRequestCode` header instead of the `X-Transmit-ID` header when “Behavior Mode” is specified as “FSET105”.

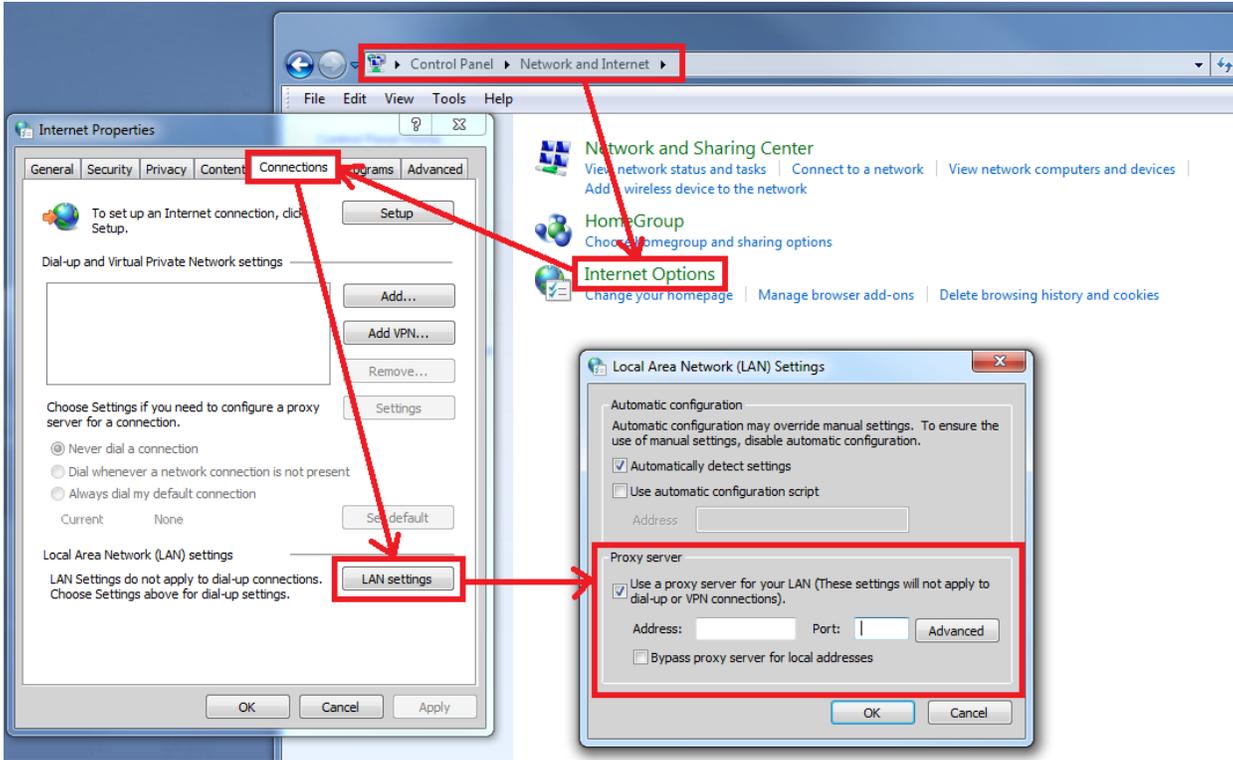
When transmitting with “Behavior Mode” set to “FSET44”, the value of the “DocID” field of the HttpsPost program is passed to the IDOR Gateway as the value of the extended HTTP request header `x-eFileRequestCode`, and the `Content-Type` HTTP header will contain the value “`text/xml`”. Users who write their own software must supply these headers in their HTTP requests and set the values appropriately. Similar to normal Behavior Mode, acknowledgements will be returned whenever the `X-eFileRequestCode` header contains the value “`ILAck`” or “`ILLastAck`”. These two reserved values are not case sensitive. Setting the value of this header to any other value will cause the IDOR Gateway server to expect to receive a file formatted as a request body containing XML formatted in compliance with the FSET 4.4 electronic filing specifications. After the file transfer, the value of the extended header will be returned in the acknowledgement-one response as a convenient form of document tracking for the user, and the acknowledgement-one response will be formatted as XML using the `Content-Type` header value “`text/xml`”. The use of the extended header for document tracking is optional and remains at the discretion of the user. The HttpsPost program will automatically translate from “`NewAck`” and “`LastAck`” command line parameter values to “`ILAck`” and “`ILLastAck`”, and will also automatically use the `X-eFileRequestCode` header instead of the `X-Transmit-ID` header when “Behavior Mode” is specified as “FSET44”.

Below is a sample acknowledgement one response for a FSET105 or FSET44 file upload (Note: the sample below has been reformatted for readability in this document):

```
<?xml version="1.0" encoding="utf-8"?>
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
  xmlns:soapenc="http://schemas.xmlsoap.org/soap/encoding/"
  xmlns:xsd="http://www.w3.org/2001/XMLSchema"
  xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
  <soapenv:Body>
    <ResponseIdentifier>Illinois Department of Revenue Acknowledgement One</ResponseIdentifier>
    <Etin>00000</Etin>
    <TransmissionId>DOC1</TransmissionId>
    <TransmissionFormType>FSET Return</TransmissionFormType>
    <TransmissionTimeStamp>2013-10-30T15:27:04-06:00</TransmissionTimeStamp>
    <TransmissionFileSize>2780</TransmissionFileSize>
    <SystemFileName>T0000020131030152704336.303</SystemFileName>
  </soapenv:Body>
</soapenv:Envelope>
```

## Using a Proxy Server

The HttpsPost program will now automatically detect and utilize a proxy server when establishing an internet connection to the IDOR Gateway, provided that the proxy server settings have been properly configured using the Windows control panel. The illustration below shows the steps necessary to configure Windows 7 to utilize a proxy server:



Some proxy servers will require user authentication prior to establishing an internet connection. When the HttpsPost program is running in GUI mode and the proxy server requires authentication, a dialog box will automatically display in which the user can enter the user and password information for the proxy server authentication. When the HttpsPost program is running in command line mode and the proxy server requires authentication, the proxy server user and password information must be supplied using the `/ProxyUser:` and `/ProxyPassword:` command line parameters. Note that the proxy user and password are usually assigned by your network administrator. These should not be confused with your IDOR Gateway login ID (ETIN) and password which are assigned by the Illinois Department of Revenue.

## **IDOR Acknowledgment of Transmission Files**

An acknowledgment file will be produced by EFS informing the lockbox the status of their transmission. The lockbox must pick up this file, verify it, and take action if the file was rejected (had errors).

### **How to Read Acknowledgment File**

The five data elements listed below under "First Five Elements Returned" will be the first five data elements of each acknowledgment record returned.

IDOR required records would be returned in order sent starting with the Transmission Header Record and occurring for every IDOR required record for the entire file. For IDOR required records, the record sent will be returned as it was transmitted with the five acknowledgment data elements added to the beginning of the transmitted record and IDOR calculated counts added to the end of the transmitted record as one record. Acknowledgment records are structured as follows:

- first 5 data elements,
- transmitter counts as sent, and
- IDOR calculated counts for all IDOR required records for the overall transmission.

Optional records, such as a Form Data record, will not be returned as transmitted in the acknowledgment file. Only the five acknowledgment data elements will be returned for a record if there is an error. Multiple acknowledgment records of this type could be returned for an optional transmitted record if it has more than one error.

Every error will be a transmission reject. Error codes appear in the acknowledgment when the transmission is rejected. Correct errors accordingly and resend the transmission as soon as possible.

### **Acknowledgement File Record Errors**

See Acknowledgment Error Key for a complete listing of possible errors communicated in the acknowledgement file.

### **Acknowledgement Transmission Header Record**

*If the whole transmission balances*, EFS will return the transmission record; there will be spaces in the error code, field 030, then the transmitter counts and the calculated IDOR counts.

*If the transmission doesn't balance*, there will be an 800 error code in field 030, then the transmitter counts and the calculated IDOR counts. If the transmission is rejected for something other than out of balance at the Transmission header record level, it will have an 850 error code in field 030, transmitter counts and the IDOR calculated counts.

### **Required IDOR Header Records**

*If an IDOR required record has errors*, then an error record will be generated, starting with the first record in error in the file. It would be formatted as follows:

- the five data elements first.
- For example "02040000023800050" is reporting that the 23rd line in the file is a Transaction header record and has a 800 error code (out of balance) for sequence 050 which is NUMBER OF IMAGES FOR THE TRANSACTION,
- transmitter counts, and
- IDOR calculated counts.

For detailed edits, IDOR's acknowledgment will repeat the acknowledgment error further down in the file with an R in field 030 and the transmitter record sent to us.

See the following layouts for more information about required IDOR header records:

- Acknowledgement Transmission Header layout
- Acknowledgement Deposit Header layout
- Acknowledgement Batch Header layout
- Acknowledgement Transaction Header layout

#### Optional IDOR Records

Optional record errors will follow IDOR required header record errors. If an optional record contains an error, then five data elements will be all that is returned for that record. For example, if a Form Data record has an error 025 INVALID DATE, the acknowledgment return record would be formatted as such: 04050100010025120. This reports that the 10th line in the file is a Form Data record and has a 025 error code for sequence number 120. There is one acknowledgment record for every error for optional IDOR records. Multiple acknowledgment records of this type could be returned if it has more than one error.

#### Acknowledgement Transmission Trailer

The transmission trailer will be the last record returned in the Acknowledgment file. See the Acknowledgement Transmission Trailer layout for more information.

## Error Recovery/Problems/Backups

Vendors must be able to recreate either an entire transmission or particular batches upon request. When errors are found, the batches must be corrected and re-transmitted within 24 hours.

If you are having a problem that seems to be caused by hardware or software failure on our end, call Terry Dill during normal working hours. (Phone numbers and hours are listed in the next section.)

If the problem can't be solved within a reasonable amount of time, you may be required to send the data to us by courier on magnetic media or compact disk. This should be in the same format as the Electronic Data Transmissions without encryption and/or PKZIP.

### **Contact Information for Transmissions**

Communication questions, hardware or software failures on our end:

ELECTRONIC COMMERCE SUPPORT

7:30 A.M. – 4:00 P.M., MONDAY THRU FRIDAY, EXCEPT FOR LEGAL HOLIDAYS

Terry Dill (https transmission problems) – (217) 782-3791

Helena Maranville – (217) 785-7374

Darren Hackett (backup) – (217) 782-1136

## How to Read the IDOR Acknowledgement – Record Layouts

### First Five Elements Returned

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	RECORD ID.
010	RECORD TYPE	4	3	6	N	RECORD TYPE.
020	NUMBER OF RECORD IN FILE	5	7	11	N	NUMBER OF RECORD IN FILE.
030	ERROR CODE	3	12	14	N	NNN = ACK ERROR CODE DEFINED BY IDOR.
040	SEQUENCE NUMBER	3	15	17	N	SEQUENCE FIELD NUMBER IN ERROR.

### Acknowledgement Transmission Header Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "// "
010	RECORD TYPE	4	3	6	N	CONSTANT "0100"
020	CONFIGURATION FILE NAME	20	7	26	A/N	REPEATED FROM TRANSMISSION HEADER
030	IOD DATA FILE NAME	50	27	76	A/N	REPEATED FROM TRANSMISSION HEADER
040	IDOR APPLIED AMOUNT TOTAL	18	77	94	A/N	REPEATED FROM TRANSMISSION HEADER

045	FORM APPLIED AMOUNT TOTAL	18	95	112	A/N	REPEATED FROM TRANSMISSION HEADER
050	NUMBER OF PAYMENTS IN TRANSMISSION	10	113	122	N	REPEATED FROM TRANSMISSION HEADER
060	NUMBER OF IMAGES FOR TRANSMISSION	10	123	132	N	REPEATED FROM TRANSMISSION HEADER
065	NUMBER OF 4M'S IN TRANSMISSION	10	133	142	N	REPEATED FROM TRANSMISSION HEADER
070	NUMBER OF FORMS IN TRANSMISSION	10	143	152	N	REPEATED FROM TRANSMISSION HEADER
080	NUMBER OF BATCHES FOR TRANSMISSION	10	153	162	N	REPEATED FROM TRANSMISSION HEADER
090	NUMBER OF DEPOSITS FOR TRANSMISSION	10	163	172	N	REPEATED FROM TRANSMISSION HEADER
100	IDOR APPLIED AMOUNT TOTAL	18	173	190	A/N	CALCULATED IDOR APPLIED AMOUNT TOTAL
110	FORM APPLIED AMOUNT TOTAL	18	191	208	A/N	CALCULATED FORM APPLIED AMOUNT TOTAL
120	IDOR COUNT OF PAYMENTS IN TRANSMISSION	10	209	218	N	IDOR CALCULATED PAYMENTS IN TRANSMISSION
130	IDOR COUNT OF IMAGES FOR TRANSMISSION	10	219	228	N	IDOR CALCULATED IMAGES FOR TRANSMISSION
135	IDOR COUNT OF 4M'S IN TRANSMISSION	10	229	238	N	IDOR CALCULATED 4M'S FOR TRANSMISSION
140	IDOR COUNT OF FORMS IN TRANSMISSION	10	239	248	N	IDOR CALCULATED FORMS IN TRANSMISSION
150	IDOR COUNT OF BATCHES FOR TRANSMISSION	10	249	258	N	IDOR CALCULATED BATCHES FOR TRANSMISSION
160	IDOR COUNT OF DEPOSITS FOR TRANSMISSION	10	259	268	N	IDOR CALCULATED DEPOSITS FOR TRANSMISSION
170	PROCESS TYPE	1	269	269	A/N	"T" = TEST "P" = PRODUCTION
180	TRANSMISSION STATUS	1	270	270	A/N	"A" = ACCEPTED or "R" = REJECTED or "E" = ACCEPTED WITH ERRORS

190	RESERVED	6	271	276	A/N	RESERVED

**Acknowledgement Deposit Header Record**

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "01"
010	RECORD TYPE	4	3	6	N	CONSTANT "9000"
020	LOCKBOX NUMBER	4	7	10	A/N	REPEATED FROM DEPOSIT HEADER
030	DEPOSIT DATE	8	11	18	N	REPEATED FROM DEPOSIT HEADER
	DEPOSIT DATE CC	2				
	DEPOSIT DATE YY	2				
	DEPOSIT DATE MM	2				
	DEPOSIT DATE DD	2				
040	LOG BOOK PAGE NO	6	19	24	N	REPEATED FROM DEPOSIT HEADER
050	FINANCIAL INSTITUTE ID	2	25	26	A/N	REPEATED FROM DEPOSIT HEADER
060	RESERVED	9	27	35	A/N	REPEATED FROM DEPOSIT HEADER
070	ACCOUNT NUMBER QUALIFIER CODE	2	36	37	A/N	REPEATED FROM DEPOSIT HEADER
080	RESERVED	17	38	54	A/N	REPEATED FROM DEPOSIT HEADER
090	IDOR APPLIED AMOUNT TOTAL	17	55	71	A/N	REPEATED FROM DEPOSIT HEADER
095	FORM APPLIED AMOUNT TOTAL	17	72	88	A/N	REPEATED FROM DEPOSIT HEADER
100	TOTAL NUMBER OF BATCHES	10	89	98	N	REPEATED FROM DEPOSIT HEADER

110	TOTAL NUMBER OF DOCUMENTS	14	99	112	N	REPEATED FROM DEPOSIT HEADER
120	TOTAL NUMBER OF IMAGES	14	113	126	N	REPEATED FROM DEPOSIT HEADER
130	TOTAL NUMBER OF PAYMENTS	14	127	140	N	REPEATED FROM DEPOSIT HEADER
135	TOTAL NUMBER OF 4M'S	10	141	150	N	REPEATED FROM DEPOSIT HEADER
140	IDOR APPLIED AMOUNT TOTAL	17	151	167	A/N	CALCULATED IDOR APPLIED AMOUNT TOTAL
145	FORM APPLIED AMOUNT TOTAL	17	168	184	A/N	CALCULATED FORM APPLIED AMOUNT TOTAL
150	IDOR COUNT NUMBER OF BATCHES	10	185	194	N	IDOR CALCULATED NUMBER OF BATCHES
160	IDOR COUNT NUMBER OF DOCUMENTS	14	195	208	N	IDOR CALCULATED NUMBER OF DOCUMENTS
170	IDOR COUNT NUMBER OF IMAGES	14	209	222	N	IDOR CALCULATED NUMBER OF IMAGES
180	IDOR COUNT NUMBER OF PAYMENTS	14	223	236	N	IDOR CALCULATED NUMBER OF PAYMENTS
190	IDOR COUNT NUMBER OF 4M'S	10	237	246	N	IDOR CALCULATED NUMBER OF 4M'S

### **Acknowledgement Batch Header Record**

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "03"
						CONSTANT "0300"
010	RECORD TYPE	4	3	6	N	0300 = REVENUE BATCH 0310-0399 = SOURCE BATCHES
020	IDOR APPLIED AMOUNT TOTAL	14	7	20	A/N	REPEATED FROM BATCH HEADER
025	FORM APPLIED AMOUNT TOTAL	14	21	34	A/N	REPEATED FROM BATCH HEADER
030	TOTAL NUMBER OF FORMS FOR BATCH	3	35	37	N	REPEATED FROM BATCH HEADER

035	TOTAL NUMBER OF 4M'S IN BATCH	10	38	47	N	REPEATED FROM BATCH HEADER
040	BATCH DATE RECEIVED	8	46	55	N	REPEATED FROM BATCH HEADER
	BATCH DATE RECEIVED CC	2				
	BATCH DATE RECEIVED YY	2				
	BATCH DATE RECEIVED MM	2				
	BATCH DATE RECEIVED DD	2				
050	REVENUE BATCH NUMBER	12	56	67	A/N	REPEATED FROM BATCH HEADER
060	RESERVED	70	68	137	A/N	REPEATED FROM BATCH HEADER
070	BATCH TYPE CODE	2	138	139	A/N	REPEATED FROM BATCH HEADER
080	IDOR APPLIED AMOUNT TOTAL	14	140	153	A/N	CALCULATED IDOR APPLIED AMOUNT TOTAL
085	FORM APPLIED AMOUNT TOTAL	14	154	167	A/N	CALCULATED FORM APPLIED AMOUNT TOTAL
090	IDOR COUNT NUMBER OF FORMS FOR BATCH	3	168	170	N	IDOR CALCULATED NUMBER OF FORMS FOR BATCH
095	IDOR COUNT NUMBER OF 4M'S FOR BATCH	10	171	180	N	IDOR CALCULATED NUMBER OF 4M'S FOR BATCH
100	RESERVED	20	181	200	A/N	RESERVED

### Acknowledgement Transaction Header Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "02"
010	RECORD TYPE	4	3	6	N	CONSTANT "0400"
020	TRANSACTION ID	26	7	32	A/N	REPEATED FROM TRANSACTION HEADER
030	IDOR APPLIED AMOUNT TOTAL	14	33	46	A/N	REPEATED FROM TRANSACTION HEADER
035	FORM APPLIED AMOUNT TOTAL	14	47	60	A/N	REPEATED FROM TRANSACTION HEADER
040	NUMBER OF PAYMENTS IN TRANSACTION	5	61	65	N	REPEATED FROM TRANSACTION HEADER
050	NUMBER OF IMAGES FOR TRANSACTION	10	66	75	N	REPEATED FROM TRANSACTION HEADER
060	NUMBER OF FORMS IN TRANSACTION	5	76	80	N	REPEATED FROM TRANSACTION HEADER
065	NUMBER OF 4M'S IN TRANSACTION	10	81	90	N	REPEATED FROM TRANSACTION HEADER
070	IDOR APPLIED AMOUNT TOTAL	14	91	104	A/N	CALCULATED IDOR APPLIED AMOUNT TOTAL
080	FORM APPLIED AMOUNT TOTAL	14	105	118	A/N	CALCULATED FORM APPLIED AMOUNT TOTAL
090	IDOR COUNT NUMBER OF PAYMENTS IN TRANSACTION	5	119	123	N	IDOR CALCULATED NUMBER OF PAYMENTS IN TRANSACTION
110	IDOR COUNT NUMBER OF IMAGES FOR TRANSACTION	10	124	133	N	IDOR CALCULATED NUMBER OF IMAGES FOR TRANSACTION
120	IDOR COUNT NUMBER OF FORMS IN TRANSACTION	5	134	138	N	IDOR CALCULATED NUMBER OF FORMS IN TRANSACTION

130	IDOR COUNT NUMBER OF 4M'S IN TRANSACTION	10	139	148	N	IDOR CALCULATED NUMBER OF 4M'S IN TRANSACTION
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### Acknowledgement Transmission Trailer Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "08"
010	RECORD TYPE	4	3	6	N	CONSTANT "0101"

### Acknowledgement Error Key

ERROR CODES	ERROR VALUES
013	NON-NUMERIC DATA FOUND IN NUMERIC DATA ITEM.
025	INVALID DATE OR INVALID APE FORMAT
030	INVALID RECORD ID. MUST BE "/", "01 ", "02", "03", "04", "4A", "4M", "05", "06", "07", OR "08".
040	INVALID IDOR FORM NUMBER. (FIELD 090 - FORM DATA RECORD.)
050	INVALID TAXPAYER ID; NO POST AND/OR FAILED CHECK DIGIT.
060	INVALID IMAGE SEQUENCE NUMBER OR IMAGE SEQUENCE NUMBER OUT OF SEQUENCE.
070	INVALID IOD RECORD TYPE. (FIELD 010 - ALL RECORDS.)
080	INVALID CONFIGURATION FILE SPECIFIED IN THE TRANSMISSION HEADER RECORD. BLANK FOR FLAT FILE OR DOES NOT MATCH DATABASE FOR THE SOURCE.
090	INVALID DATA FILE SPECIFIED. (FIELD 030 - TRANSMISSION HEADER RECORD.) BLANK, NOT UPPERCASE OR DOES NOT MATCH THE .ZIP FILE.
100	INVALID PAYMENT METHOD CODE (FIELD 030 - PAYMENT DATA RECORD).
110	INVALID PAYMENT AMOUNT ON PAYMENT RECORD. IF PRESENT AMOUNT MUST BE > 0.
120	INVALID DATA TYPE; FILENAME CAN HAVE LEFT LEADING SPACES, RIGHT TRAILING SPACE BUT NO EMBEDDED SPACES.
210	REVENUE DOCUMENT NUMBER OUT OF SEQUENCE.
220	INVALID ABA NUMBER ENCOUNTERED.

230	INVALID DEPOSIT ACCT ENCOUNTERED.
235	INVALID CHECK NUMBER ENCOUNTERED.
240	WITHOUT REMIT BATCH WITH INVALID MONEY.
250	WITH REMIT BATCH WITH NO MONEY.
260	INVALID STATION NUMBER ENCOUNTERED AND/OR INVALID SEQUENCE NUMBER.
270	IMAGE FILES MUST BE NAMED WITH A VALID .TIF OR .TIFF EXTENSION. FILENAME CAN HAVE LEFT LEADING SPACES, RIGHT TRAILING SPACES BUT NO EMBEDDED SPACES.
275	INVALID REVISION NUMBER AND/OR UPDATE NUMBER SPECIFIED FOR TRANSMISSION FILE NAME IN TRANSMISSION HEADER RECORD.
280	IMAGE FILE NOT PRESENT IN ZIP ARCHIVE.
290	MISMATCH BDN.
800	OUT OF BALANCE.
805	TRANSACTION ID OUT OF SEQUENCE.
810	TRANSACTION ID NOT BETWEEN START AND END TRANSACTION ID RANGE.
850	TRANSMISSION REJECT.
900	FILE FAILED IOD GATEWAY, PLEASE CONTACT IDOR.

# **Record Requirements**

## **Record Types**

Lockbox will submit tax related data and images in a flat file format with the following record types:

- Header Records
  - Transmission Header- first line of file, required
  - Deposit Header - required
  - Batch Headers – required
  - Transaction Headers – required
- Data Records
  - Form Data Records
  - Payment Data Records
  - Miscellaneous Form Data Records
- Image Records
- Daily Report Records
- Transmission Trailer

## **Rules Applying to Record Types**

The following general rules apply to submitting transmission file records:

### Transmission Level

- One transmission header must be present
- The counts and amount totals found in the transmission header must match the actual counts of and dollar amounts in the form, misc. form, payment, and image records present in the file.

### Batch Level

- The counts found in the batch header must equal the actual counts and values in the form, misc. form and payment records present in the file marked for the batch.
- For ST1 and ST2 return batches, there must be two batch header records. One batch header represents the return batches sent to the data entry vendor for keying. These return batch headers should appear after the transmission header and the deposit header. The other batch header represents the payment batches and is after the associated deposit header. This batch header is followed by the associated transaction header, form, image, payment and misc. form records.

### Transaction Level

- The counts found in the transaction header must equal the actual counts and values in the form, misc. form, payment and image records present in the file found between the current transaction header and the next transaction header.
- Transaction IDs must appear in the transmission in sequential order by the date time stamp oldest to newest.

### Form Level

- The counts found in the form record must equal the actual counts and values in the image records present in the file found between the current form record and the next form record or the next misc. form record or the next payment record.
- The order of the form records are as follows:
  - Form record
  - Image records for the form

### Miscellaneous Form Level

- The counts found in the misc. form record must equal the actual counts and values in the image records present in the file found between the current misc. form record and the next form record or the next misc. form record or the next payment record.
- The order of the misc. form records are as follows:
  - Misc. form record
  - Image records for the misc. form

### Payment Level

- The counts found in the payment record must equal the actual counts and values in the payment image records present in the file found between the current payment record and the next form record or the next misc. form record or the next payment record.
- The order of the payment records are as follows:
  - Payment record
  - Image records for the payment

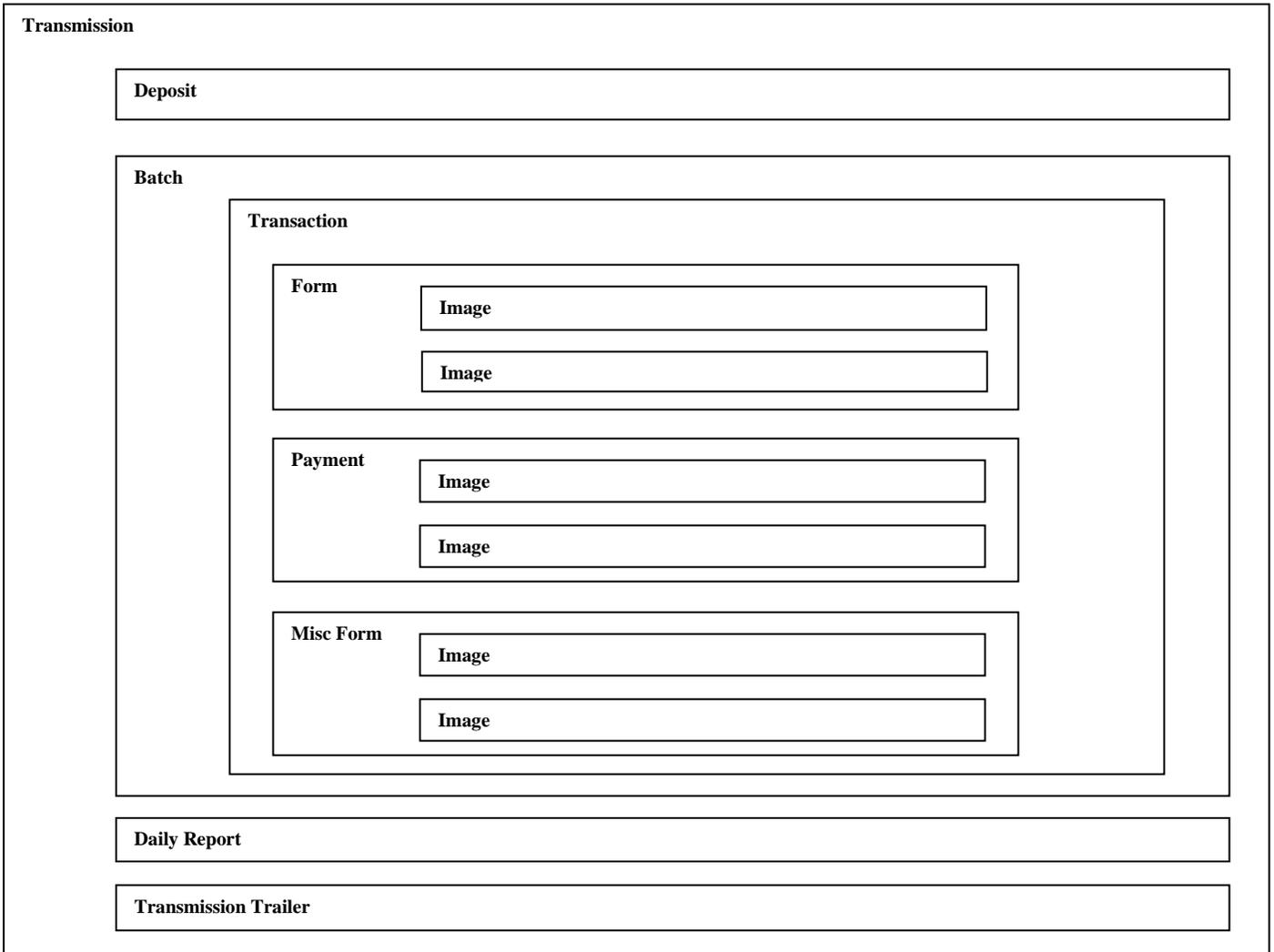
**Reminder:** The following records are required for a properly constructed lockbox transmission: Transmission Header record, Deposit Header record, Batch Header record(s) and Transaction Header record(s).

### Record Relationships

Records sent to IDOR have some one-to-many relationships and some one-to-one relationships. The following relationships apply to original and revised transmissions.

- A transmission is a collection of Revenue batches, transactions, forms, misc. forms, payments and image records. The transmission is synonymous with the file being sent.
- There is one transmission header record per transmission (file).
- There are one-to-many deposit records for each transmission.
- There can be one-to-many batch records in a deposit.
- There are one-to-many transactions within a transmission.
- There are one-to-many forms in a transaction.
- There are zero-to-many payments in a transaction.
- There are zero-to-many misc. forms in a transaction.
- There are zero-to-many image records in a form.
- There are zero-to-many image records in a payment.
- There are zero-to-many image records in a miscellaneous form.
- There are one-to-many daily report records per transmission. (The 300 Report is transmitted separately.)
- There is one transmission trailer record per transmission.

Record Relationship example



## Record Layouts

### Header Record Layouts Transmission Header Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "/"
010	RECORD TYPE	4	3	6	N	CONSTANT "0100"
020	CONFIGURATION FILE NAME	20	7	26	A/N	NAME OF CONFIGURATION FILE TO BE USED BY IOD IN TRANSLATING THIS TRANSMISSION. THIS WILL BE A CONSTANT PROVIDED TO THE LOCKBOX BY IDOR. THIS FIELD SHOULD NOT INCLUDE THE FILE EXTENSION.
030	IOD DATA FILE NAME	50	27	76	A/N	NAME OF DATA FILE (NO EXTENSION). SEE FILE NAMING CONVENTIONS. THE NAME OF DATA FILE MUST BE IN UPPERCASE.
040	IDOR APPLIED AMOUNT TOTAL	18	77	94	A/N	FORMAT 15.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL SUM OF TOTAL OF DEPOSIT RECORD(S), FIELD 090 - IDOR APPLIED AMOUNT TOTAL IN THIS TRANSMISSION.
045	FORM APPLIED AMOUNT TOTAL	18	95	112	A/N	FORMAT 15.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL SUM OF TOTAL OF DEPOSIT RECORD(S), FIELD 095 - FORM APPLIED AMOUNT TOTAL IN THIS TRANSMISSION.
050	NUMBER OF PAYMENTS IN TRANSMISSION	10	113	122	N	ENTER TOTAL NUMBER OF PAYMENTS IN FILE. MUST EQUAL THE COUNT OF 05 PAYMENT DATA RECORDS/CHECKS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
060	NUMBER OF IMAGES FOR TRANSMISSION	10	123	132	N	ENTER TOTAL NUMBER OF IMAGES IN FILE. MUST EQUAL THE COUNT OF 06 IMAGE RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
070	NUMBER OF FORMS IN TRANSMISSION	10	133	142	N	ENTER TOTAL NUMBER OF FORMS IN FILE. MUST EQUAL COUNT OF 04 FORM DATA RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.

080	NUMBER OF BATCHES FOR TRANSMISSION	10	143	152	N	ENTER TOTAL NUMBER OF BATCHES IN FILE. MUST EQUAL COUNT OF 03 BATCH HEADER RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
090	NUMBER OF DEPOSITS FOR TRANSMISSION	10	153	162	N	ENTER TOTAL NUMBER OF DEPOSITS IN FILE. MUST EQUAL COUNT OF 01 DEPOSIT HEADER RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
100	RESERVED	7	163	169	A/N	RESERVED; SPACE FILL
110	TRANS ID 1	3	170	172	A/N	CONSTANT "823"
120	SOURCE ID	12	173	184	A/N	ETIN + TAX TYPE
	ETIN	5				ETIN
	TAX TYPE	7				APPLICATION TYPE "/941LB " "/501LB " "/1040ES" "/ST1PYL" "/505I "
130	CREATE DATE	8	185	192	N	CCYYMMDD
140	TRANSACTION ID RANGE START	26	193	218	A/N	TRANSACTION ID RANGE START; CCYY-MM-DD-HH.MM.SS.NNNNNN. MUST EQUAL FIRST TRANSACTION ID (FIELD 020) OF THE TRANSACTION HEADER RECORD. SEE NOTE.
150	TRANSACTION ID RANGE END	26	219	244	A/N	TRANSACTION ID RANGE END; CCYY-MM-DD-HH.MM.SS.NNNNNN. MUST EQUAL LAST TRANSACTION ID (FIELD 020) OF THE TRANSACTION HEADER RECORD.
160	NUMBER OF 4M'S FOR TRANSMISSION	10	245	254	N	ENTER TOTAL NUMBER OF 4M'S IN FILE. MUST EQUAL COUNT OF 4M RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
165	RESERVED	32	255	286	A/N	RESERVED; SPACE FILL
170	LOCKBOX NAME	35	287	321	A/N	LOCKBOX NAME
	<b>ONLY ONE PER FILE</b>					**** NOTE ****
	<b>MUST BE FIRST LINE OF FILE</b>					
						THE RANGE OF TIMESTAMP VALUES SPECIFIED BY FIELD 140 (TRANSACTION ID RANGE START) AND FIELD 150 (TRANSACTION ID RANGE END) CANNOT OVERLAP WITH ANY OF THE RANGES PREVIOUSLY SPECIFIED.

**Deposit Header Record**

<b>FIELD NO</b>	<b>FIELD NAME</b>	<b>LENGTH</b>	<b>START POSITION</b>	<b>END POSITION</b>	<b>DESCRIP</b>	<b>COMMENTS</b>
005	RECORD ID	2	1	2	A/N	CONSTANT "01"
010	RECORD TYPE	4	3	6	N	CONSTANT "9000"
020	LOCKBOX NUMBER	4	7	10	A/N	CONSTANT "0001"
030	DEPOSIT DATE	8	11	18	N	CCYYMMDD; ENTER DEPOSIT DATE
	DEPOSIT DATE CC	2				DEPOSIT DATE CC
	DEPOSIT DATE YY	2				DEPOSIT DATE YY
	DEPOSIT DATE MM	2				DEPOSIT DATE MM
	DEPOSIT DATE DD	2				DEPOSIT DATE DD
040	RESERVED	6	19	24	N	RESERVED; SPACE FILL (WAS PREVIOUS USED FOR LOGPAGE DATA)
050	FINANCIAL INSTITUTE ID	2	25	26	A/N	CONSTANT "01"
060	RESERVED	9	27	35	A/N	RESERVED; SPACE FILL.
070	ACCOUNT NUMBER QUALIFIER CODE	2	36	37	A/N	CONSTANT "DA"

080	RESERVED	17	38	54	A/N	RESERVED; SPACE FILL.
090	IDOR APPLIED AMOUNT TOTAL	17	55	71	A/N	FORMAT 14.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE SUM OF THE TOTAL OF BATCH HEADER RECORD(S), FIELD 020 - IDOR APPLIED AMOUNT TOTAL IN THIS DEPOSIT.
095	FORM APPLIED AMOUNT TOTAL	17	72	88	A/N	FORMAT 14.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE SUM OF THE BATCH HEADER RECORD(S), FIELD 025 - FORM APPLIED AMOUNT TOTAL IN

						THIS DEPOSIT.
100	TOTAL NUMBER OF BATCHES	10	89	98	N	ENTER TOTAL NUMBER OF BATCHES IN DEPOSIT. MUST EQUAL COUNT OF 03 BATCH HEADER RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
110	TOTAL NUMBER OF FORMS	14	99	112	N	ENTER TOTAL NUMBER OF FORMS IN DEPOSIT. MUST EQUAL COUNT OF 04 FORM DATA RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
120	TOTAL NUMBER OF IMAGES	14	113	126	N	ENTER TOTAL NUMBER OF IMAGES IN DEPOSIT. MUST EQUAL COUNT OF 06 IMAGE RECORDS IN DEPOSIT.

						RIGHT JUSTIFY, LEFT ZERO FILL.
130	TOTAL NUMBER OF PAYMENTS	14	127	140	N	ENTER TOTAL NUMBER OF PAYMENTS IN DEPOSIT. MUST EQUAL COUNT OF 05 PAYMENT RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
140	TOTAL NUMBER OF 4M'S IN DEPOSIT	10	141	150	N	ENTER TOTAL NUMBER OF 4M'S IN DEPOSIT. MUST EQUAL COUNT OF 4M RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
						**** NOTE ****

Batch Header Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "03"
010	RECORD TYPE	4	3	6	N	CONSTANT "0300" 0300 = REVENUE BATCH 0310-0399 = SOURCE BATCHES
020	IDOR APPLIED AMOUNT TOTAL	14	7	20	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE AMOUNT OF FORM DATA RECORDS, FIELD 160 - IDOR APPLIED AMOUNTS FOR THIS BATCH.
025	FORM APPLIED AMOUNT TOTAL	14	21	34	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE AMOUNT OF FORM DATA RECORDS, FIELD 165 - FORM APPLIED AMOUNTS FOR THIS BATCH.
030	TOTAL NUMBER OF FORMS FOR BATCH	3	35	37	N	ENTER TOTAL NUMBER OF FORMS IN BATCH. MUST EQUAL COUNT OF 04 FORM DATA RECORDS IN BATCH. RIGHT JUSTIFY, LEFT ZERO FILL.
040	BATCH DATE RECEIVED	8	38	45	N	CCYYMMDD
	BATCH DATE RECEIVED CC	2				BATCH DATE RECEIVED CC
	BATCH DATE RECEIVED YY	2				BATCH DATE RECEIVED YY
	BATCH DATE RECEIVED MM	2				BATCH DATE RECEIVED MM
	BATCH DATE RECEIVED DD	2				BATCH DATE RECEIVED DD

050	REVENUE BATCH NUMBER	12	46	57	N	REVENUE BATCH =JULIAN PROCESSING DATE + 3 DIGIT STATION NUMBER + 2 DIGIT REVENUE BATCH SEQUENCE NUMBER CCYYJJNNNNN; FIRST 7 DIGITS MUST BE A VALID JULIAN DATE > TODAY'S DATE - 1 YEAR AND <= TODAY'S DATE.
060	NUMBER OF 4M'S IN BATCH	10	58	67	N	ENTER TOTAL NUMBER OF 4M'S IN BATCH. MUST EQUAL COUNT OF 4M RECORDS IN BATCH. RIGHT JUSTIFY, LEFT ZERO FILL.
065	RESERVED	60	68	127	A/N	RESERVED; SPACE FILL
070	BATCH TYPE CODE	2	128	129	A/N	ENTER " " IF BATCH IS WITH REMITTANCE. ENTER "09" IF BATCH IS WITHOUT REMITTANCE.
	ONE PER IDOR BATCH					
	MUST APPEAR AFTER TRANSMISSION HEADER					

**Transaction Header Record**

<b>FIELD NO</b>	<b>FIELD NAME</b>	<b>LENGTH</b>	<b>START POSITION</b>	<b>END POSITION</b>	<b>DESCRIP</b>	<b>COMMENTS</b>
005	RECORD ID	2	1	2	A/N	CONSTANT "02"
010	RECORD TYPE	4	3	6	N	CONSTANT "0400"
020	TRANSACTION ID	26	7	32	A/N	CCYY-MM-DD-HH.MM.SS.NNNNNN UNIQUE TIMESTAMP TO SOURCE. MUST BE WITHIN TRANSMISSION HEADER TRANSACTION ID RANGE START AND END.
030	IDOR APPLIED AMOUNT TOTAL	14	33	46	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE SUM OF THE FORM DATA RECORD(S), FIELD 160 - IDOR APPLIED AMOUNT IN THIS TRANSACTION.
035	FORM APPLIED AMOUNT TOTAL	14	47	60	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE SUM OF THE FORM DATA RECORD(S), FIELD 165 - FORM APPLIED AMOUNT IN THIS TRANSACTION AND MUST EQUAL THE SUM OF THE PAYMENT DATA RECORD(S), FIELD 120 - PAYMENT RECEIVED AMOUNT IN THIS TRANSACTION.
040	NUMBER OF PAYMENTS IN TRANSACTION	5	61	65	N	ENTER TOTAL NUMBER OF PAYMENTS IN TRANSACTION. MUST EQUAL COUNT OF 05 PAYMENT DATA RECORDS\CHECKS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.
050	NUMBER OF IMAGES FOR TRANSACTION	10	66	75	N	ENTER TOTAL NUMBER OF IMAGES IN TRANSACTION. MUST

						EQUAL COUNT OF 06 IMAGE RECORDS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.
060	NUMBER OF FORMS IN TRANSACTION	5	76	80	N	ENTER TOTAL NUMBER OF FORMS IN TRANSACTION. MUST EQUAL COUNT OF 04 FORM DATA RECORDS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.
070	NUMBER OF 4M'S IN TRANSACTION	10	81	90	N	ENTER TOTAL NUMBER OF 4M'S IN TRANSACTION. MUST EQUAL COUNT OF 4M RECORDS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.

080	SCANNER DLN	19	91	109	<p>N</p> <p>ENTER TRANSACTION LEVEL DOCUMENT LOCATOR NUMBER IN THE FOLLOWING FORMAT: YYJJSSNNBBBBBBDDDD</p> <ul style="list-style-type: none"> <li>• YY = 2 DIGIT YEAR OF DATE SCANNED</li> <li>• JJJ = 3 DIGIT JULIAN DAY OF DATE SCANNED</li> <li>• SS = SCANNER JOB NUMBER AS ASSIGNED BY THE VENDOR FOR THE FOLLOWING FORMS <ul style="list-style-type: none"> <li>○ IL-501</li> <li>○ IL-941</li> <li>○ IL-1040-ES</li> <li>○ IL-505-I</li> <li>○ ST-1/ST-2</li> </ul> </li> <li>• NN = SCANNER NUMBER AS ASSIGNED BY IDOR AFTER VENDOR SELECTION.</li> <li>• BBBBBBB = SEQUENTIAL BATCH NUMBER AS ASSIGNED BY LOCKBOX LOCKBOX. THIS BATCH NUMBER IS NOT ASSOCIATED WITH THE REVENUE BATCH NUMBER. LEFT ZERO FILL.</li> <li>• DDD = SEQUENTIAL TRANSACTION NUMBER INCREMENTED FOR EACH TRANSACTION AS ASSIGNED BY LOCKBOX BANK. LEFT ZERO FILL.</li> </ul> <p>REQUIRED FIELD AT REQUIRED LENGTH FOR EACH PART OF THE DEFINITION. JULIAN DATE MUST BE VALID. NO JUSTIFICATION. NO SPACES. THE DLN MUST BE UNIQUE</p>
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						FOR EACH TRANSACTION ACROSS ALL FILES.
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**Form Data Record –for All Tax Forms (IL-501, IL-941, IL-941-X, IL-505-I, IL-1040-ES, ST Pyt)**

Note: The form data record contains fields that are common to all tax forms. These common fields are represented in the table below. For the IL-941, there are additional fields specified in the Form Data Record – IL-941 Only. To construct the layout for the IL-941 tax form, combine the fields from the form data record and Form Data Record – IL-941 Only. (NOTE: These layouts do not support the secondary transmission of ST-1/ST-2 data entered for the return portion. Additional instructions will be provided).

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "04"
010	RECORD TYPE	4	3	6	N	CONSTANT "0501"
020	APE QUALIFIER	2	7	8	N	01=CCYY-Q 02=CCYY-MM 03=CCYY-MM-DD 04=CCYY REQUIRED IF APE > SPACES
030	APE	10	9	18	A/N	IF VALID APE AVAILABLE, FIELD MUST CONTAIN A VALID DATE IN THE PROPER FORMAT AS IDENTIFIED IN THE FORM DATA RECORD, FIELD 020 - APE QUALIFIER; YEAR PORTION OF THE APE MUST BE >= 1928; LEFT JUSTIFY, RIGHT SPACE FILL. IF APE UNKNOWN OR INVALID, FIELD MUST CONTAIN TEN (10) SPACES.
040	FEIN	13	19	31	A/N	TAXPAYER ID. FEIN + SEQ + CHECK DIGIT
	FEIN	9				OPTIONAL; IF PRESENT MUST BE 9 NUMERIC. SPACE FILL OR ZERO FILL IF NOT PRESENT OR INVALID*.

	SEQUENCE NUMBER	3				OPTIONAL; SEQUENCE NUMBER FROM FORM. IF PRESENT MUST BE 3 NUMERIC. MUST BE BETWEEN 000-099 (INCLUSIVE), 777, or 999. SPACE FILL IF NOT PRESENT OR INVALID.
	CHECK DIGIT	1				OPTIONAL; VALID CHECK DIGIT MATCHES THE RESULT OF A CHECK DIGIT ROUTINE. SPACE FILL IF NOT PRESENT.
050	IBT	8	32	39	A/N	TAXPAYER ID. IBT; OPTIONAL, MUST BE 8 NUMERIC. SPACE FILL OR ZERO FILL IF NOT PRESENT OR INVALID*.
060	SSN	14	40	53	A/N	TAXPAYER ID. SSN + POST + CHECK DIGIT
	SSN	9				OPTIONAL; IF PRESENT MUST BE 9 NUMERIC. SPACE FILL OR ZERO FILL IF NOT PRESENT OR INVALID*.
	POST	4				OPTIONAL; IF PRESENT MUST BE VALID. VALID POST IS ALPHA ONLY AND AT LEAST 2 POSITIONS WITH NO EMBEDDED SPACES. SPACE FILL IF NOT PRESENT.
	CHECK DIGIT	1				OPTIONAL; VALID CHECK DIGIT MATCHES THE RESULT OF A CHECK DIGIT ROUTINE. SPACE FILL IF NOT PRESENT.
070	SPOUSE SSN	14	54	67	A/N	TAXPAYER ID. SPOUSE SSN + POST + CHECK DIGIT
	SPOUSE SSN	9				OPTIONAL; IF PRESENT MUST BE 9 NUMERIC. SPACE FILL OR ZERO FILL IF NOT PRESENT OR INVALID*.

	POST	4				OPTIONAL; IF PRESENT MUST BE VALID. VALID POST IS ALPHA ONLY AND AT LEAST 2 POSITIONS WITH NO EMBEDDED SPACES. SPACE FILL IF NOT PRESENT.
	CHECK DIGIT	1				OPTIONAL; VALID CHECK DIGIT MATCHES THE RESULT OF A CHECK DIGIT ROUTINE. SPACE FILL IF NOT PRESENT.
080	TRANSACTION ITEM SEQUENCE	5	68	72	N	<p>UNIQUE NUMBER FOR EACH FORM, PAYMENT OR 4M RECORD WITHIN THE TRANSACTION. ITEMS (FORM, PAYMENT AND 4M RECORDS) MUST APPEAR IN FILE IN SAME ORDER IN THE FILE AS TRANSACTION ITEM SEQUENCE NUMBERS GIVEN FOR THESE RECORDS.</p> <p>A TRANSACTION IS DEFINED AS ALL THE FORMS, PAYMENTS AND 4M'S THAT GO TOGETHER. A TRANSACTION CAN CONTAIN MULTIPLE FORMS AND OR MULTIPLE PAYMENTS AND OR MULTIPLE 4M'S OR COULD CONTAIN ONLY ONE FORM, ONE PAYMENT AND 4M.</p> <p>THE TRANSACTION ITEM SEQUENCE NUMBER SHOULD START AT ZERO FOR THE FIRST FORM, PAYMENT OR 4M AND INCREMENT BY ONE FOR EACH ADDITIONAL FORM, PAYMENT OR 4M WITHIN THE SAME TRANSACTION. FOR EXAMPLE, IF</p>

						<p>A TRANSACTION HAS ONE FORM, ONE PAYMENT RECORD AND ONE 4M RECORD, THE FORM WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00000, THE PAYMENT RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00001 AND THE 4M RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00002.</p> <p>TRANSACTION ITEM SEQUENCE NUMBERS DO NOT APPLY TO IMAGE RECORDS.</p>
090	IDOR IOD FORM NUMBER	3	73	75	A/N	<p>"603" = IL-1040ES  "677" = ST-1 PAYMENT  "710" = IL-941  "711" = IL-501  "712" = IL-505-I  "002" = ST-1 RETURN WITH AND WITHOUT REMIT</p>
100	REVENUE BATCH NUMBER	12	76	87	N	<p>REVENUE BATCH = JULIAN PROCESSING DATE + 3 DIGIT STATION NUMBER + 2 DIGIT REVENUE BATCH SEQUENCE NUMBER CCYYJJNNNNN; FIRST 7 DIGITS MUST BE A VALID JULIAN DATE &gt; TODAY'S DATE - 1 YEAR AND &lt;= TODAY'S DATE.</p>

110	REVENUE DOCUMENT NBR	3	88	90	N	MUST BE PRESENT AND BEGIN WITH 000. MUST BE IN NUMERIC SEQUENCE 000, 001, 002.
120	SOURCE DATE RECEIVED	10	91	100	A/N	CCYY-MM-DD; MUST BE >TODAY'S DATE - 1 YEAR MUST BE <= TODAY'S DATE SOURCE DATE RECEIVED <= SOURCE DATE PROCESSED
130	SOURCE DATE PROCESSED	10	101	110	A/N	CCYY-MM-DD; MUST BE >TODAY'S DATE - 1 YEAR MUST BE <= TODAY'S DATE SOURCE DATE PROCESSED >= SOURCE DATE RECEIVED
140	SOURCE BATCH DOCUMENT NUMBER	50	111	160	A/N	SOURCE BATCH DOCUMENT NUMBER; SPACE FILL IF NOT PRESENT.
150	ENVELOPE DATE	10	161	170	A/N	CCYY-MM-DD; MUST BE > 01-01-1928 AND <= TODAY'S DATE. FOR ST14's, ENTER THE CCYYMMDD IF LATE. ENTER THE ENVELOPE POSTMARK DATE. ENTER THE SIGNATURE DATE IF THERE IS NOT AN ENVELOPE POSTMARK DATE. ENTER THE CHECK DATE IF THERE IS NOT AN ENVELOPE DATE OR SIGNATURE DATE.
160	IDOR APPLIED AMOUNT	14	171	184	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. AMOUNT OF PAYMENT APPLIED TO THE IDOR PORTION OF THIS FORM. WHEN A SINGLE CHECK ASSOCIATED WITH A SINGLE FORM, SHOULD EQUAL IDOR PORTION OF THE CHECK.

165	FORM APPLIED AMOUNT	14	185	198	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. AMOUNT OF PAYMENT APPLIED TO THIS FORM (REGARDLESS OF RECEIVING AGENCY). WHEN A SINGLE CHECK ASSOCIATED WITH A SINGLE FORM, SHOULD EQUAL AMOUNT OF THE CHECK.
170	NUMBER OF IMAGES FOR FORM	4	199	202	N	ENTER TOTAL NUMBER OF IMAGES FOR FORM. RIGHT JUSTIFY, LEFT ZERO FILL.
180	NUMBER OF TAXPAYER IDS FOR FORM	1	203	203	N	ENTER TOTAL NUMBER OF VALID FEINS, IBTS, SSNS, AND SPOUSE SSNS FOR FORM. ANY FEINS, IBTS, SSNS, AND SPOUSE SSNS THAT CONTAINS VALUES OF ALL ZEROS OR SPACES OR ALL NINES SHOULD NOT BE INCLUDED IN COUNT OF TAXPAYER IDS. RIGHT JUSTIFY, LEFT ZERO FILL.
181	VOUCHER NUMBER	1	204	204	N	VOUCHER NUMBER
182	FREE FORM CODE	49	205	253	A/N	FREE FORM CODE
183	SECONDARY REVENUE BDN - BATCH NUMBER	12	254	265	A/N	VALID BDN REQUIRED OTHERWISE SPACE FILL. THIS FIELD (AND THE FOLLOWING ONE) SHOULD ONLY BE USED FOR REVENUE BDNS FOR DOCUMENTS WHICH ARE NOT REPRESENTED IN THE DATA BEING SENT IN THE FORM RECORD (BUT INSTEAD ARE RELATED TO THE REPRESENTED DOCUMENT). THE BDN FOR THE DOCUMENT WHOSE DATA IS CONTAINED IN THIS RECORD SHOULD INSTEAD BE SENT IN THE REVENUE BATCH NUMBER AND REVENUE

						<p>DOCUMENT NUMBER FIELDS (100 and 110). AN EXAMPLE OF WHEN THIS FIELD MIGHT BE USED WOULD BE WHEN A RETURN BDN IS BEING INCLUDED IN THE RECORD FOR A PAYMENT VOUCHER THAT WAS ATTACHED TO THE RETURN; IN THIS CASE THE PAYMENT VOUCHER BDN BELONGS IN THE 100 AND 110 FIELDS, AND THE RETURN BDN BELONGS IN THE 183 AND 184 FIELDS.</p> <p>REVENUE BATCH =JULIAN PROCESSING DATE + 3 DIGIT STATION NUMBER + 2 DIGIT REVENUE BATCH SEQUENCE NUMBER CCYYJJNNNNN; FIRST 7 DIGITS MUST BE A VALID JULIAN DATE &gt; TODAY'S DATE - 1 YEAR AND &lt;= TODAY'S DATE.</p>
184	SECONDARY REVENUE BDN - DOCUMENT NUMBER	3	266	268	A/N	<p>SPACE FILL IF NOT PRESENT. SEE COMMENT FOR PREVIOUS FIELD (183) MUST BEGIN WITH 000 WHEN PRESENT. MUST BE IN NUMERIC SEQUENCE 000, 001, 002.</p>
190	RESERVED	88	254	341	A/N	RESERVED; SPACE FILL.
						* INVALID MEANS ALPHA, EMBEDDED SPACE OR EMBEDDED SPACES, TOO SHORT OR TOO LONG.

**Form Data Record – IL-941 only (additional fields)**

<b>FIELD NO</b>	<b>FIELD NAME</b>	<b>LENGTH</b>	<b>START POSITION</b>	<b>END POSITION</b>	<b>DESCRIP</b>	<b>COMMENTS</b>
200	TRANS TYPE	3	342	344	N	MUST ENTER '916' WITH REMIT OR '917' WITHOUT REMIT.
210	FIRST RETURN CHECKBOX	1	345	345	A/N	Y' OR SPACE. STEP 1 - FIRST RETURN CHECKBOX.
220	NAME CHANGE CHECKBOX	1	346	346	A/N	Y' OR SPACE. STEP 1 - NAME CHANGE CHECKBOX.
230	ADDRESS CHANGE CHECKBOX	1	347	347	A/N	Y' OR SPACE. STEP 1 - ADDRESS CHANGE CHECKBOX.
240	ANNUAL FILER CHECKBOX	1	348	348	A/N	Y' OR SPACE. STEP 1 - ANNUAL FILER CHECKBOX.
250	TOTAL NUMBER OF W2'S	7	349	355	N	TOTAL NUMBER OF W2'S. STEP 2 - LINE A. FORMAT RIGHT JUSTIFY, LEFT ZERO FILL. ZERO FILL IF NOT PRESENT.
260	PERMANENT STOPPED WITHHOLDING CHECKBOX	1	356	356	A/N	Y' OR SPACE. STEP 2 - LINE B, PERMANENT STOPPED WITHHOLDING CHECKBOX
270	PERMANENT STOPPED WITHHOLDING	10	357	366	A/N	CCYY-MM-DD, DATE WHEN PERMANENTLY STOPPED WITHHOLDING. STEP 2 - LINE B.
280	TOTAL COMPENSATION AND WINNING	14	367	380	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 3 - LINE 1.
290	TAX WITHHELD	12	381	392	A/N	FORMAT 9.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 4 - LINE 2.

300	WITHHOLDING PAYMENTS	14	393	406	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 5 - LINE 3.
310	CREDIT CARRY FORWARD	14	407	420	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 5 - LINE 4.
320	DCEO CREDITS RECEIVED	14	421	434	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 5 - LINE 5.
330	TOTAL PAYMENTS AND CREDITS	14	435	448	A/N	RESERVED FOR FUTURE USE, ZERO FILL. STEP 5 - LINE 6.
340	TAX DUE	14	449	462	A/N	RESERVED FOR FUTURE USE, ZERO FILL. STEP 6 - LINE 7.
350	CLAIMED CREDIT	14	463	476	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 6 - LINE 8.
360	FREE FORM CODES	107	477	583	A/N	ENTER 'NS' IF THERE IS NO SIGNATURE OR STAMPED SIGNATURE. ENTER 'DR' AND 5 DIGITS FOR THE DATE RECEIVED IF CODED. EXAMPLE - DRY YJJJ.
370	BUSINESS NAME	35	584	618	A/N	BUSINESS NAME. SPACE FILL IF NOT PRESENT.
380	C/O NAME	35	619	653	A/N	C/O NAME. SPACE FILL IF NOT PRESENT.
390	ADDRESS LINE 1	30	654	683	A/N	ADDRESS LINE 1. SPACE FILL IF NOT PRESENT.
400	ADDRESS LINE 2	30	684	713	A/N	ADDRESS LINE 2. SPACE FILL IF NOT PRESENT.
410	CITY	20	714	733	A/N	CITY. SPACE FILL IF NOT PRESENT.
420	STATE	2	734	735	A/N	STATE. SPACE FILL IF NOT PRESENT.
430	ZIP	9	736	744	A/N	ZIP. SPACE FILL IF NOT PRESENT.

**4M Data Record – for miscellaneous documents and envelopes**

<b>FIELD NO</b>	<b>FIELD NAME</b>	<b>LENGT H</b>	<b>START POSITION</b>	<b>END POSITION</b>	<b>DESCRIP</b>	<b>COMMENTS</b>
005	RECORD ID	2	1	2	A/N	CONSTANT "4M"
010	RECORD TYPE	4	3	6	N	CONSTANT "0502"
020	RESERVED	61	7	67	A/N	RESERVED; SPACE FILL.
080	TRANSACTION ITEM SEQUENCE	5	68	72	N	<p>UNIQUE NUMBER FOR EACH FORM, PAYMENT OR 4M RECORD WITHIN THE TRANSACTION. ITEMS (FORM, PAYMENT AND 4M RECORDS) MUST APPEAR IN FILE IN SAME ORDER IN THE FILE AS TRANSACTION ITEM SEQUENCE NUMBERS GIVEN FOR THESE RECORDS.</p> <p>A TRANSACTION IS DEFINED AS ALL THE FORMS, PAYMENTS AND 4M'S THAT GO TOGETHER. A TRANSACTION CAN CONTAIN MULTIPLE FORMS AND OR MULTIPLE PAYMENTS AND OR MULTIPLE 4M'S OR COULD CONTAIN ONLY ONE FORM, ONE PAYMENT AND 4M.</p> <p>THE TRANSACTION ITEM SEQUENCE NUMBER SHOULD START AT ZERO FOR THE FIRST FORM, PAYMENT OR 4M AND INCREMENT BY ONE FOR EACH ADDITIONAL FORM, PAYMENT OR 4M WITHIN THE SAME TRANSACTION. FOR EXAMPLE, IF A TRANSACTION HAS ONE FORM, ONE PAYMENT RECORD AND ONE 4M RECORD, THE FORM WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00000, THE PAYMENT RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00001 AND THE 4M RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00002.</p> <p>TRANSACTION ITEM SEQUENCE NUMBERS DO NOT APPLY TO IMAGE RECORDS.</p>
090	IDOR FORM NUMBER	3	73	75	A/N	"691" = ENVELOPE
100	RESERVED	123	76	198	N	RESERVED; SPACE FILL.
170	NUMBER OF IMAGES FOR 4M RECORD	4	199	202	A/N	ENTER TOTAL NUMBER OF IMAGES FOR 4M. RIGHT JUSTIFY, LEFT ZERO FILL.
180	RESERVED	139	203	341	A/N	RESERVED; SPACE FILL.

## Payment Data Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
050	RECORD ID	2	1	2	A/N	CONSTANT "05"
010	RECORD TYPE	4	3	6	N	CONSTANT "0503"
020	TRANSACTION ITEM SEQUENCE	5	7	11	N	<p>UNIQUE NUMBER FOR EACH FORM, PAYMENT OR 4M RECORD WITHIN THE TRANSACTION. ITEMS (FORM, PAYMENT AND 4M RECORDS) MUST APPEAR IN FILE IN SAME ORDER IN THE FILE AS TRANSACTION ITEM SEQUENCE NUMBERS GIVEN FOR THESE RECORDS.</p> <p>A TRANSACTION IS DEFINED AS ALL THE FORMS, PAYMENTS AND 4M'S THAT GO TOGETHER. A TRANSACTION CAN CONTAIN MULTIPLE FORMS AND OR MULTIPLE PAYMENTS AND OR MULTIPLE 4M'S OR COULD CONTAIN ONLY ONE FORM, ONE PAYMENT AND 4M.</p> <p>THE TRANSACTION ITEM SEQUENCE NUMBER SHOULD START AT ZERO FOR THE FIRST FORM, PAYMENT OR 4M AND INCREMENT BY ONE FOR EACH ADDITIONAL FORM, PAYMENT OR 4M WITHIN THE SAME TRANSACTION. FOR EXAMPLE, IF A TRANSACTION HAS ONE FORM, ONE PAYMENT RECORD AND ONE 4M RECORD, THE FORM WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00000, THE PAYMENT RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00001 AND THE 4M RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00002.</p> <p>TRANSACTION ITEM SEQUENCE NUMBERS DO NOT APPLY TO IMAGE RECORDS.</p>
030	PAYMENT METHOD CODE	3	12	14	A/N	<p>CHK=CHECK</p> <p>CSH=CASH</p>

040	NUMBER OF IMAGES FOR PAYMENT	4	15	18	N	ENTER TOTAL NUMBER OF IMAGES FOR PAYMENT. RIGHT JUSTIFY, LEFT ZERO FILL.
050	SOURCE DATE RECEIVED	10	19	28	A/N	CCYY-MM-DD; MUST BE >TODAY'S DATE - 1 YEAR MUST BE <= TODAY'S DATE SOURCE DATE RECEIVED <= SOURCE DATE PROCESSED
060	SOURCE DATE PROCESSED	10	29	38	A/N	CCYY-MM-DD; MUST BE >TODAY'S DATE - 1 YEAR MUST BE <= TODAY'S DATE SOURCE DATE PROCESSED >= SOURCE DATE RECEIVED
070	RESERVED	15	39	53	A/N	RESERVED; SPACE FILL.
080	SOURCE BATCH DOCUMENT NUMBER	50	54	103	A/N	SOURCE DOCUMENT NBR; SPACE FILL IF NOT PRESENT.
090	BANK ROUTING AND TRANSIT NUMBER	18	104	121	A/N	NUMERIC ONLY 18 DIGITS, NO EMBEDDED SPACES. LEFT JUSTIFY. FILL WITH SPACES.
100	BANK/CREDIT ACCOUNT NUMBER	30	122	151	A/N	OPTIONAL. IF PRESENT, FORMAT IS ALPHA (a-z or A-Z), NUMERIC, HYPHENS AND SPACES; UP TO 30 CHARACTERS. LEFT JUSTIFY, FILL WITH SPACES. IN CASES WHERE BANK ACCOUNT NUMBER CAN BE SCANNED OR DATA ENTERED ACCURATELY, THE SOURCE SHOULD CONSIDER THIS FIELD AS REQUIRED FOR ALL NON-CASH PAYMENTS. IT IS LISTED AS OPTIONAL ONLY BECAUSE IT CANNOT ALWAYS BE OBTAINED BY THE SOURCE, NOT BECAUSE IT IS TRULY OPTIONAL FOR THE SOURCE TO PROVIDE IT. SPACE FILL IF NOT PRESENT.
110	CHECK NUMBER	9	152	160	A/N	FOR CHECK PAYMENTS; OPTIONAL. IF PRESENT, FORMAT IS ALPHAS (a-

						z, A-Z), NUMERIC, AND HYPHENS UP TO 9 CHARACTERS, NO EMBEDDED SPACES. LEFT JUSTIFY, RIGHT SPACE FILL. SPACE FILL IF NOT PRESENT.
120	PAYMENT RECEIVED AMOUNT	14	161	174	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. AMOUNT OF CHECK.
130	RESERVED	44	175	218	A/N	RESERVED; SPACE FILL.
	ONE PER PAYMENT (CHECK)					
	MUST APPEAR BELOW A RELATED TRANSACTION HEADER					

## Image Data Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "06"
010	RECORD TYPE	4	3	6	N	CONSTANT "0700"
020	IMAGE SEQUENCE NUMBER	4	7	10	N	<ul style="list-style-type: none"> <li>• A UNIQUE NUMBER FOR THE IMAGE AS IT RELATES TO THE FORM OR PAYMENT THAT THE IMAGE RECORD IS ASSOCIATED WITH. THIS NUMBER INDICATES THE POSITION (PAGE) OF THE IMAGE WHEN SEVERAL IMAGES ARE ASSOCIATED WITH A FORM OR PAYMENT.</li> <li>• IMAGE RECORDS MUST APPEAR IN FILE IN SAME ORDER AS THE IMAGE SEQUENCE NUMBERS.</li> <li>• IMAGE SEQUENCE NUMBERS SHOULD START AT 0001.</li> <li>• FOR EXAMPLE, IF YOU HAVE A TRANSACTION THAT HAS ONE FORM RECORD AND ONE PAYMENT RECORD AND THREE IMAGES THAT APPLY TO THE FORM AND TWO IMAGES THAT APPLY TO THE PAYMENT, THE RECORD PATTERN AND IMAGE SEQUENCE NUMBERS SHOULD BE AS FOLLOWS:  TRANSACTION RECORD  FORM RECORD  IMAGE RECORD FOR FORM IMAGE SEQUENCE NUMBER 0001</li> </ul>

						<p>IMAGE RECORD FOR FORM IMAGE SEQUENCE NUMBER 0002</p> <p>IMAGE RECORD FOR FORM IMAGE SEQUENCE NUMBER 0003</p> <p>PAYMENT RECORD</p> <p>IMAGE RECORD FOR PAYMENT IMAGE SEQUENCE NUMBER 0001</p> <p>IMAGE RECORD FOR PAYMENT IMAGE SEQUENCE NUMBER 0002</p>
030	IMAGE NAME	50	11	60	A/N	<p>IMAGE NAME WITH EXTENSION; MUST BE EITHER .TIF OR .TIFF</p> <p>THE IMAGE FILE NAME AND THE EXTENSION MUST BE IN UPPER CASE.</p>
	ONE PER IMAGE					
	MUST APPEAR DIRECTLY BELOW RELATED ITEM (FORM OR PAYMENT)					

## Daily Report Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "07"
010	RECORD TYPE	4	3	6	N	CONSTANT "9001"
020	REPORT SEQUENCE NUMBER	4	7	10	N	UNIQUE NUMBER OF REPORTS. REPORTS MUST APPEAR IN FILE IN SAME ORDER AS SEQ NUMBERS.
030	REPORT NAME	50	11	60	A/N	REPORT NAME

## Transmission Trailer Record

<b>FIELD NO</b>	<b>FIELD NAME</b>	<b>LENGTH</b>	<b>START POSITION</b>	<b>END POSITION</b>	<b>DESCRIP</b>	<b>COMMENTS</b>
005	RECORD ID	2	1	2	A/N	CONSTANT "08"
010	RECORD TYPE	4	3	6	N	CONSTANT "0101"

## **ST-1/ST-2/ST-1-X/ST-2-X Return Record Layouts**

Note: For the detail record, reference the Data Entry Specifications for ST-1/ST-2.  
**Transmission Header Record Layout**

Transmission Header is sent by the transmitter and returned by IDOR in the Acknowledgement File. This is not included when IDOR sends the Application File.

<b>Position</b>	<b>Length</b>	<b>Type</b>	<b>Field Name</b>	<b>Comments</b>
01-07	7	A/N	HDR-LABEL-ID	Source: Transmitter Value: "***HDR**" Must enter.
08-12	5	A/N	HDR-TRANSMITTER	Source: Transmitter Unique value assigned by IDOR to identify the transmitter. Must enter.
13-18	6	N	HDR-TRANSMIT-DATE	Source: Transmitter. Format: YYMMDD Date the file was generated. Must enter.
19-22	4	N	HDR-TRANSMIT- NUM	Source: Transmitter Sequential number assigned by the transmitter to uniquely identify all files sent on the same day. Must enter.
23-30	8	A/N	HDR-SYSTEM	Source: Transmitter Unique value assigned by IDOR to identify the system. Left justify, space fill on the right. Must enter.
31-38	8	A/N	HDR-JOB-TYPE-ID	Source: Transmitter These will be assigned by IDOR. Left justify, space fill on the right. Must enter.
39-42	4	N	HDR-REC-LENGTH	Source: Transmitter Length of each record. Right justify, left zero fill. Must enter.

43-52	10	N	HDR-BATCH-NUM	Source: Transmitter 43-44 Current Year for the generation date of the file. 45-47 Julian Date 001-366 48-50 Station Number – static number IDOR assigned. 51-52 Sequence – sequence number of transmissions on the generation date of the file. Must enter.
53-56	4	N	HDR-TOTAL-RECS	Source: Transmitter Total number of records in the file including: Transmitter Header, Transmitter Trailer, and all application records in between. Right justify, left zero fill. If more than 4 digits, show least significant digits. Must enter.
57-60	4	N	HDR-TOTAL-DOCS	Source: Transmitter Total number of documents. Right justify, left zero fill. If more than 4 digits, show least significant digits. Must enter.
61-71	11	N	HDR-REMIT-AMT	Source: Transmitter Remittance amount in dollars & cents. Right justify, left zero fill. Zero if blank. Must enter.
72-82	11	N	HDR-CREDIT-AMT	Source: Transmitter Credit amount in dollars & cents. Right justify, left zero fill. Zero if blank. Must enter.

83-92	10	A/N	HDR-CREATE-DATE	Source: Transmitter Date file was generated by Service Provider. Format is CCYY-MM-DD Optional – Space fill if no data sent.
93-100	8	A/N	HDR-CREATE-TIME	Source: Transmitter Time file was generated by Service Provider. Format is HH:MM:SS Optional – Space fill if no data sent.
101-110	10	A/N	HDR-RECEIVE-DATE	Source: IDOR Date file was received for processing by IDOR. Format is CCYY-MM-DD Transmitter space fill.
111-118	8	A/N	HDR-RECEIVE-TIME	Source: IDOR Time file was received for processing by IDOR. Format is HH:MM:SS. Transmitter space fill.
119-122	4	A/N	HDR-TEST-PROD	Source: IDOR IDOR will insert “TEST” or “PROD” to describe if it is test or production. Transmitter space fill.

## Trailer Record Layout

This record will be the last record in the transmitted file.  
It is used to be sure that the entire file has been received.  
It is returned in the Acknowledgement File.

**Exception:** (Service Provider) IRIS File Exchange will also have an application trailer record preceding this trailer record.

Position	Length	Type	Field Name	Comments
01-07	7	A/N	TRAILER-LABEL-ID	Value: “***EOF***” Must enter.

08-15	8	n	TRAILER-REC-TOT	<p>Total number of records includes: Transmission Header, Transmission Trailer, and all application records in between.</p> <p>Count high by one when received by application because IDOR removes Transmission Header before sending file to application.</p> <p>Right justify, left zero fill. Must enter.</p>
16-122	107			<p>Application specific. See application specifications.</p>

## Acknowledgement Record Layout

The transmitter will be able to access this record after IDOR has received the file.

It is sent to confirm that IDOR received the file.

This record will have a Transmission Header record in front of it and a Trailer record behind it.

Position	Length	Type	Field Name	Comments
01-13	13	A/N	ACK-FLD-SOURCE	Source: IDOR Application category of Transmitter. Must enter.
14-22	9	N	ACK-FLD-VEND-REC-CNT	Source: Transmitter Total number of records sent by transmitter. Right justify, left zero fill. Must enter.
23-53	31	A/N	ACK-FLD-IDOR-NAME	Source: IDOR File name. Must enter.
24-62	9	N	ACK-FLD-IDOR-REC-CNT	Source: IDOR Total number of records received by IDOR. Right justify, left zero fill. Must enter.
63-92	30	A/N	ACK-FLD-BALANCE-LIT	Source: IDOR Must enter. Acknowledgement message contains either: 1 – Accepted: “ IN BALANCE” Note: There are three spaces before the phrase “IN BALANCE” 2 – Rejected: “** OUT OF BALANCE”, “** MISMATCHED”, “** MISMATCHED ETINS”, “** BOTH MISMATCHED” Note: There are two asterisks and a space before the phrase.
93-122	30	A/N	FILLER	SPACE FILL

## File Separator Record Layout

Position	Length	Type	Field Name	Comments
01-24	24	A/N	FILE-SEP	Value: "*** NEW FILE SEPARATOR**" Separator between fields.

Effective January 1, 2017, the following Record Layouts are required for all tax types included in Exhibit B (IL-501, IL-941, IL-1040-ES, IL-505-I and ST-1/ST-2).

### ACK FIRST FIVE DATA ELEMENTS RETURNED

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	RECORD ID
010	RECORD TYPE	4	3	6	N	RECORD TYPE
020	NUMBER OF RECORD IN FILE	5	7	11	N	NUMBER OF RECORD IN FILE
030	ERROR CODE	3	12	14	N	NNN = ACK ERROR CODE DEFINED BY IDOR
040	SEQUENCE NUMBER	3	15	17	N	SEQUENCE FIELD NUMBER IN ERROR

### ACK TRANSMISSION HEADER

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "/"
010	RECORD TYPE	4	3	6	N	CONSTANT "0100"
020	CONFIGURATION FILE NAME	20	7	26	A/N	REPEATED FROM TRANSMISSION HEADER
030	IOD DATA FILE NAME	50	27	76	A/N	REPEATED FROM TRANSMISSION HEADER
040	IDOR APPLIED AMOUNT TOTAL	18	77	94	A/N	REPEATED FROM TRANSMISSION HEADER
045	FORM APPLIED AMOUNT TOTAL	18	95	112	A/N	REPEATED FROM TRANSMISSION HEADER
050	NUMBER OF PAYMENTS IN TRANSMISSION	10	113	122	N	REPEATED FROM TRANSMISSION HEADER
060	NUMBER OF IMAGES FOR TRANSMISSION	10	123	132	N	REPEATED FROM TRANSMISSION HEADER
065	NUMBER OF 4M'S IN TRANSMISSION	10	133	142	N	REPEATED FROM TRANSMISSION HEADER
070	NUMBER OF FORMS IN TRANSMISSION	10	143	152	N	REPEATED FROM TRANSMISSION HEADER

080	NUMBER OF BATCHES FOR TRANSMISSION	10	153	162	N	REPEATED FROM TRANSMISSION HEADER
090	NUMBER OF DEPOSITS FOR TRANSMISSION	10	163	172	N	REPEATED FROM TRANSMISSION HEADER
100	IDOR APPLIED AMOUNT TOTAL	18	173	190	A/N	CALCULATED IDOR APPLIED AMOUNT TOTAL
110	FORM APPLIED AMOUNT TOTAL	18	191	208	A/N	CALCULATED FORM APPLIED AMOUNT TOTAL
120	IDOR COUNT OF PAYMENTS IN TRANSMISSION	10	209	218	N	IDOR CALCULATED PAYMENTS IN TRANSMISSION
130	IDOR COUNT OF IMAGES FOR TRANSMISSION	10	219	228	N	IDOR CALCULATED IMAGES FOR TRANSMISSION
135	IDOR COUNT OF 4M'S IN TRANSMISSION	10	229	238	N	IDOR CALCULATED 4M'S FOR TRANSMISSION
140	IDOR COUNT OF FORMS IN TRANSMISSION	10	239	248	N	IDOR CALCULATED FORMS IN TRANSMISSION
150	IDOR COUNT OF BATCHES FOR TRANSMISSION	10	249	258	N	IDOR CALCULATED BATCHES FOR TRANSMISSION
160	IDOR COUNT OF DEPOSITS FOR TRANSMISSION	10	259	268	N	IDOR CALCULATED DEPOSITS FOR TRANSMISSION
170	PROCESS TYPE	1	269	269	A/N	"T" = TEST "P" = PRODUCTION
180	TRANSMISSION STATUS	1	270	270	A/N	"A" = ACCEPTED or "R" = REJECTED or "E" = ACCEPTED WITH ERRORS
181	NUMBER OF DELIMITER DETAIL IN TRANSMISSION	10	271	280	N	REPEATED FROM TRANSMISSION HEADER
182	IDOR COUNT OF NUMBER OF DELIMITER DETAIL RECORDS FOR TRANSMISSION	10	281	290	N	IDOR CALCULATED NUMBER OF DELIMITER DETAIL RECORDS FOR TRANSMISSION

### ACK DEPOSIT HEADER

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "01"
010	RECORD TYPE	4	3	6	N	CONSTANT "9000"
020	LOCKBOX NUMBER	4	7	10	A/N	REPEATED FROM DEPOSIT HEADER
030	DEPOSIT DATE	8	11	18	N	REPEATED FROM DEPOSIT HEADER
	DEPOSIT DATE CC	2				DEPOSIT DATE CC
	DEPOSIT DATE YY	2				DEPOSIT DATE YY
	DEPOSIT DATE MM	2				DEPOSIT DATE MM
	DEPOSIT DATE DD	2				DEPOSIT DATE DD
040	<del>LOG BOOK PAGE NO</del>	6	19	24	<del>N</del>	<del>REPEATED FROM DEPOSIT HEADER</del>
050	FINANCIAL INSTITUTE ID	2	25	26	A/N	REPEATED FROM DEPOSIT HEADER
060	RESERVED	9	27	35	A/N	REPEATED FROM DEPOSIT HEADER

070	ACCOUNT NUMBER QUALIFIER CODE	2	36	37	A/N	REPEATED FROM DEPOSIT HEADER
080	RESERVED	17	38	54	A/N	REPEATED FROM DEPOSIT HEADER
090	IDOR APPLIED AMOUNT TOTAL	17	55	71	A/N	REPEATED FROM DEPOSIT HEADER
095	FORM APPLIED AMOUNT TOTAL	17	72	88	A/N	REPEATED FROM DEPOSIT HEADER
100	TOTAL NUMBER OF BATCHES	10	89	98	N	REPEATED FROM DEPOSIT HEADER
110	TOTAL NUMBER OF DOCUMENTS	14	99	112	N	REPEATED FROM DEPOSIT HEADER
120	TOTAL NUMBER OF IMAGES	14	113	126	N	REPEATED FROM DEPOSIT HEADER
130	TOTAL NUMBER OF PAYMENTS	14	127	140	N	REPEATED FROM DEPOSIT HEADER
135	TOTAL NUMBER OF 4M'S	10	141	150	N	REPEATED FROM DEPOSIT HEADER
140	IDOR APPLIED AMOUNT TOTAL	17	151	167	A/N	CALCULATED IDOR APPLIED AMOUNT TOTAL
145	FORM APPLIED AMOUNT TOTAL	17	168	184	A/N	CALCULATED FORM APPLIED AMOUNT TOTAL
150	IDOR COUNT NUMBER OF BATCHES	10	185	194	N	IDOR CALCULATED NUMBER OF BATCHES
160	IDOR COUNT NUMBER OF DOCUMENTS	14	195	208	N	IDOR CALCULATED NUMBER OF DOCUMENTS
170	IDOR COUNT NUMBER OF IMAGES	14	209	222	N	IDOR CALCULATED NUMBER OF IMAGES
180	IDOR COUNT NUMBER OF PAYMENTS	14	223	236	N	IDOR CALCULATED NUMBER OF PAYMENTS
190	IDOR COUNT NUMBER OF 4M'S	10	237	246	N	IDOR CALCULATED NUMBER OF 4M'S
191	TOTAL NUMBER OF DELIMITER DETAIL	10	247	256	N	REPEATED FROM DEPOSIT HEADER
192	IDOR COUNT NUMBER DELIMITER DETAIL RECORDS	10	257	266	N	IDOR CALCULATED NUMBER OF DELIMITER DETAIL RECORDS

### ACK BATCH HEADER

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "03"
010	RECORD TYPE	4	3	6	N	CONSTANT "0300" 0310-0399 = SOURCE BATCHES 0300 = REVENUE BATCH
020	IDOR APPLIED AMOUNT TOTAL	14	7	20	A/N	REPEATED FROM BATCH HEADER
025	FORM APPLIED AMOUNT TOTAL	14	21	34	A/N	REPEATED FROM BATCH HEADER
030	TOTAL NUMBER OF FORMS FOR BATCH	3	35	37	N	REPEATED FROM BATCH HEADER

035	TOTAL NUMBER OF 4M'S IN BATCH	10	38	47	N	REPEATED FROM BATCH HEADER
040	BATCH DATE RECEIVED	8	46	55	N	REPEATED FROM BATCH HEADER
	BATCH DATE RECEIVED CC	2				BATCH DATE RECEIVED
	BATCH DATE RECEIVED YY	2				BATCH DATE RECEIVED CC
	BATCH DATE RECEIVED MM	2				BATCH DATE RECEIVED YY
	BATCH DATE RECEIVED DD	2				BATCH DATE RECEIVED MM
050	REVENUE BATCH NUMBER	12	56	67	A/N	BATCH DATE RECEIVED DD
060	RESERVED	60	68	127	A/N	REPEATED FROM BATCH HEADER
070	BATCH TYPE CODE	2	128	129	A/N	REPEATED FROM BATCH HEADER
080	IDOR APPLIED AMOUNT TOTAL	14	130	143	A/N	CALCULATED IDOR APPLIED AMOUNT TOTAL
085	FORM APPLIED AMOUNT TOTAL	14	144	157	A/N	CALCULATED FORM APPLIED AMOUNT TOTAL
090	IDOR COUNT NUMBER OF FORMS FOR BATCH	3	158	160	N	IDOR CALCULATED NUMBER OF FORMS FOR BATCH
095	IDOR COUNT NUMBER OF 4M'S FOR BATCH	10	161	170	N	IDOR CALCULATED NUMBER OF 4M'S FOR BATCH
096	TOTAL NUMBER OF DELIMITER DETAIL RECORDS IN BATCH	10	171	180	N	REPEATED FROM BATCH HEADER
097	IDOR CALCULATED NUMBER OF DELIMITER DETAIL RECORDS IN BATCH	10	181	190	N	IDOR CALCULATED NUMBER OF DELIMITER DETAIL RECORDS FOR BATCH

FIELD 060 WAS CHANGED TO 60 TO MATCH THE INPUT FIELD 060

### ACK TRANSACTION HEADER

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "02"
010	RECORD TYPE	4	3	6	N	CONSTANT "0400"
020	TRANSACTION ID	26	7	32	A/N	REPEATED FROM TRANSACTION HEADER
030	IDOR APPLIED AMOUNT TOTAL	14	33	46	A/N	REPEATED FROM TRANSACTION HEADER
035	FORM APPLIED AMOUNT TOTAL	14	47	60	A/N	REPEATED FROM TRANSACTION HEADER
040	NUMBER OF PAYMENTS IN TRANSACTION	5	61	65	N	REPEATED FROM TRANSACTION HEADER
050	NUMBER OF IMAGES FOR TRANSACTION	10	66	75	N	REPEATED FROM TRANSACTION HEADER

060	NUMBER OF FORMS IN TRANSACTION	5	76	80	N	REPEATED FROM TRANSACTION HEADER
065	NUMBER OF 4M'S IN TRANSACTION	10	81	90	N	REPEATED FROM TRANSACTION HEADER
066	SCANNER DLN	19	91	109	N	REPEATED FROM TRANSACTION HEADER
070	IDOR APPLIED AMOUNT TOTAL	14	110	123	A/N	CALCULATED IDOR APPLIED AMOUNT TOTAL
080	FORM APPLIED AMOUNT TOTAL	14	124	137	A/N	CALCULATED FORM APPLIED AMOUNT TOTAL
090	IDOR COUNT NUMBER OF PAYMENTS IN TRANSACTION	5	138	142	N	IDOR CALCULATED NUMBER OF PAYMENTS IN TRANSACTION
110	IDOR COUNT NUMBER OF IMAGES IN TRANSACTION	10	143	152	N	IDOR CALCULATED NUMBER OF IMAGES FOR TRANSACTION
120	IDOR COUNT NUMBER OF FORMS IN TRANSACTION	5	153	157	N	IDOR CALCULATED NUMBER OF FORMS IN TRANSACTION
130	IDOR COUNT NUMBER OF 4M'S IN TRANSACTION	10	158	167	N	IDOR CALCULATED NUMBER OF 4M'S IN TRANSACTION
131	NUMBER OF DELIMITER DETAIL RECORDS IN TRANSACTION	10	168	177	N	REPEATED FROM TRANSACTION HEADER
132	IDOR COUNT NUMBER OF DELIMITER DETAIL RECORDS IN TRANSACTION	10	178	187	N	IDOR CALCULATED NUMBER OF DELIMITER DETAIL RECORDS IN TRANSACTION
	<i>FIELD 066 WAS ADDED TO MATCH THE INPUT FIELD 080</i>					

### ACK TRANSMISSION TRAILER

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "08"
010	RECORD TYPE	4	3	6	N	CONSTANT "0101"

### ACK ERROR KEY

ERROR CODE	ERROR DESCRIPTION
000	"No error."
013	"Non-numeric data is present in a numeric field."
014	"Negative number not allowed."
025	"Invalid date."
026	"Invalid value."
027	"Invalid APE qualifier for transmission tax type."
028	"Duplicate image file name."
040	"Invalid IDOR form number for transmission tax type."
050	"Invalid taxpayer ID or check digit."

060	"Invalid image sequence number or out of sequence."
061	"Transaction item sequence number is out of sequence."
062	"Delimiter Detail" sequence number is out of sequence.
080	"Invalid configuration file specified."
090	"Invalid data file name."
091	"Data file name in transmission header is not in zip archive."
092	"Data file name starts with an unrecognized bank abbreviation."
210	"Invalid IDOR document number or out of sequence."
220	"Invalid bank routing number."
230	"Invalid bank account number."
235	"Invalid check number."
240	"Without remit batch has money."
250	"With remit batch doesn't have money."
260	"Invalid batch/station number or duplicate batch number."
270	"Invalid image file name."
275	"Invalid revision number."
280	"Image file referenced in data file is not in zip archive."
281	"Report file referenced in data file is not in zip archive."
285	"Image file in zip archive is not referenced in data file."
300	"Zip file or zip entry exceeds maximum size limit."
301	"Data file can only contain one transmission header record."
302	"Data file can only contain one transmission trailer record."
303	"Data file can only contain one report data record."
304	"Data file must start with a transmission header record."
305	"Data file must end with a transmission trailer record."
306	"Data file must contain a report data record."
307	"Deposit header record must be within a transmission header record."
308	"Batch header record must be within a deposit header record."
309	"Transaction header record must be within a batch header record."
310	"Zip file contains too many zip entries."
311	"Form, payment, or miscellaneous form records must be within a transaction header record."
312	"Image record must be within a form, payment, or miscellaneous form record."
313	"Data file must contain at least one deposit header."
314	"Data file must contain at least one batch header."
315	"Data file must contain at least one transaction header."
317	"Tax type is not consistent with data file name and report name."
318	"Zip entry must be a file not a directory."
319	"Zip file contains duplicate image file names."
320	"Unrecognized zip entry."
321	"Daily report transmissions should only have transmission header/trailer and a report data record."
322	"Transactions must contain at least one form data record."

323	"Sales tax with remit return batch headers should be stand-alone and immediately followed by another batch header for the payment."
324	"Sales tax with remit return batch headers should never follow each other. They should always be separated by payment batch headers."
325	"Sales tax payment batches that follow return batches must use consistent ST-1/ST-2 station numbers."
326	"All form data, payment data, and miscellaneous form data records should have associated image data records."
327	"Delimiter detail record(s) must be within a IL-941 form record"
328	"With remit batches must contain at least one payment data record."
329	"Without remit batches should not contain payment data records."
330	"Zip file contains too many data files."
331	"Invalid delimiter."
332	"Duplicate delimiter."
340	"Zip file contains too many report files."
350	"Zip file does not contain a data file."
360	"Zip file does not contain a report file."
370	"Report file has an unrecognized name."
380	"Daily report zip file should not contain images."
390	"Data file name and report name are not consistent."
800	"Calculated counts/amounts do not match counts/amounts provided by vendor."
801	"Transaction range start value does not match first transaction ID in file."
802	"Transaction range end value does not match last transaction ID in file."
805	"Invalid or duplicate transaction ID."
807	"Invalid or duplicate scanner document locator number."
810	"Transaction ID is not between the transaction ID ranges provided by the vendor."
815	"Duplicate transmission. Transaction ID range has already been used."
850	"Transmission rejected."

## TRANSMISSION HEADER

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "/"
010	RECORD TYPE	4	3	6	N	CONSTANT "0100"

020	CONFIGURATION FILE NAME	20	7	26	A/N	NAME OF CONFIGURATION FILE TO BE USED BY IOD IN TRANSLATING THIS TRANSMISSION. THIS WILL BE A CONSTANT PROVIDED TO THE LOCKBOX BY IDOR. THIS FIELD SHOULD NOT INCLUDE THE FILE EXTENSION.
030	IOD DATA FILE NAME	50	27	76	A/N	NAME OF DATA FILE (NO EXTENSION). SEE FILE NAMING CONVENTIONS. THE NAME OF DATA FILE MUST BE IN UPPERCASE.
040	IDOR APPLIED AMOUNT TOTAL	18	77	94	A/N	FORMAT 15.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL SUM OF TOTAL OF DEPOSIT RECORD(S), FIELD 090 - IDOR APPLIED AMOUNT TOTAL IN THIS TRANSMISSION.
045	FORM APPLIED AMOUNT TOTAL	18	95	112	A/N	FORMAT 15.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL SUM OF TOTAL OF DEPOSIT RECORD(S), FIELD 095 - FORM APPLIED AMOUNT TOTAL IN THIS TRANSMISSION.
050	NUMBER OF PAYMENTS IN TRANSMISSION	10	113	122	N	ENTER TOTAL NUMBER OF PAYMENTS IN FILE. MUST EQUAL THE COUNT OF 05 PAYMENT DATA RECORDS/CHECKS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
060	NUMBER OF IMAGES FOR TRANSMISSION	10	123	132	N	ENTER TOTAL NUMBER OF IMAGES IN FILE. MUST EQUAL THE COUNT OF 06 IMAGE RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
070	NUMBER OF FORMS IN TRANSMISSION	10	133	142	N	ENTER TOTAL NUMBER OF FORMS IN FILE. MUST EQUAL COUNT OF 04 FORM DATA RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
080	NUMBER OF BATCHES FOR TRANSMISSION	10	143	152	N	ENTER TOTAL NUMBER OF BATCHES IN FILE. MUST EQUAL COUNT OF 03 BATCH HEADER RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
090	NUMBER OF DEPOSITS FOR TRANSMISSION	10	153	162	N	ENTER TOTAL NUMBER OF DEPOSITS IN FILE. MUST EQUAL COUNT OF 01 DEPOSIT HEADER RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
100	RESERVED	7	163	169	A/N	RESERVED; SPACE FILL
110	TRANS ID 1	3	170	172	A/N	CONSTANT "823"
120	SOURCE ID	12	173	184	A/N	ETIN + TAX TYPE
	ETIN	5				ETIN
	TAX TYPE	7				APPLICATION TYPE "/941LB " "/501LB " "/1040ES" "/ST1PYL " "/505I "
130	CREATE DATE	8	185	192	N	CCYYMMDD

140	TRANSACTION ID RANGE START	26	193	218	A/N	TRANSACTION ID RANGE START; CCYY-MM-DD-HH.MM.SS.NNNNNN. MUST EQUAL FIRST TRANSACTION ID (FIELD 020) OF THE TRANSACTION HEADER RECORD. SEE NOTE.
150	TRANSACTION ID RANGE END	26	219	244	A/N	TRANSACTION ID RANGE END; CCYY-MM-DD-HH.MM.SS.NNNNNN. MUST EQUAL LAST TRANSACTION ID (FIELD 020) OF THE TRANSACTION HEADER RECORD.
160	NUMBER OF 4M'S FOR TRANSMISSION	10	245	254	N	ENTER TOTAL NUMBER OF 4M'S IN FILE. MUST EQUAL COUNT OF 4M RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
165	RESERVED	32	255	286	A/N	RESERVED; SPACE FILL
170	LOCKBOX NAME	35	287	321	A/N	LOCKBOX NAME
171	NUMBER OF DELIMITER DETAIL RECORDS IN TRANSMISSION	10	322	331	N	IF FORM TYPE IS IL-941, TOTAL NUMBER OF DELIMITER DETAIL RECORDS IN TRANSMISSION. RIGHT JUSTIFY, LEFT ZERO FILL.
	<i>ONLY ONE PER FILE MUST BE FIRST LINE OF FILE</i>					<i>**** NOTE ****</i>
						<i>THE RANGE OF TIMESTAMP VALUES SPECIFIED BY FIELD 140 (TRANSACTION ID RANGE START) AND FIELD 150 (TRANSACTION ID RANGE END) CANNOT OVERLAP WITH ANY OF THE RANGES PREVIOUSLY SPECIFIED.</i>

## DEPOSIT HEADER

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "01"
010	RECORD TYPE	4	3	6	N	CONSTANT "9000"
020	LOCKBOX NUMBER	4	7	10	A/N	CONSTANT "0001"
030	DEPOSIT DATE	8	11	18	N	CCYMMDD; ENTER DEPOSIT DATE
	DEPOSIT DATE CC	2				DEPOSIT DATE CC
	DEPOSIT DATE YY	2				DEPOSIT DATE YY
	DEPOSIT DATE MM	2				DEPOSIT DATE MM
	DEPOSIT DATE DD	2				DEPOSIT DATE DD
040	LOG BOOK PAGE NO	6	19	24	N	LOG BOOK PAGE NO; ENTER LOG PAGE NUMBER. SEE NOTE.
050	FINANCIAL INSTITUTE ID	2	25	26	A/N	CONSTANT "01"
060	RESERVED	9	27	35	A/N	RESERVED; SPACE FILL.

070	ACCOUNT NUMBER QUALIFIER CODE	2	36	37	A/N	CONSTANT "DA"
080	RESERVED	17	38	54	A/N	RESERVED; SPACE FILL.
090	IDOR APPLIED AMOUNT TOTAL	17	55	71	A/N	FORMAT 14.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE SUM OF THE TOTAL OF BATCH HEADER RECORD(S), FIELD 020 - IDOR APPLIED AMOUNT TOTAL IN THIS DEPOSIT.
095	FORM APPLIED AMOUNT TOTAL	17	72	88	A/N	FORMAT 14.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE SUM OF THE BATCH HEADER RECORD(S), FIELD 025 - FORM APPLIED AMOUNT TOTAL IN THIS DEPOSIT.
100	TOTAL NUMBER OF BATCHES	10	89	98	N	ENTER TOTAL NUMBER OF BATCHES IN DEPOSIT. MUST EQUAL COUNT OF 03 BATCH HEADER RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
110	TOTAL NUMBER OF FORMS	14	99	112	N	ENTER TOTAL NUMBER OF FORMS IN DEPOSIT. MUST EQUAL COUNT OF 04 FORM DATA RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
120	TOTAL NUMBER OF IMAGES	14	113	126	N	ENTER TOTAL NUMBER OF IMAGES IN DEPOSIT. MUST EQUAL COUNT OF 06 IMAGE RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
130	TOTAL NUMBER OF PAYMENTS	14	127	140	N	ENTER TOTAL NUMBER OF PAYMENTS IN DEPOSIT. MUST EQUAL COUNT OF 05 PAYMENT RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
140	TOTAL NUMBER OF 4M'S IN DEPOSIT	10	141	150	N	ENTER TOTAL NUMBER OF 4M'S IN DEPOSIT. MUST EQUAL COUNT OF 4M RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
141	NUMBER OF DELIMITER DETAIL RECORDS IN DEPOSIT	10	151	160	N	IF FORM TYPE IS IL-941, TOTAL NUMBER OF DELIMITER DETAIL RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
						<b>****NOTE****</b>
						<i>ALL BATCHES IN THE DEPOSIT MUST HAVE THE SAME LOG PAGE NUMBER. FORMAT FOR THIS IS 0NNNNN WHERE NNNNN IS THE LOG PAGE NUMBER FOR THE BATCHES IN THIS DEPOSIT.</i>

## BATCH HEADER

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "03"
010	RECORD TYPE	4	3	6	N	CONSTANT "0300" 0310-0399 = SOURCE BATCHES 0300 = REVENUE BATCH
020	IDOR APPLIED AMOUNT TOTAL	14	7	20	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE AMOUNT OF FORM DATA RECORDS, FIELD 160 - IDOR APPLIED AMOUNTS FOR THIS BATCH.
025	FORM APPLIED AMOUNT TOTAL	14	21	34	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE AMOUNT OF FORM DATA RECORDS, FIELD 165 - FORM APPLIED AMOUNTS FOR THIS BATCH.
030	TOTAL NUMBER OF FORMS FOR BATCH	3	35	37	N	ENTER TOTAL NUMBER OF FORMS IN BATCH. MUST EQUAL COUNT OF 04 FORM DATA RECORDS IN BATCH. RIGHT JUSTIFY, LEFT ZERO FILL.
040	BATCH DATE RECEIVED	8	38	45	N	CCYYMMDD
	BATCH DATE RECEIVED CC	2				BATCH DATE RECEIVED CC
	BATCH DATE RECEIVED YY	2				BATCH DATE RECEIVED YY
	BATCH DATE RECEIVED MM	2				BATCH DATE RECEIVED MM
	BATCH DATE RECEIVED DD	2				BATCH DATE RECEIVED DD
050	REVENUE BATCH NUMBER	12	46	57	N	REVENUE BATCH = JULIAN PROCESSING DATE + 3 DIGIT STATION NUMBER + 2 DIGIT REVENUE BATCH SEQUENCE NUMBER CCYJJNNNNN; FIRST 7 DIGITS MUST BE A VALID JULIAN DATE > TODAY'S DATE - 1 YEAR AND <= TODAY'S DATE.
060	NUMBER OF 4M'S IN BATCH	10	58	67	N	ENTER TOTAL NUMBER OF 4M'S IN BATCH. MUST EQUAL COUNT OF 4M RECORDS IN BATCH. RIGHT JUSTIFY, LEFT ZERO FILL.
065	RESERVED	60	68	127	A/N	RESERVED; SPACE FILL

070	BATCH TYPE CODE	2	128	129	A/N	ENTER " " IF BATCH IS WITH REMITTANCE. ENTER "09" IF BATCH IS WITHOUT REMITTANCE.
071	NUMBER OF DELIMITER DETAIL RECORDS IN BATCH	10	130	139	N	IF FORM TYPE IS IL-941, TOTAL NUMBER OF DELIMITER DETAIL RECORDS IN BATCH. RIGHT JUSTIFY, LEFT ZERO FILL.

*ONE PER IDOR BATCH  
MUST APPEAR AFTER TRANSMISSION  
HEADER*

### TRANSACTION HEADER

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "02"
010	RECORD TYPE	4	3	6	N	CONSTANT "0400"
020	TRANSACTION ID	26	7	32	A/N	CCYY-MM-DD- HH.MM.SS.NNNNNN UNIQUE TIMESTAMP TO SOURCE. MUST BE WITHIN TRANSMISSION HEADER TRANSACTION ID RANGE START AND END.
030	IDOR APPLIED AMOUNT TOTAL	14	33	46	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE SUM OF THE FORM DATA RECORD(S), FIELD 160 - IDOR APPLIED AMOUNT IN THIS TRANSACTION.
035	FORM APPLIED AMOUNT TOTAL	14	47	60	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE SUM OF THE FORM DATA RECORD(S), FIELD 165 - FORM APPLIED AMOUNT IN THIS TRANSACTION AND MUST EQUAL THE SUM OF THE PAYMENT DATA RECORD(S), FIELD 120 - PAYMENT RECEIVED AMOUNT IN THIS TRANSACTION.
040	NUMBER OF PAYMENTS IN TRANSACTION	5	61	65	N	ENTER TOTAL NUMBER OF PAYMENTS IN TRANSACTION. MUST EQUAL COUNT OF 05 PAYMENT DATA RECORDS\CHECKS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.

050	NUMBER OF IMAGES FOR TRANSACTION	10	66	75	N	ENTER TOTAL NUMBER OF IMAGES IN TRANSACTION. MUST EQUAL COUNT OF 06 IMAGE RECORDS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.
060	NUMBER OF FORMS IN TRANSACTION	5	76	80	N	ENTER TOTAL NUMBER OF FORMS IN TRANSACTION. MUST EQUAL COUNT OF 04 FORM DATA RECORDS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.
070	NUMBER OF 4M'S IN TRANSACTION	10	81	90	N	ENTER TOTAL NUMBER OF 4M'S IN TRANSACTION. MUST EQUAL COUNT OF 4M RECORDS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.
080	SCANNER DLN	19	91	109	N	<p>ENTER TRANSACTION LEVEL DOCUMENT LOCATOR NUMBER IN THE FOLLOWING FORMAT:  YYJJSSNNBBBBBBDDDD</p> <ul style="list-style-type: none"> <li>· YY = 2 DIGIT YEAR OF DATE SCANNED</li> <li>· JJJ = 3 DIGIT JULIAN DAY OF DATE SCANNED</li> <li>· SS = SCANNER JOB NUMBER AS ASSIGNED BY THE VENDOR FOR THE FOLLOWING FORMS <ul style="list-style-type: none"> <li>o IL-501</li> <li>o IL-941</li> <li>o IL-1040-ES</li> <li>o IL-505-I</li> <li>o ST-1/ST-2</li> </ul> </li> <li>· NN = SCANNER NUMBER AS ASSIGNED BY IDOR AFTER VENDOR SELECTION.</li> <li>· BBBBBBB = SEQUENTIAL BATCH NUMBER AS ASSIGNED BY LOCKBOX LOCKBOX. THIS BATCH NUMBER IS NOT ASSOCIATED WITH THE REVENUE BATCH NUMBER. LEFT ZERO FILL.</li> <li>· DDD = SEQUENTIAL TRANSACTION NUMBER INCREMENTED FOR EACH TRANSACTION AS ASSIGNED BY LOCKBOX BANK. LEFT ZERO FILL. REQUIRED FIELD AT REQUIRED LENGTH FOR EACH PART OF THE DEFINITION. JULIAN DATE MUST BE VALID. NO JUSTIFICATION. NO SPACES. THE DLN MUST BE UNIQUE FOR EACH TRANSACTION ACROSS ALL FILES.</li> </ul>

081	NUMBER OF DELIMITER DETAIL RECORDS IN TRANSACTION	10	110	119	N	IF FORM TYPE IS IL-941, TOTAL NUMBER OF DELIMITER DETAIL RECORDS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.
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## FORM DATA RECORD

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "04"
010	RECORD TYPE	4	3	6	N	CONSTANT "0501"
020	APE QUALIFIER	2	7	8	N	01=CCYY-Q 02=CCYY-MM 03=CCYY-MM-DD 04=CCYY
030	APE	10	9	18	A/N	REQUIRED IF APE > SPACES IF VALID APE AVAILABLE, FIELD MUST CONTAIN A VALID DATE IN THE PROPER FORMAT AS IDENTIFIED IN THE FORM DATA RECORD, FIELD 020 - APE QUALIFIER; YEAR PORTION OF THE APE MUST BE >= 1928; LEFT JUSTIFY, RIGHT SPACE FILL. IF APE UNKNOWN OR INVALID, FIELD MUST CONTAIN TEN (10) SPACES.
040	FEIN	13	19	31	A/N	TAXPAYER ID. FEIN + SEQ + CHECK DIGIT
	FEIN	9				OPTIONAL; IF PRESENT MUST BE 9 NUMERIC. SPACE FILL OR ZERO FILL IF NOT PRESENT OR INVALID*. INVALID.
	SEQUENCE NUMBER	3				OPTIONAL; SEQUENCE NUMBER FROM FORM. IF PRESENT MUST BE 3 NUMERIC. MUST BE BETWEEN 000-099 (INCLUSIVE), 777, or 999. SPACE FILL IF NOT PRESENT OR
	CHECK DIGIT	1				OPTIONAL; VALID CHECK DIGIT MATCHES THE RESULT OF A CHECK DIGIT ROUTINE. SPACE FILL IF NOT PRESENT.
050	IBT	8	32	39	A/N	TAXPAYER ID. IBT; OPTIONAL, MUST BE 8 NUMERIC. SPACE FILL OR ZERO FILL IF NOT PRESENT OR INVALID*.
060	SSN	14	40	53	A/N	TAXPAYER ID. SSN + POST + CHECK DIGIT
	SSN	9				OPTIONAL; IF PRESENT MUST BE 9 NUMERIC. SPACE FILL OR ZERO FILL IF NOT PRESENT OR INVALID*.
	POST	4				OPTIONAL; IF PRESENT MUST BE VALID. VALID POST IS ALPHA ONLY AND AT LEAST 2 POSITIONS WITH NO EMBEDDED SPACES. SPACE FILL IF NOT PRESENT.
	CHECK DIGIT	1				OPTIONAL; VALID CHECK DIGIT MATCHES THE RESULT OF A CHECK DIGIT ROUTINE. SPACE FILL IF NOT PRESENT.

070	SPOUSE SSN	14	54	67	A/N	TAXPAYER ID. SPOUSE SSN + POST + CHECK DIGIT
	SPOUSE SSN	9				OPTIONAL; IF PRESENT MUST BE 9 NUMERIC. SPACE FILL OR ZERO FILL IF NOT PRESENT OR INVALID*.
	POST	4				OPTIONAL; IF PRESENT MUST BE VALID. VALID POST IS ALPHA ONLY AND AT LEAST 2 POSITIONS WITH NO EMBEDDED SPACES. SPACE FILL IF NOT PRESENT.
	CHECK DIGIT	1				OPTIONAL; VALID CHECK DIGIT MATCHES THE RESULT OF A CHECK DIGIT ROUTINE. SPACE FILL IF NOT PRESENT.
080	TRANSACTION ITEM SEQUENCE	5	68	72	N	<p>UNIQUE NUMBER FOR EACH FORM, PAYMENT OR 4M RECORD WITHIN THE TRANSACTION. ITEMS (FORM, PAYMENT AND 4M RECORDS) MUST APPEAR IN FILE IN SAME ORDER IN THE FILE AS TRANSACTION ITEM SEQUENCE NUMBERS GIVEN FOR THESE RECORDS. A TRANSACTION IS DEFINED AS ALL THE FORMS, PAYMENTS AND 4M'S THAT GO TOGETHER. A TRANSACTION CAN CONTAIN MULTIPLE FORMS AND OR MULTIPLE PAYMENTS AND OR MULTIPLE 4M'S OR COULD CONTAIN ONLY ONE FORM, ONE PAYMENT AND 4M.</p> <p>THE TRANSACTION ITEM SEQUENCE NUMBER SHOULD START AT ZERO FOR THE FIRST FORM, PAYMENT OR 4M AND INCREMENT BY ONE FOR EACH ADDITIONAL FORM, PAYMENT OR 4M WITHIN THE SAME TRANSACTION. FOR EXAMPLE, IF A TRANSACTION HAS ONE FORM, ONE PAYMENT RECORD AND ONE 4M RECORD, THE FORM WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00000, THE PAYMENT RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00001 AND THE 4M RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00002. TRANSACTION ITEM SEQUENCE NUMBERS DO NOT APPLY TO IMAGE RECORDS.</p>

						"603" = IL-1040ES "677" = ST-1 PAYMENT "710" = IL-941 "711" = IL-501 "712" = IL-505-I "002" = ST-1 RETURN WITH AND WITHOUT REMIT
090	IDOR IOD FORM NUMBER	3	73	75	A/N	
100	REVENUE BATCH NUMBER	12	76	87	N	REVENUE BATCH =JULIAN PROCESSING DATE + 3 DIGIT STATION NUMBER + 2 DIGIT REVENUE BATCH SEQUENCE NUMBER CCYYJJNNNNN; FIRST 7 DIGITS MUST BE A VALID JULIAN DATE > TODAY'S DATE - 1 YEAR AND <= TODAY'S DATE.
110	REVENUE DOCUMENT NBR	3	88	90	N	MUST BE PRESENT AND BEGIN WITH 000. MUST BE IN NUMERIC SEQUENCE 000, 001, 002.
120	SOURCE DATE RECEIVED	10	91	100	A/N	CCYY-MM-DD; MUST BE >TODAY'S DATE - 1 YEAR MUST BE <= TODAY'S DATE SOURCE DATE RECEIVED <= SOURCE DATE PROCESSED
130	SOURCE DATE PROCESSED	10	101	110	A/N	CCYY-MM-DD; MUST BE >TODAY'S DATE - 1 YEAR MUST BE <= TODAY'S DATE SOURCE DATE PROCESSED >= SOURCE DATE RECEIVED
140	SOURCE BATCH DOCUMENT NUMBER	50	111	160	A/N	SOURCE BATCH DOCUMENT NUMBER; SPACE FILL IF NOT PRESENT.
150	ENVELOPE DATE	10	161	170	A/N	CCYY-MM-DD; MUST BE > 01-01-1928 AND <= TODAY'S DATE. FOR ST14's, ENTER THE CCYYMMDD IF LATE. ENTER THE ENVELOPE POSTMARK DATE. ENTER THE SIGNATURE DATE IF THERE IS NOT AN ENVELOPE POSTMARK DATE. ENTER THE CHECK DATE IF THERE IS NOT AN ENVELOPE DATE OR SIGNATURE DATE.
160	IDOR APPLIED AMOUNT	14	171	184	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. AMOUNT OF PAYMENT APPLIED TO THE IDOR PORTION OF THIS FORM. WHEN A SINGLE CHECK ASSOCIATED WITH A SINGLE FORM, SHOULD EQUAL IDOR PORTION OF THE CHECK.
165	FORM APPLIED AMOUNT	14	185	198	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. AMOUNT OF PAYMENT APPLIED TO THIS FORM (REGARDLESS OF RECEIVING AGENCY). WHEN A SINGLE CHECK ASSOCIATED WITH A SINGLE FORM, SHOULD EQUAL AMOUNT OF THE CHECK.
170	NUMBER OF IMAGES FOR FORM	4	199	202	N	ENTER TOTAL NUMBER OF IMAGES FOR FORM. RIGHT JUSTIFY, LEFT ZERO FILL.
180	NUMBER OF TAXPAYER IDS FOR FORM	1	203	203	N	ENTER TOTAL NUMBER OF VALID FEINS, IBTS, SSNS, AND SPOUSE SSNS FOR FORM. ANY FEINS, IBTS, SSNS, AND SPOUSE SSNS THAT CONTAINS VALUES OF ALL ZEROS OR SPACES OR ALL NINES SHOULD NOT BE INCLUDED IN COUNT OF TAXPAYER IDS. RIGHT JUSTIFY, LEFT ZERO FILL.

181	VOUCHER NUMBER	1	204	204	N	VOUCHER NUMBER
182	FREE FORM CODE	49	205	253	A/N	FREE FORM CODE
183	SECONDARY REVENUE BDN - BATCH NUMBER	12	254	265	A/N	VALID BDN REQUIRED OTHERWISE SPACE FILL. THIS FIELD (AND THE FOLLOWING ONE) SHOULD ONLY BE USED FOR REVENUE BDNS FOR DOCUMENTS WHICH ARE NOT REPRESENTED IN THE DATA BEING SENT IN THE FORM RECORD (BUT INSTEAD ARE RELATED TO THE REPRESENTED DOCUMENT). THE BDN FOR THE DOCUMENT WHOSE DATA IS CONTAINED IN THIS RECORD SHOULD INSTEAD BE SENT IN THE REVENUE BATCH NUMBER AND REVENUE DOCUMENT NUMBER FIELDS (100 and 110). AN EXAMPLE OF WHEN THIS FIELD MIGHT BE USED WOULD BE WHEN A RETURN BDN IS BEING INCLUDED IN THE RECORD FOR A PAYMENT VOUCHER THAT WAS ATTACHED TO THE RETURN; IN THIS CASE THE PAYMENT VOUCHER BDN BELONGS IN THE 100 AND 110 FIELDS, AND THE RETURN BDN BELONGS IN THE 183 AND 184 FIELDS. REVENUE BATCH =JULIAN PROCESSING DATE + 3 DIGIT STATION NUMBER + 2 DIGIT REVENUE BATCH SEQUENCE NUMBER CCYYJJNNNNN; FIRST 7 DIGITS MUST BE A VALID JULIAN DATE > TODAY'S DATE - 1 YEAR AND <= TODAY'S DATE.
184	SECONDARY REVENUE BDN - DOCUMENT NUMBER	3	266	268	A/N	SPACE FILL IF NOT PRESENT. SEE COMMENT FOR PREVIOUS FIELD (183) MUST BEGIN WITH 000 WHEN PRESENT. MUST BE IN NUMERIC SEQUENCE 000, 001, 002.
185	SECONDARY SOURCE BATCH DOCUMENT NUMBER	50	269	318	A/N	SECONDARY SOURCE BATCH DOCUMENT NUMBER; SPACE FILL IF NOT PRESENT.
190	RESERVED	23	319	341	A/N	RESERVED; SPACE FILL.

*\* INVALID MEANS ALPHA, EMBEDDED  
SPACE OR EMBEDDED SPACES, TOO SHORT  
OR TOO LONG.*

**941 FORM DATA RECORD**

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
200	TRANS TYPE	3	342	344	N	MUST ENTER '916' WITH REMIT OR '917' WITHOUT REMIT.
210	FIRST RETURN CHECKBOX	1	345	345	A/N	Y' OR SPACE. STEP 1 - FIRST RETURN CHECKBOX.
220	NAME CHANGE CHECKBOX	1	346	346	A/N	Y' OR SPACE. STEP 1 - NAME CHANGE CHECKBOX.
230	ADDRESS CHANGE CHECKBOX	1	347	347	A/N	Y' OR SPACE. STEP 1 - ADDRESS CHANGE CHECKBOX.
240	ANNUAL FILER CHECKBOX	1	348	348	A/N	Y' OR SPACE. STEP 1 - ANNUAL FILER CHECKBOX.
250	TOTAL NUMBER OF W2'S	7	349	355	N	TOTAL NUMBER OF W2'S. STEP 2 - LINE A. FORMAT RIGHT JUSTIFY, LEFT ZERO FILL. ZERO FILL IF NOT PRESENT.
260	PERMANENT STOPPED WITHHOLDING CHECKBOX	1	356	356	A/N	Y' OR SPACE. STEP 2 - LINE B, PERMANENT STOPPED WITHHOLDING CHECKBOX
270	PERMANENT STOPPED WITHHOLDING	10	357	366	A/N	CCYY-MM-DD, DATE WHEN PERMANENTLY STOPPED WITHHOLDING. STEP 2 - LINE B.
280	TOTAL COMPENSATION AND WINNING	14	367	380	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 3 - LINE 1. FOR 2017 AND NEWER SPACE FILL AND MOVE LINE AMOUNTS TO DELIMITER DATA RECORD.
290	TAX WITHHELD	12	381	392	A/N	FORMAT 9.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 4 - LINE 2. FOR 2017 AND NEWER SPACE FILL AND MOVE LINE AMOUNTS TO DELIMITER DATA RECORD.
300	WITHHOLDING PAYMENTS	14	393	406	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 5 - LINE 3. FOR 2017 AND NEWER SPACE FILL AND MOVE LINE AMOUNTS TO DELIMITER DATA RECORD.
310	CREDIT CARRY FORWARD	14	407	420	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 5 - LINE 4. FOR 2017 AND NEWER SPACE FILL AND MOVE LINE AMOUNTS TO DELIMITER DATA RECORD.

320	DCEO CREDITS RECEIVED	14	421	434	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 5 - LINE 5. FOR 2017 AND NEWER SPACE FILL AND MOVE LINE AMOUNTS TO DELIMITER DATA RECORD.
330	TOTAL PAYMENTS AND CREDITS	14	435	448	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 5 - LINE 6. FOR 2017 AND NEWER SPACE FILL AND MOVE LINE AMOUNTS TO DELIMITER DATA RECORD.
340	TAX DUE	14	449	462	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 6 - LINE 7. FOR 2017 AND NEWER SPACE FILL AND MOVE LINE AMOUNTS TO DELIMITER DATA RECORD.
350	CLAIMED CREDIT	14	463	476	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 6 - LINE 8. 2016 ONLY. 2017 AND NEWER SPACE FILL.
360	FREE FORM CODES	107	477	583	A/N	ENTER 'NS' IF THERE IS NO SIGNATURE OR STAMPED SIGNATURE. ENTER 'DR' AND 5 DIGITS FOR THE DATE RECEIVED IF CODED. EXAMPLE - DRYJJJ.
370	BUSINESS NAME	35	584	618	A/N	BUSINESS NAME. SPACE FILL IF NOT PRESENT.
380	C/O NAME	35	619	653	A/N	C/O NAME. SPACE FILL IF NOT PRESENT.
390	ADDRESS LINE 1	30	654	683	A/N	ADDRESS LINE 1. SPACE FILL IF NOT PRESENT.
400	ADDRESS LINE 2	30	684	713	A/N	ADDRESS LINE 2. SPACE FILL IF NOT PRESENT.
410	CITY	20	714	733	A/N	CITY. SPACE FILL IF NOT PRESENT.
420	STATE	2	734	735	A/N	STATE. SPACE FILL IF NOT PRESENT.
430	ZIP	9	736	744	A/N	ZIP. SPACE FILL IF NOT PRESENT.
	THESE ARE REQUIRED FIELDS AND ARE NEW FOR FORM IL-941 2017 AND NEWER. SPACE OR ZERO FILL IF 2016 OR OLDER APE. *****					
440	CHECK BOX C	1	745	745	A/N	Y' OR SPACE. STEP 2 - CHECK BOX C.
450	TAXPAYER DAYTIME PHONE NUMBER	10	746	755	A/N	STEP 7 - TAXPAYER DAYTIME PHONE NUMBER. SPACE FILL IF NOT PRESENT.
460	PAID PREPARER NAME	30	756	785	A/N	STEP 7 - PAID PREPARER NAME. SPACE FILL IF NOT PRESENT.

470	PTIN	9	786	794	A/N	STEP 7 - PTIN. SPACE FILL IF NOT PRESENT.
480	PREPARER DAYTIME PHONE NUMBER	10	795	804	A/N	STEP 7 - PREPARER DAYTIME PHONE NUMBER. SPACE FILL IF NOT PRESENT.
490	DISCUSS RETURN CHECKBOX	1	805	805	A/N	Y' OR SPACE. STEP 7 - DISCUSS RETURN CHECKBOX
500	NUMBER OF DELIMITER DETAIL RECORDS FOR FORM	10	806	815	N	IF FORM TYPE IS IL-941, TOTAL NUMBER OF DELIMITER DETAIL RECORDS FOR FORM. RIGHT JUSTIFY, LEFT ZERO FILL.
*****	<i>NOTE:</i>					
	<i>FOR FORM IL-941 STEP 3 LINE 1 - STEP 4 LINE 2 - STEP 5 LINES 3 - 6 AND STEP 6, LINE 7 ARE NOW COLLECTED ON THE DELIMITER DATA RECORD AND FOR 2017 AND NEWER. THE ORDERING OF THE STEP 5 LINES HAS BEEN CHANGED.</i>					

**DELIMITER DETAIL**

*THIS RECORD OCCURS ONCE FOR EACH DELIMITERIZED LINE ON THE PAPER FORM IL-941*

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS.
005	RECORD ID	2	1	2	A/N	CONSTANT "DD"
010	RECORD TYPE	4	3	6	N	CONSTANT "9002"
020	RESERVED	61	7	67	A/N	RESERVED; SPACE FILL.
080	DELIMITER DETAIL SEQUENCE	5	68	72	N	A UNIQUE NUMBER FOR THE 941 FORM, DELIMITER DETAIL RECORD AS IT RELATES TO THE FORM. THIS DOES NOT REPRESENT A LINE VALUE BUT RATHER A COUNTER FOR THE RECORD(S). DELIMITER DETAIL SEQUENCE NUMBERS SHOULD START AT 0001.
090	DELIMITER VALUES	3	73	75	A/N	VALID DELIMITER VALUES. SEE NOTE BELOW.
100	LINE AMOUNT	14	76	89	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL.
	<i>*****NOTE</i>					
	<i>FIELDS 090 AND 100 ARE MATCHING AND ARE BOTH ARE REQUIRED WHEN DATA IS FILLED IN ON THE FORM.</i>					
	<i>FIELD 090 IS THE DELIMITER AND FIELD 100 REPRESENTS AN AMOUNT.</i>					
	<i>DELIMITERS ARE SHOWN ON THE PAPER FORM IL-941 2017 AND NEWER.</i>					

	<i>DELIMITERS ARE USED FOR THE FOLLOWING LINES.</i>					
	<i>STEP 3, LINE 1. VALUE 31.</i>					
	<i>STEP 4, SECTION 2, LINES 1-31. VALUES A1 - A31.</i>					
	<i>STEP 4, SECTION 2, LINE 2A. VALUE 42A.</i>					
	<i>STEP 4, SECTION 2C, LINES 1-31. VALUES C1 - C31.</i>					
	<i>STEP 4, SECTION 2C, LINE 2C. VALUE 42C.</i>					
	<i>STEP 4, SECTION 2D, LINES 1-31. VALUES D1 - D31.</i>					
	<i>STEP 4, SECTION 2D, LINE 2D. VALUE 42D.</i>					
	<i>STEP 4, LINE 2. VALUE 42.</i>					
	<i>STEP 5, LINES 3 - 6. VALUES 53 - 56.</i>					
	<i>STEP 6, LINE 7. VALUE 67.</i>					
	<i>DELIMITERS ARE 3 CHARACTERS LONG. DELIMITERS THAT ARE LESS THAN 3 CHARACTERS ARE LEFT JUSTIFIED WITH RIGHT TRAILING SPACES.</i>					

EXAMPLE 1 : A QUARTERLY RETURN FILED FOR APRIL, MAY AND JUNE - STEP 4, LINE 2 LINE.  
APRIL EXAMPLE IS FOR APRIL 1ST, 100.00 - APRIL 15TH, 200.00 - APRIL 30TH, 300.00 AND THE LINE 2A.

DD9002(61 SPACES)0001A1 00000000100.00

DD9002(61 SPACES)0002A1500000000200.00

DD9002(61 SPACES)0003A3000000000300.00

DD9002(61 SPACES)0004A2A00000000600.00

MAY EXAMPLE IS FOR MAY 9TH, 500.00 - MAY 23RD, 500.00 -MAY 31ST, 500.00 AND THE LINE 2C.

DD9002(61 SPACES)0005C9 00000000500.00

DD9002(61 SPACES)0006C2300000000500.00

DD9002(61 SPACES)0007C3100000000500.00

DD9002(61 SPACES)0008A2C00000001500.00

JUNE EXAMPLE IS FOR JUNE 30TH, 2000.00 AND THE LINE 2D.

DD9002(61 SPACES)0009D3000000002000.00

DD9002(61 SPACES)0010A2D00000002000.00

STEP 4, LINE 2 LINE.

DD9002(61 SPACES)0011A2 00000004100.00

EXAMPLE 2: IF YOU HAVE A TRANSACTION WITH ONE 941 FORM RECORD AND ONE PAYMENT RECORD AND TWO IMAGE RECORDS, THREE DELIMITER DETAIL RECORDS THAT APPLY TO THE 941 FORM AND TWO IMAGES THAT APPLY TO THE PAYMENT, THE RECORD PATTERN SHOULD BE AS FOLLOWS:

TRANSACTION RECORD

941 FORM RECORD

IMAGE RECORD FOR FORM IMAGE SEQUENCE NUMBER 0001

IMAGE RECORD FOR FORM IMAGE SEQUENCE NUMBER 0002

DELIMITER DETAIL SEQUENCE NUMBER 0001

DELIMITER DETAIL SEQUENCE NUMBER 0002

DELIMITER DETAIL SEQUENCE NUMBER 0003

PAYMENT RECORD

IMAGE RECORD FOR PAYMENT IMAGE SEQUENCE NUMBER 0001

IMAGE RECORD FOR PAYMENT IMAGE SEQUENCE NUMBER 0002

EXAMPLE 3: STEP 3 LINE 1 AND LINE AMOUNTS FOR STEP 5.

DD9002(61 SPACES)000131 00000000102.00

DD9002(61 SPACES)000253 00000000002.00

DD9002(61 SPACES)000354 00000000004.00

DD9002(61 SPACES)000455 00000000006.00

DD9002(61 SPACES)000556 00000000012.00

**4M**

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "4M"
010	RECORD TYPE	4	3	6	N	CONSTANT "0502"
020	RESERVED	61	7	67	A/N	RESERVED; SPACE FILL.

						UNIQUE NUMBER FOR EACH FORM, PAYMENT OR 4M RECORD WITHIN THE TRANSACTION. ITEMS (FORM, PAYMENT AND 4M RECORDS) MUST APPEAR IN FILE IN SAME ORDER IN THE FILE AS TRANSACTION ITEM SEQUENCE NUMBERS GIVEN FOR THESE RECORDS. A TRANSACTION IS DEFINED AS ALL THE FORMS, PAYMENTS AND 4M'S THAT GO TOGETHER. A TRANSACTION CAN CONTAIN MULTIPLE FORMS AND OR MULTIPLE PAYMENTS AND OR MULTIPLE 4M'S OR COULD CONTAIN ONLY ONE FORM, ONE PAYMENT AND 4M. THE TRANSACTION ITEM SEQUENCE NUMBER SHOULD START AT ZERO FOR THE FIRST FORM, PAYMENT OR 4M AND INCREMENT BY ONE FOR EACH ADDITIONAL FORM, PAYMENT OR 4M WITHIN THE SAME TRANSACTION. FOR EXAMPLE, IF A TRANSACTION HAS ONE FORM, ONE PAYMENT RECORD AND ONE 4M RECORD, THE FORM WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00000, THE PAYMENT RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00001 AND THE 4M RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00002. TRANSACTION ITEM SEQUENCE NUMBERS DO NOT APPLY TO IMAGE RECORDS.
080	TRANSACTION ITEM SEQUENCE	5	68	72	N	
090	IDOR FORM NUMBER	3	73	75	A/N	"691" = ENVELOPE
100	RESERVED	123	76	198	N	RESERVED; SPACE FILL.
170	NUMBER OF IMAGES FOR 4M RECORD	4	199	202	A/N	ENTER TOTAL NUMBER OF IMAGES FOR 4M. RIGHT JUSTIFY, LEFT ZERO FILL.
180	RESERVED	139	203	341	A/N	RESERVED; SPACE FILL.

### PAYMENT DATA

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "05"
010	RECORD TYPE	4	3	6	N	CONSTANT "0503"

						UNIQUE NUMBER FOR EACH FORM, PAYMENT OR 4M RECORD WITHIN THE TRANSACTION. ITEMS (FORM, PAYMENT AND 4M RECORDS) MUST APPEAR IN FILE IN SAME ORDER IN THE FILE AS TRANSACTION ITEM SEQUENCE NUMBERS GIVEN FOR THESE RECORDS. A TRANSACTION IS DEFINED AS ALL THE FORMS, PAYMENTS AND 4M'S THAT GO TOGETHER. A TRANSACTION CAN CONTAIN MULTIPLE FORMS AND OR MULTIPLE PAYMENTS AND OR MULTIPLE 4M'S OR COULD CONTAIN ONLY ONE FORM, ONE PAYMENT AND 4M. THE TRANSACTION ITEM SEQUENCE NUMBER SHOULD START AT ZERO FOR THE FIRST FORM, PAYMENT OR 4M AND INCREMENT BY ONE FOR EACH ADDITIONAL FORM, PAYMENT OR 4M WITHIN THE SAME TRANSACTION. FOR EXAMPLE, IF A TRANSACTION HAS ONE FORM, ONE PAYMENT RECORD AND ONE 4M RECORD, THE FORM WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00000, THE PAYMENT RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00001 AND THE 4M RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00002. TRANSACTION ITEM SEQUENCE NUMBERS DO NOT APPLY TO IMAGE RECORDS.
020	TRANSACTION ITEM SEQUENCE	5	7	11	N	
030	PAYMENT METHOD CODE	3	12	14	A/N	CHK=CHECK CSH=CASH
040	NUMBER OF IMAGES FOR PAYMENT	4	15	18	N	ENTER TOTAL NUMBER OF IMAGES FOR PAYMENT. RIGHT JUSTIFY, LEFT ZERO FILL.
050	SOURCE DATE RECEIVED	10	19	28	A/N	CCYY-MM-DD; MUST BE >TODAY'S DATE - 1 YEAR MUST BE <= TODAY'S DATE SOURCE DATE RECEIVED <= SOURCE DATE PROCESSED

						CCYY-MM-DD; MUST BE >TODAY'S DATE - 1 YEAR MUST BE <= TODAY'S DATE SOURCE DATE PROCESSED >= SOURCE DATE RECEIVED
060	SOURCE DATE PROCESSED	10	29	38	A/N	
070	RESERVED	15	39	53	A/N	RESERVED; SPACE FILL.
080	SOURCE BATCH DOCUMENT NUMBER	50	54	103	A/N	SOURCE DOCUMENT NBR; SPACE FILL IF NOT PRESENT.
090	BANK ROUTING AND TRANSIT NUMBER	18	104	121	A/N	NUMERIC ONLY 18 DIGITS, NO EMBEDDED SPACES. LEFT JUSTIFY. FILL WITH SPACES.
100	BANK/CREDIT ACCOUNT NUMBER	30	122	151	A/N	OPTIONAL. IF PRESENT, FORMAT IS ALPHA (a-z or A-Z), NUMERIC, HYPHENS AND SPACES; UP TO 30 CHARACTERS. LEFT JUSTIFY, FILL WITH SPACES. IN CASES WHERE BANK ACCOUNT NUMBER CAN BE SCANNED OR DATA ENTERED ACCURATELY, THE SOURCE SHOULD CONSIDER THIS FIELD AS REQUIRED FOR ALL NON-CASH PAYMENTS. IT IS LISTED AS OPTIONAL ONLY BECAUSE IT CANNOT ALWAYS BE OBTAINED BY THE SOURCE, NOT BECAUSE IT IS TRULY OPTIONAL FOR THE SOURCE TO PROVIDE IT. SPACE FILL IF NOT PRESENT.
110	CHECK NUMBER	9	152	160	A/N	FOR CHECK PAYMENTS; OPTIONAL. IF PRESENT, FORMAT IS ALPHAS (a-z, A-Z), NUMERIC, AND HYPHENS UP TO 9 CHARACTERS, NO EMBEDDED SPACES. LEFT JUSTIFY, RIGHT SPACE FILL. SPACE FILL IF NOT PRESENT.
120	PAYMENT RECEIVED AMOUNT	14	161	174	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. AMOUNT OF CHECK.
130	RESERVED	44	175	218	A/N	RESERVED; SPACE FILL.
	<i>ONE PER PAYMENT (CHECK)</i>					
	<i>MUST APPEAR BELOW A RELATED TRANSACTION HEADER</i>					

**IMAGE DATA**

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "06"
010	RECORD TYPE	4	3	6	N	CONSTANT "0700"
						<ul style="list-style-type: none"> <li>• A UNIQUE NUMBER FOR THE IMAGE AS IT RELATES TO THE FORM OR PAYMENT THAT THE IMAGE RECORD IS ASSOCIATED WITH. THIS NUMBER INDICATES THE POSITION (PAGE) OF THE IMAGE WHEN SEVERAL IMAGES ARE ASSOCIATED WITH A FORM OR PAYMENT.</li> <li>• IMAGE RECORDS MUST APPEAR IN FILE IN SAME ORDER AS THE IMAGE SEQUENCE NUMBERS.</li> <li>• IMAGE SEQUENCE NUMBERS SHOULD START AT 0001.</li> <li>• FOR EXAMPLE, IF YOU HAVE A TRANSACTION THAT HAS ONE FORM RECORD AND ONE PAYMENT RECORD AND THREE IMAGES THAT APPLY TO THE FORM AND TWO IMAGES THAT APPLY TO THE PAYMENT, THE RECORD PATTERN AND IMAGE SEQUENCE NUMBERS SHOULD BE AS FOLLOWS: TRANSACTION RECORD FORM RECORD IMAGE RECORD FOR FORM IMAGE SEQUENCE NUMBER 0001 IMAGE RECORD FOR FORM IMAGESEQUENCE NUMBER 0002 IMAGE RECORD FOR FORM IMAGE SEQUENCE NUMBER 0003 PAYMENT RECORD IMAGE RECORD FOR PAYMENT IMAGE SEQUENCE NUMBER 0001 IMAGE RECORD FOR PAYMENT IMAGE SEQUENCE NUMBER 0002</li> </ul>
020	IMAGE SEQUENCE NUMBER	4	7	10	N	

030	IMAGE NAME	50	11	60	A/N	IMAGE NAME WITH EXTENSION; MUST BE EITHER .TIF OR .TIFF THE IMAGE FILE NAME AND THE EXTENSION MUST BE IN UPPER CASE.
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ONE PER IMAGE MUST APPEAR DIRECTLY BELOW RELATED ITEM (FORM OR PAYMENT)

### DAILY REPORT

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "07"
010	RECORD TYPE	4	3	6	N	CONSTANT "9001"
020	REPORT SEQUENCE NUMBER	4	7	10	N	UNIQUE NUMBER OF REPORTS. REPORTS MUST APPEAR IN FILE IN SAME ORDER AS SEQ NUMBERS.
030	REPORT NAME	50	11	60	A/N	REPORT NAME

### TRANSMISSION TRAILER

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "08"
010	RECORD TYPE	4	3	6	N	CONSTANT "0101"

## Check Digit Calculations

FEIN Sequence and SSN Check Digit Formula

IOD uses the Revenue MOD10 formula to calculate an external check digit (external to the FEIN sequence or SSN). This formula is the IBM MOD10 standard with the exception that the calculation is made left to right. To calculate the check digit for FEIN Sequence or SSN do the following:

**Obtain Sum A:** Beginning at the left, add every other digit starting with the second.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

**Sum A:** 2 + 4 + 6 + 8 + 0 + 0 = 20

**Obtain Sum B in two steps.** Step 1: Beginning with the left most digit, add every other digit twice and format the result as a two digit number. Step 2: Add each digit of the two digit result from Step 1 to obtain a one-digit number. Step 3: Add each of the Step 2 results to determine Sum B. See example below.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Digit #	Step 1	Step 2
(1)	1 + 1 = 02	0 + 2 = 2
(3)	3 + 3 = 06	0 + 6 = 6
(5)	5 + 5 = 10	0 + 0 = 1
(7)	7 + 7 = 14	1 + 4 = 5
(9)	9 + 9 = 18	1 + 8 = 9
(11)	0 + 0 = 00	0 + 0 = 0

$$\text{Sum B} = 2 + 6 + 1 + 5 + 9 + 0 = \mathbf{23}$$

**Obtain Sum C.**

Add Sum A and Sum B to obtain Sum C. (Example above: Sum A 20 + Sum B 23 = Sum C 43)

If the unit position of Sum C is zero, no subtraction is necessary, zero is the check digit.

If the unit position of Sum C is not zero, subtract the unit position of Sum C from 10. In this example, 3 is the number in the unit position.  $10 - 3 = 7$ . **7 is the check digit for this example.**

IBT Number Check Digit Formula (ST-1)

EXAMPLE: IBT Number = 1468-2125

**STEP 1** Multiply first seven digits by weighting factor:

	1	4	6	8	2	1	2	-----IBT number						
x	8	x	7	x	6	x	5	x	4	x	3	x	2	-----Weighting factor
	<b>8</b>		<b>28</b>		<b>36</b>		<b>40</b>		<b>8</b>		<b>3</b>		<b>4</b>	

**STEP 2** Add the resulting numbers together:

$$8 + 28 + 36 + 40 + 8 + 3 + 4 = \mathbf{127}$$

**STEP 3** Divide the result of the addition by 11:

$$127 \text{ divided by } 11 = \mathbf{11 \text{ with a remainder of } 6} \text{ (using long division)}$$

**STEP 4** If the remainder is 0 or 1, then the remainder is the check digit. If the remainder is any other number, subtract the remainder from 11 to get the check digit.

$$11 - 6 = 5$$

**The check digit is 5.**

### Bank Routing and Transit Number Check Digit Formula

The bank routing and transit number uses a MOD10 variant of the FRD/ABA standard to calculate the check digit. The bank routing and transit number should equal 9 digits with the last digit equal to the check digit. The weight factors are 3, 7, 1 and are applied to the first eight digits of the bank routing and transit number from left to right.

To calculate the check digit for the bank routing and transit number do the following:

Instruction	Example using routing and transit number = 120139013
Remove the last digit of the bank routing and transit number.	Bank routing and transit number = 120139013
Multiply each of the first eight digits of the bank routing and transit number by 3, 7, and 1 alternatively starting on the left.	$  \begin{array}{r}  \text{less last digit} = \quad 1 \quad 2 \quad 0 \quad 1 \quad 3 \quad 9 \quad 0 \\  1 \\  \text{Weight factor} \quad \times 3 \quad 7 \quad 1 \quad 3 \quad 7 \quad 1 \quad 3 \\  7 \\  \hline  = 3 \quad 14 \quad 0 \quad 3 \quad 21 \quad 9 \quad 0 \quad 7  \end{array}  $
Add the resulting numbers together	$3 + 14 + 0 + 3 + 21 + 9 + 0 + 7 = 57$
Divide by 10 and get a remainder.	$57/10 = 5$ remainder 7
If the remainder is zero, the check digit is zero.	The remainder is seven, so subtract it from 10 to get the check digit
If the remainder is not zero, subtract the remainder from 10 to get the check digit.	$10 - 7 = 3$
The check digit should be equal to the last digit of the routing and transit number.	Routing and transit number = 120139013 Check digit = 3

## Glossary and Abbreviations

APE	<p>Account Period Ending. The ending of the time period that a tax document covers. This may format as a month and year</p> <p style="padding-left: 40px;">Example: 102004</p> <p>a quarter and year</p> <p>Examples: (1st Quarter) 012004 (or last month of quarter like) 032004</p> <p>a year alone</p> <p style="padding-left: 40px;">Example 2004</p>
Batch Document Number	<p>Julian processing date + 3 digit station number + 2 digit Revenue batch sequence number + 3 digit Revenue document number</p> <p>Note: To get station number for (Form 500V) Form = 50008 Use alternate number from scan line to get the exact form type and use this to get the station number</p> <p>Example: 200427663201000</p> <p>Synonyms: Revenue Batch Document Number Revenue Batch</p>
Batch Sequence Number	See Revenue Batch Sequence Number
BDN	See Batch Document Number
Document	See Form
DLN	<p>Document Locator Number.</p> <p>A 19 digit transaction level document locator number.</p>
EFS	Electronic Funds System
FEIN	<p>Federal Employer Identification Number</p> <p>A nine-digit number assigned to a business with employees. This number is most often associated with Withholding and business income taxes.</p>

Form	Refers to a Department of Revenue tax form, coupon or voucher scanned by the bank.  Synonym: Document
IBT	Illinois Business Taxpayer An eight-digit number assigned to a business (taxpayer) by the Illinois Department of Revenue.
IDOR	Illinois Department of Revenue
Image	Image of one page of a document. A TIFF file, or a page in a multi-part TIFF file.
Image set	All the images for a given document. One to many TIFF files, or a single multi-part TIFF file.  For example, if a form has two pages the image set consists of two images one for each of the pages.  For example, the image set for a check consists of the image of the front and the image of the back of the check.
IOD	Images on Demand project. An image retrieval system developed and used internally at the Department of Revenue.
IOD Transmission identifier	The IOD transmission identifier is the bank's abbreviation plus a number that uniquely identifies the transmission to IOD. The number is constructed in two ways depending on whether the files in the transmission are associated with a tax form or not. See the section on Naming Transmission Files for a detailed description of how this number is constructed.
Julian Date	A two (or four digit) year and a three-digit number corresponding to the day of the year.  Examples:      04001              January 1, 2004 2004300              October 26, 2004
Lock Box	Bank that receives tax forms and payments for the Department of Revenue. The Lock Box captures the data from the forms and checks including imaging the forms and checks.
Miscellaneous form	Refers to an envelope, correspondence, or other documents (including tax forms) scanned by the bank, where the document does not have a Revenue BDN directly assigned to it

Payment	<p>Refers to data associated with an individual check that has been applied to a taxpayer's form. It does NOT refer to the total amount applied to the taxpayers account although these amounts may be equal if only one check has been applied.</p> <p>There can be many payments associated with a single form or many forms associated with a single payment.</p>
POST	4-digit alpha usually the first four characters of an individual's last name. Post is associated with an SSN.
Revenue Batch Number	See Batch Document Number
Revenue Batch Sequence Number	<p>A two-digit number assigned to a group of documents being processed in a Revenue batch. The meaning of this number depends on the tax type (station) being processed. Some numbers are reserved for specific types of processing for the document. For example, some numbers may be used for protested tax documents for a given station.</p> <p>Since only 100 documents can go into a batch sequence in most cases, several batch sequence numbers may be assigned for the same station processing to accommodate more than 100 documents.</p> <p>Synonyms: Batch sequence number</p>

<p>Revenue Document Number</p>	<p>The unique document number within a Revenue Batch.</p> <p>For revenue batches containing real or virtual forms A Three-digit number assigned to a document within a Revenue Batch. Only vouchers receive a revenue document number; checks do not receive a Revenue document number. Checks are encoded with the revenue batch numbers assigned to the forms associated with the payment.</p> <p>For documents processed by RPS, the Revenue batches can include up to 300 documents. Other Revenue batches (those not processed by RPS) have up to 100 documents in them, but may have less if there are physical limitations to the folder holding the batched documents.</p> <p>Document numbers range from 000-299.</p> <p>For revenue batches containing lone check processing (RPS) A search is done against the database for a batch of the current type of lone check. If the batch is not full (has 300 items numbered 000-299) then the batch number is picked up from the database. The next available revenue document number is retrieved and used for the first sequence number of the current job. The documents will be put in this batch until the batch is full. If more documents exist, the database is queried again for another batch of the same type that is not full. If no more existing non-full batches are found then a new batch is created. See Revenue Batch for an explanation of the full batch number.</p> <p>For revenue batches containing encode-only payments (RPS) Unique number within the batch assigned to the check (payment) itself. There are no forms in encode-only batches.</p>
<p>Routing number</p>	<p>Number assigned to a bank. Found on the check's MICR line.</p>
<p>Sequence Number</p>	<p>A sequence number is assigned to a business location that files under a given Taxpayer ID number. For example, different sequence numbers can be assigned to various K-Marts in Illinois filing under the same FEIN number.</p> <p>Sequence numbers apply to FEIN and IBT numbers and are also known as Extras.</p>

SSN	Social Security Number A nine-digit number assigned to an individual by a Federal Agency.
Station Number	Three-digit number loosely referring to the tax type. It can also refer to the outside agency if a document is being processed that is not tax related. Since these numbers are limited and the Department has had to process more and more documents, these numbers have been reassigned over the years. The meaning depends upon the time frame in which it was used.
Transaction	A combination of forms and payments in a single envelope. In IOD the transaction is synonymous with “envelope contents” and should not be confused with any accounting transaction. Since IOD is a tool for identifying what may have gone wrong in an accounting of a payment, IOD attempts to keep the payments and forms together as they were received, regardless of how the payments will be applied later. The relationship between documents and payments is called the transaction relationship. Each transaction is given a transaction ID by the source.
Transaction Relationships	Forms and payments that were received in the same envelope are tied together by the transaction relationship. A transaction can contain multiple forms and/or multiple payments. It could also contain only one form and one payment. Example: If a 1040 tax form comes in with a schedule A and a check, the transaction is defined as the 1040 tax form plus the schedule A plus the payment (check).
Transmission	A transfer of single ZIP file containing one data file and zero-to-many image files from a bank to IDOR.
Transmission Set	The combination of original, revised and update files with the same transmission ID. A transmission set defines the current state of records belonging to a transmission.
ZIP	A Zip file is a file that bundles several files together. For example a zip file can have within it two Word files and an Excel spreadsheet. It will appear as one file with the .ZIP extension.

# Contact List

## Electronic Commerce Division

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<b>Keith Hodel</b>	<b>IOD Gateway Tech</b>	Keith.Hodel@illinois.gov	<b>217-782-0532</b>
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## Document Control & Deposits

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# Lockbox Actuals and Projections

Actual												Projected																			
IL 941-CY18				IL 941-CY19				IL 941-CY20				IL 941-CY21				IL 941-CY22				IL 941-CY23											
Returns	Last	Total	Last																												
Processed	Year	Dollar	Year	Processed	Year	Dollar	Year																								
(Actual)	+/-%	Amount	+/-%	(Actual)	+/-%	Amount	+/-%	(Actual)	+/-%	Amount	+/-%	(Estimate)	+/-%	Amount	+/-%	(Estimate)	+/-%	Amount	+/-%	(Estimate)	+/-%	Amount	+/-%	(Estimate)	+/-%	Amount	+/-%				
116,153	-66.1%	\$11,048,857	-61.7%	21,482	-81.5%	\$2,948,085	-73.3%	15,392	-28.3%	\$1,979,866	-32.8%	7,533	-51.1%	\$970,717	-51.0%	4,067	-46.0%	\$528,481	-45.6%	2,675	-34.2%	\$342,028	-35.3%								
IL 501-CY18				IL 501-CY19				IL 501-CY20				IL 501-CY21				IL 501-CY22				IL 501-CY23											
144,378	-30.9%	\$59,789,939	-30.4%	98,183	-32.0%	\$40,872,175	-31.6%	77,727	-20.8%	\$31,958,826	-21.8%	55,088	-29.1%	\$23,525,232	-26.4%	39,387	-28.5%	\$17,394,856	-26.1%	29,308	-25.6%	\$13,151,739	-24.4%								
ST-1 CY18				ST-1 CY19				ST-1 CY20				ST-1 CY21				ST-1 CY22				ST-1 CY23											
59,206	-47.5%	\$34,642,190	-51.8%	43,204	-27.0%	\$21,616,963	-37.6%	35,781	-17.2%	\$15,003,290	-30.6%	25,272	-29.4%	\$9,340,788	-37.7%	19,167	-24.2%	\$6,207,404	-33.5%	14,702	-23.3%	\$4,134,662	-33.4%								
ST-2 CY18				ST-2 CY19				ST-2 CY20				ST-2 CY21				ST-2 CY22				ST-2 CY23											
5,767	-50.2%	\$5,649,622	-28.6%	4,772	-17.3%	\$6,173,295	9.3%	3,630	-23.9%	\$1,836,608	-70.2%	2,638	-27.3%	\$1,443,222	-21.4%	2,072	-21.5%	\$1,226,367	-15.0%	1,595	-23.0%	\$912,020	-25.6%								
1040ES-CY18				1040ES-CY19				1040ES-CY20				1040ES-CY21				1040ES-CY22				1040ES-CY23											
754,987	8.6%	\$1,492,333,747	9.5%	804,964	6.6%	\$1,546,360,249	3.6%	714,423	-11.2%	\$1,495,948,981	-3.3%	761,575	6.6%	\$1,549,803,145	3.6%	811,839	6.6%	\$1,605,596,058	3.6%	865,420	6.6%	\$1,663,397,516	3.6%								
IL 505I-CY18				IL 505I-CY19				IL 505I-CY20				IL 505I-CY21				IL 505I-CY22				IL 505I-CY23											
57,800	15.8%	\$433,365,995	35.3%	60,567	4.8%	\$692,939,733	59.9%	33,405	-44.8%	\$393,048,258	-43.3%	35,008	4.8%	\$531,794,293	35.3%	36,689	4.8%	\$719,517,679	35.3%	38,450	4.8%	\$973,507,419	35.3%								
IL 941 X-CY18				IL 941 X-CY19				IL 941 X-CY20				IL 941 X-CY21				IL 941 X-CY22				IL 941 X-CY23											
12,719	-18.4%	\$4,289,658		12,354	-2.9%	\$3,416,217	-20.4%	8,316	-32.7%	\$3,697,640	8.2%	8,075	-2.9%	\$2,943,321	-20.4%	7,841	-2.9%	\$2,342,884	-20.4%	7,613	-2.9%	\$1,864,936	-20.4%								
ST-1 X CY18				ST-1 X CY19				ST-1 X CY20				ST-1 X CY21				ST-1 X CY22				ST-1 X CY23											
4,205	-4.6%	\$1,447,164		4,476	6.4%	\$1,117,228	-22.8%	2,589	-42.2%	\$787,291	-29.5%	2,755	6.4%	\$607,789	-22.8%	2,931	6.4%	\$469,213	-22.8%	3,119	6.4%	\$362,233	-22.8%								

## **Sample Forms for Reference**

**IL-501  
IL-941  
IL-941-X  
IL-1040-ES  
IL-505-I  
ST-1/ST-2  
ST-1-X/ST-2-X**

**The following forms are provided as samples only. They should not be interpreted as “to scale”. The formatting, verbiage, and line references are subject to change. If changes are made that will affect the data entry or processing of the forms, IDOR will notify the Vendor and testing may need to occur to implement the changes.**

**Sample preprinted IL-501 with scan line**

 <p><b>Illinois Department of Revenue</b> <b>Payment Coupon</b> IL-501</p> <p>Complete the following information. <b>2021</b> <small>Tax year</small></p> <p><u>3 6 5 5 4 4 4 3 3</u> <u>0 0 0</u> <small>Federal employer identification number      Seq. number</small></p> <p>Business name _____</p> <p>Number and street address _____</p> <p>City _____ State _____ ZIP _____</p> <p>(_____) _____ <small>Daytime phone)</small></p> <p>IL-501 (R-12/20)</p>	<p>Check the box to tell us the quarter that includes the month when you withheld the withholding income tax you are paying. Check <u>one</u> box only. Make sure to report all Form IL-501 payments on Form IL-941, Step 5, Line 4, for the corresponding quarter.</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><small>Jan Feb Mar</small></td> <td style="text-align: center;"><small>Apr May Jun</small></td> <td style="text-align: center;"><small>Jul Aug Sep</small></td> <td style="text-align: center;"><small>Oct Nov Dec</small></td> </tr> </table> <p><b>Amount paid:</b> \$ _____</p> <ul style="list-style-type: none"> <li>• Make check payable to "Illinois Department of Revenue" and write your FEIN and "IL-501" on the check.-</li> <li>• Mail to: <b>ILLINOIS DEPARTMENT OF REVENUE</b> <b>PO BOX 19447</b> <b>SPRINGFIELD IL 62794-9447</b></li> </ul> <p><b>NOTE: Do not mail Form IL-501 if you electronically pay or are reporting a zero amount.</b></p> <div style="text-align: right;">  </div> <p style="text-align: center;"><b>21365544330003</b></p>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	<small>Jan Feb Mar</small>	<small>Apr May Jun</small>	<small>Jul Aug Sep</small>	<small>Oct Nov Dec</small>
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>						
<small>Jan Feb Mar</small>	<small>Apr May Jun</small>	<small>Jul Aug Sep</small>	<small>Oct Nov Dec</small>						

Sample stock IL-941 with scan line



**Illinois Department of Revenue**  
**Form IL-941**  
**2021 Illinois Withholding Income Tax Return**



*Instructions available at [tax.illinois.gov](http://tax.illinois.gov)*

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This form is required to be filed electronically. To request a waiver, complete and submit Form IL-900-EW. To file electronically, use MyTax Illinois at [tax.illinois.gov](http://tax.illinois.gov) or an IDOR-approved Tax-Prep software program.

**Step 1: Provide your information**

**57-4542496**                      **000**  
Federal employer identification number (FEIN)                      Seq. number

Check this box if this is your first return.

Check this box if your business name has changed.

Check this box if your address has changed.

**Reporting Period**

Check the quarter you are reporting.

**1st** (January/February/ March) due April 30, 2021

**2nd** (April/May/June) due August 2, 2021

**3rd** (July/August/September) due November 1, 2021

**4th** (October/November/December) due January 31, 2022

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**Step 2: Tell us about your business**

**A1** Enter the total number of Forms W-2 reporting Illinois withholding you issued for the entire year.\* **A1** \_\_\_\_\_

**A2** Enter the total number of Forms 1099 reporting Illinois withholding you issued for the entire year.\* **A2** \_\_\_\_\_  
\*Only complete Lines A1 and A2 when you file your 4th quarter or final return.

**B** If your business has permanently stopped withholding because it has closed, or you no longer pay Illinois wages or withhold Illinois taxes from other payments, check Box B and enter the date you stopped withholding. This is considered your final return. Do not file future returns, unless you resume withholding Illinois income tax.

**B**  \_\_\_\_ / \_\_\_\_ / 2021  
Month Day

---

**Step 3: Tell us about the amount subject to withholding**

**1** Enter the total dollar amount subject to Illinois withholding tax this reporting period, including payroll, compensation, and other amounts. See instructions. **1** \_\_\_\_\_

---

**Step 4: Tell us about the amount withheld**

**2** Enter the exact amount of Illinois Income Tax you actually withheld from your employees or others on the date you paid the compensation. Only enter amounts on days you made withholding - leave the remaining "Day" lines blank. If you withheld no Illinois Income Tax during the month, enter "0" on the corresponding "Total" line - Line 2a, 2c, or 2d (noted by "◆").

**2a** First month of quarter (i.e., January for 1st quarter, April for 2nd quarter, July for 3rd quarter, and October for 4th quarter)

Day		Amount		Day		Amount	
1	_____	9	_____	17	_____	25	_____
2	_____	10	_____	18	_____	26	_____
3	_____	11	_____	19	_____	27	_____
4	_____	12	_____	20	_____	28	_____
5	_____	13	_____	21	_____	29	_____
6	_____	14	_____	22	_____	30	_____
7	_____	15	_____	23	_____	31	_____
8	_____	16	_____	24	_____		_____

**Total Illinois Income Tax withheld this month. (Add Section 2a, Lines 1-31.) ◆ 2a** \_\_\_\_\_ ◆

---

This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information could result in a penalty. **Continue on the next page.**

IL-941 form (01-1220) Printed by authority of the State of Illinois, web only, 1 copy

214574542496000 9

Sample stock IL-941 page two



**Step 4: Continued**

2b Enter the amount from Page 1, Step 4, Line 2a. 2b \_\_\_\_\_

2c Second month of quarter (i.e., February for 1st quarter; May for 2nd quarter; August for 3rd quarter; and November for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	_____	9	_____	17	_____	25	_____
2	_____	10	_____	18	_____	26	_____
3	_____	11	_____	19	_____	27	_____
4	_____	12	_____	20	_____	28	_____
5	_____	13	_____	21	_____	29	_____
6	_____	14	_____	22	_____	30	_____
7	_____	15	_____	23	_____	31	_____
8	_____	16	_____	24	_____		_____

Total Illinois Income Tax withheld this month. (Add Section 2c, Lines 1-31.) 2c \_\_\_\_\_

2d Third month of quarter (i.e., March for 1st quarter; June for 2nd quarter; September for 3rd quarter; and December for 4th quarter)

Day	Amount	Day	Amount	Day	Amount	Day	Amount
1	_____	9	_____	17	_____	25	_____
2	_____	10	_____	18	_____	26	_____
3	_____	11	_____	19	_____	27	_____
4	_____	12	_____	20	_____	28	_____
5	_____	13	_____	21	_____	29	_____
6	_____	14	_____	22	_____	30	_____
7	_____	15	_____	23	_____	31	_____
8	_____	16	_____	24	_____		_____

Total Illinois Income Tax withheld this month. (Add Section 2d, Lines 1-31.) 2d \_\_\_\_\_

Add Lines 2b, 2c, and 2d and enter the total amount here. This is the total dollar amount of Illinois Income Tax actually withheld from your employees or others for this quarter. 2 \_\_\_\_\_

**Step 5: Tell us about your payments and credits**

- 3 Enter the amount of credit from the Schedule WC you are using this period. See instructions. 3 \_\_\_\_\_
- 4 Enter the total dollar amount of withholding payments you made to the Illinois Department of Revenue (IDOR) for this period. This includes all IL-501 payments (electronic and paper coupons). Do not estimate this amount. 4 \_\_\_\_\_
- 5 Add Lines 3 and 4 and enter the total amount here. 5 \_\_\_\_\_

**Step 6: Figure your balance**

- 6 If Line 2 is greater than Line 5, subtract Line 5 from Line 2. This is your remaining balance due. Make your payment electronically or make your remittance payable to "Illinois Department of Revenue." If Line 5 is greater than Line 2, see the instructions. (Semi-weekly payers must pay electronically.) 6 \_\_\_\_\_

**Step 7: Sign here** Under penalties of perjury, I state that, to the best of my knowledge, this return is true, correct, and complete.

Sign Here	Signature _____			Date (mm/yy/yyyy) _____	Title _____	Phone _____	<input type="checkbox"/> Check if the Department may discuss this return with the paid preparer shown in this step.
	Paid preparer's name _____			Paid preparer's signature _____	Date (mm/yy/yyyy) _____	<input type="checkbox"/> Check if self-employed	
Paid Preparer Use Only	Firm's name _____			Firm's FEIN _____		Firm's phone _____	
	Firm's address _____						

NS IR DR \_\_\_\_\_ Mail to: ILLINOIS DEPARTMENT OF REVENUE  
 IL-941 back (R-12/20) PO BOX 19052  
 SPRINGFIELD IL 62794-9052

Sample preprinted IL-1040-ES with scan line



Illinois Department of Revenue  
**IL-1040-ES 2021**  
Estimated Income Tax Payment for Individuals

Official Use

Enter your Social Security numbers in the order they appear on your federal return.

3 3 3 - 4 4 - 5 5 5 5      2 2 2 - 8 8 - 9 9 9 9  
Your Social Security number      Spouse's Social Security number

Calendar-Year Taxpayers

- Your estimated tax payments are due on
- April 15, 2021      ● September 15, 2021
  - June 15, 2021      ● January 18, 2022

Your first name and initial      Spouse's first name and initial      Your last name

Street address

City      State      ZIP

Your daytime phone number (      )  
IL-1040-ES (R-12/20)

\$ \_\_\_\_\_  
→ Amount of payment (Whole dollars only)

Make check payable and mail this voucher to:  
**ILLINOIS DEPARTMENT OF REVENUE**  
**SPRINGFIELD IL 62736-0001**



1 333445555 1 00000000 222889999 9 1221

Sample preprinted IL-505-I with scan line

----- Return only the bottom portion with your payment. ----- ✂

 **Illinois Department of Revenue**  
**IL-505-I 2020**  
Automatic Extension Payment for Individuals Official Use

---

Enter your Social Security numbers in the order they appear on your federal return.  
Your Social Security number 2 2 2 - 1 1 - 2 2 2 2 Spouse's Social Security number 3 3 3 - 4 4 - 5 5 5 5

For calendar year ending \_\_\_\_\_ / \_\_\_\_\_  
12/20 or fiscal year ending \_\_\_\_\_  
Month and year

\_\_\_\_\_  
Your first name & initial      Spouse's first name & initial      Your last name

\_\_\_\_\_  
Street address

\_\_\_\_\_  
City      State      ZIP

( ) \_\_\_\_\_  
Daytime phone number

IL-505-I (R-12/20)

**STOP** Do not file this form if no payment is due or you pay electronically or by credit card.

→ \$ \_\_\_\_\_  
Tentative tax due (Whole dollars only)

Make your check or money order payable to and mail to:  
**ILLINOIS DEPARTMENT OF REVENUE**  
PO BOX 19005  
SPRINGFIELD IL 62794-9005



5 222112222 5 00000000 333445555 1 1220

Simple ST-1 front page with scan line



**ST-1 Sales and Use Tax and E911 Surcharge Return**  
 Account ID: 1234-5678 This form is for: July 2019

REV 08 FORM 002  
 E S / /  
 NS CA RC  
 <999-9999-9>

You must round your figures to whole dollars. (See instructions.)

**Step 1: Alcoholic Liquor Purchases** (See instructions.)

If you are not required to report your purchases, go to Step 2.  
 Note: Distributors will also report your total purchases to us.

**A** Total dollar amount of alcoholic liquor purchased  
 (Invoiced and delivered) \_\_\_\_\_

**Step 2: Taxable Receipts**

- 1 Total receipts (Include tax.) 1 \_\_\_\_\_
- 2 Deductions - Include tax collected  
 (From Schedule A, Line 30.) 2 \_\_\_\_\_
- 3 Taxable receipts  
 (Subtract Line 2 from Line 1.) 3 \_\_\_\_\_

**Step 3: Tax on Receipts**

Sales from locations within Illinois  
 General merchandise

4a \_\_\_\_\_ x **<rate>** = 4b \_\_\_\_\_

Food, drugs, and medical appliances

5a \_\_\_\_\_ x **<rate>** = 5b \_\_\_\_\_

Sales from locations outside Illinois

General merchandise

6a \_\_\_\_\_ x **0.0625** = 6b \_\_\_\_\_

Food, drugs, and medical appliances

7a \_\_\_\_\_ x **0.0100** = 7b \_\_\_\_\_

Sales at prior rates

Receipts taxed at other rates

8a \_\_\_\_\_ x \_\_\_\_\_ = 8b \_\_\_\_\_

9 Tax due on receipts  
 (Add Lines 4b, 5b, 6b, 7b, and 8b.) 9 \_\_\_\_\_

**Step 4: Retailer's Discount and Net Tax on Receipts**

- 10 Retailer's discount - If qualified,  
 multiply Line 9 by the applicable rate.  
 (See instructions.) 10 \_\_\_\_\_
- 11 Net tax due on receipts  
 (Subtract Line 10 from Line 9.) 11 \_\_\_\_\_

**Step 5: Tax on Purchases**

General merchandise

12a \_\_\_\_\_ x **<rate>** = 12b \_\_\_\_\_

Food, drugs, and medical appliances

13a \_\_\_\_\_ x **<rate>** = 13b \_\_\_\_\_

Purchases at other rates

14a \_\_\_\_\_ 14b \_\_\_\_\_

15 Tax due on purchases  
 (Add Lines 12b, 13b, and 14b.) 15 \_\_\_\_\_

**Step 6: Net Tax Due**

16 Tax due from receipts and purchases  
 (Add Lines 11 and 15.) 16 \_\_\_\_\_

16a Manufacturer's Purchase Credit  
 (See instructions.) 16a \_\_\_\_\_

17 Prepaid sales tax  
 (Attach PST-2 copy A.) 17 \_\_\_\_\_

18 Quarter-monthly (accelerated)  
 payments 18 \_\_\_\_\_

19 Total prepayments  
 (Add Lines 16a, 17, and 18.) 19 \_\_\_\_\_

20 Net tax due  
 (Subtract Line 19 from Line 16.) 20 \_\_\_\_\_

**Step 7: Payment Due**

21 E911 Surcharge and ITAC Assessment  
 (From Schedule B, Line 10.) 21 \_\_\_\_\_

22 Excess tax, surcharge, and  
 assessment collected (See instructions.) 22 \_\_\_\_\_

23 Total tax, surcharge, and assessment  
 due (Add Lines 20, 21, and 22.) 23 \_\_\_\_\_

24 Credit amount  
 (See instructions.) 24 \_\_\_\_\_

25 Payment due  
 (Subtract Line 24 from Line 23.) 25 \_\_\_\_\_

**Step 8: Sign Below**

Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete. The information in this return is taken from the records of the business for which it is filed.

Taxpayer \_\_\_\_\_ Phone \_\_\_\_\_ Date / /

Preparer \_\_\_\_\_ Phone \_\_\_\_\_ Date / /

**ST-1** (7-0719)

This form is for: July 2019

This form is due: August 21, 2019

Account ID: 1234-5678

Test Inc.  
 123 Street  
 Anywhere IL 12345-1234

Enter the amount you are paying.

\$ \_\_\_\_\_

Make your payment to  
**ILLINOIS DEPARTMENT OF REVENUE**  
**RETAILERS' OCCUPATION TAX**  
 SPRINGFIELD IL 62796-0001



00201071912346 12345678

Sample ST-1 back page

Account ID: 12345678 This form is for: July 2010

**Schedule A — Deductions**

**Section 1: Taxes and miscellaneous deductions** - If no Section 1 deductions, go to Section 2.

1	Taxes collected on general merchandise sales and service	1	_____
2	Taxes collected on food, drugs, and medical appliances sales and service	2	_____
3	E911 Surcharge and ITAC Assessment collected	3	_____
4	Rosale	+ 4	_____
5	Interstate commerce	+ 5	_____
6	Manufacturing machinery and equipment (MM&E) - Do <u>not</u> include deduction for graphic arts.	+ 6	_____
7	Farm machinery and equipment	+ 7	_____
8	Graphic arts machinery and equipment - Do <u>not</u> combine with deduction for MM&E on Line 6.	+ 8	_____
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	+ 9	_____
10	Enterprise zone		
	a Sales of building materials	+ 10a	_____
	b Sales of items other than building materials	+ 10b	_____
11	High Impact business		
	a Sales of building materials	+ 11a	_____
	b Sales of items other than building materials	+ 11b	_____
12	River edge redevelopment zone building materials	+ 12	_____
13	Exempt organizations	+ 13	_____
14	Uncollectible debt on which tax was previously paid	+ 14	_____
15	Sales of service - identify here: _____	15	_____
16	Other (including cash refunds, newspapers and magazines, etc.) - identify below.	16	_____
17	Total Section 1 deductions. Add Lines 1 through 16.	17	_____

**Section 2: Motor fuel deductions** - If no Section 2 deductions, go to Section 3.

State motor fuel tax (See Instructions.)		Number of gallons/DGEs/GGEs	Rate	
18	Gasoline	18a	x	= 18b
19	Gasohol and majority blended ethanol	19a	x	= 19b
20	Diesel (including biodiesel and biodiesel blends)	20a	x	= 20b
21	Dieselhol and other fuels at diesel rate	21a	x	= 21b
22	Liquefied natural gas and liquefied petroleum gas	22a	x	= 22b
23	Compressed natural gas and other fuels at gasoline rate	23a	x	= 23b
Specific fuels sales tax exemption		Receipts	Percentage	
24	Biodiesel blend (no less than 1% but no more than 10% biodiesel)	24a	x 20% (.20)	= 24b
25	Biodiesel blend (more than 10% but no more than 99% biodiesel)	25a	x 100% (1.00)	= 25b
26	100 percent biodiesel	26a	x 100% (1.00)	= 26b
27	Majority blended ethanol fuel	27a	x 100% (1.00)	= 27b
28	Other motor fuel deductions			28
29	Total Section 2 deductions. Add Lines 18b through 28.			29

**Section 3: Total deductions**

30 Add Lines 17 and 29. Enter this amount on Step 2, Line 2 on the front page of this return. → 30 \_\_\_\_\_

**Schedule B — E911 Surcharge and ITAC Assessment**

Receipts from retail transactions of prepaid wireless telecommunications service

1	Enter receipts subject to E911 Surcharge and ITAC Assessment.	1	_____
<b>Figure your breakdown of retail transactions for Chicago locations</b>			
2	For Chicago locations	2a	x _____ = 2b
3	For Chicago locations at prior rates	3a	x _____ = 3b
4	Total for Chicago locations. Add Lines 2b and 3b.	4	_____
<b>Figure your breakdown of retail transactions for non-Chicago locations</b>			
5	For non-Chicago locations	5a	x _____ = 5b
6	For non-Chicago locations at prior rates	6a	x _____ = 6b
7	Total for non-Chicago locations. Add Lines 5b and 6b.	7	_____
<b>Figure your net E911 Surcharge and ITAC Assessment</b>			
8	Total E911 Surcharge and ITAC Assessment. Add Lines 4 and 7.	8	_____
9	Discount - If you qualify, multiply Line 8 by the applicable rate. See Instructions.	9	_____
10	Subtract Line 9 from Line 8. Enter this amount on Step 7, Line 21. →	10	_____

This form is authorized as outlined under the law or law Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.



Sample ST-2 (may be multiple pages)



Illinois Department of Revenue

## ST-2 Multiple Site Form

Attach to Form ST-1.

REV 01  
FORM 009

---

Do not write above this line.

Account ID: \_\_\_\_\_ This form is for \_\_\_\_\_  
(Reporting period)

**You must round your figures to whole dollars. See instructions.**

<p>Site where the taxable sales were made</p> <p>Location code _____</p> <p>Site name _____</p> <p>Site address _____</p> <p>City, state, ZIP _____</p>	<p>General merchandise</p> <p>4a _____ X <sup>(rate)</sup> = 4b _____</p> <p>Food, drugs, and medical appliances</p> <p>5a _____ X <sup>(rate)</sup> = 5b _____</p> <p>Receipts taxed at other rates</p> <p>8a _____ 8b _____</p>
<p>Location code _____</p> <p>Site name _____</p> <p>Site address _____</p> <p>City, state, ZIP _____</p>	<p>General merchandise</p> <p>4a _____ X <sup>(rate)</sup> = 4b _____</p> <p>Food, drugs, and medical appliances</p> <p>5a _____ X <sup>(rate)</sup> = 5b _____</p> <p>Receipts taxed at other rates</p> <p>8a _____ 8b _____</p>
<p>Location code _____</p> <p>Site name _____</p> <p>Site address _____</p> <p>City, state, ZIP _____</p>	<p>General merchandise</p> <p>4a _____ X <sup>(rate)</sup> = 4b _____</p> <p>Food, drugs, and medical appliances</p> <p>5a _____ X <sup>(rate)</sup> = 5b _____</p> <p>Receipts taxed at other rates</p> <p>8a _____ 8b _____</p>
<p>Location code _____</p> <p>Site name _____</p> <p>Site address _____</p> <p>City, state, ZIP _____</p>	<p>General merchandise</p> <p>4a _____ X <sup>(rate)</sup> = 4b _____</p> <p>Food, drugs, and medical appliances</p> <p>5a _____ X <sup>(rate)</sup> = 5b _____</p> <p>Receipts taxed at other rates</p> <p>8a _____ 8b _____</p>
<p>Location code _____</p> <p>Site name _____</p> <p>Site address _____</p> <p>City, state, ZIP _____</p>	<p>General merchandise</p> <p>4a _____ X <sup>(rate)</sup> = 4b _____</p> <p>Food, drugs, and medical appliances</p> <p>5a _____ X <sup>(rate)</sup> = 5b _____</p> <p>Receipts taxed at other rates</p> <p>8a _____ 8b _____</p>
<p>Location code _____</p> <p>Site name _____</p> <p>Site address _____</p> <p>City, state, ZIP _____</p>	<p>General merchandise</p> <p>4a _____ X <sup>(rate)</sup> = 4b _____</p> <p>Food, drugs, and medical appliances</p> <p>5a _____ X <sup>(rate)</sup> = 5b _____</p> <p>Receipts taxed at other rates</p> <p>8a _____ 8b _____</p>
	<p>Page totals</p> <p>4a _____ 4b _____</p> <p>5a _____ 5b _____</p> <p>8a _____ 8b _____</p>

ST-2 (Rev. 11/11)

This form is authorized as outlined under the law or law Act imposing the tax or law for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.



Illinois Department of Revenue

# ST-1-X Amended Sales and Use Tax and E911 Surcharge Return

REV 08 FORM 003 Station 820, 833

E S / /  
NS DP CA RC

## General Information

Everyone must complete Steps 1, 2, 4, and 5.

You must also complete Step 3 if you believe that you have overpaid.

Do not write above this line.

Amount you are paying: \$ \_\_\_\_\_  
Make your check payable to "Illinois Department of Revenue."

### Step 1: Identify your business.

- 1 Account ID: \_\_\_\_\_ 3 Business name: \_\_\_\_\_
- 2 Reporting period you are amending: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

### Step 2: Mark the reason why you are filing an amended return.

- 1  Overpaid (Complete Step 3) 3  Response to notice or bill
- 2  Underpaid 4  Corrections to line items but no additional tax due

### Step 3: Mark the reason(s) why you have overpaid your return.

*If you collected the overpaid Sales Tax, E911 Surcharge, or ITAC Assessment from your customer(s), you must have unconditionally refunded the overpaid amount to your customer(s) before you file a claim for credit.*

- |   |   |
|---|---|
| <p>1 <input type="checkbox"/> I am decreasing Line 1 or I am increasing Line 2 because</p> <p><b>I sold merchandise</b></p> <p><b>a</b> <input type="checkbox"/> to another Illinois business for resale. List the account ID(s) on Schedule RE and attach to Form ST-1-X.</p> <p><b>b</b> <input type="checkbox"/> to an out-of-state customer and it was delivered to a location outside Illinois.</p> <p><b>c</b> <input type="checkbox"/> to an exempt organization. List the tax exempt (E) number(s) on Schedule RE and attach to Form ST-1-X.</p> <p><b>d</b> <input type="checkbox"/> that qualifies for a tax exemption for machinery or equipment used in manufacturing, farming, or graphic arts.</p> <p><b>e</b> <input type="checkbox"/> that qualifies for an enterprise zone exemption.</p> <p><b>f</b> <input type="checkbox"/> that was returned by my customer.</p> <p><b>g</b> <input type="checkbox"/> and paid tax that is represented by amounts that have become worthless as uncollectible debt.</p> <p>2 <input type="checkbox"/> I included receipts from prior month(s) or used the wrong month's receipts.</p> <p>3 <input type="checkbox"/> I failed to include tax collected in Line 2.</p> | <p>4 <input type="checkbox"/> I used the wrong tax rate.</p> <p>5 <input type="checkbox"/> The tax base is correct but I put it on the wrong tax line.</p> <p>6 <input type="checkbox"/> I made a math error calculating Lines 9, 11, 15, 20, 23, or 25.</p> <p>7 <input type="checkbox"/> I failed to take the discount or made a math error calculating the discount.</p> <p>8 <input type="checkbox"/> I made errors completing Form ST-2, Multiple Site Form.</p> <p>9 <input type="checkbox"/> I am a retailer who is exchanging Manufacturer's Purchase Credit from a customer for cash previously paid.</p> <p>10 <input type="checkbox"/> I overpaid use tax because I failed to use Manufacturer's Purchase Credit to pay use tax.</p> <p>11 <input type="checkbox"/> I overpaid use tax because the item</p> <p><b>a</b> <input type="checkbox"/> qualifies for a tax exemption for machinery or equipment used in manufacturing, farming, or graphic arts.</p> <p><b>b</b> <input type="checkbox"/> qualifies for an enterprise zone exemption.</p> <p><b>c</b> <input type="checkbox"/> was shipped to and used at a site outside Illinois.</p> <p><b>d</b> <input type="checkbox"/> was returned to my supplier.</p> |
|---|---|

Turn page to complete Steps 4 and 5.

This form is authorized as outlined under the law or law Act imposing the tax or fee for which this form is filed. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

ST-1-X (R-07/19)

Printed by the authority of the state of Illinois - Web only, One copy



**Step 4: Correct your financial information.**

Complete all applicable lines.  
Please round to the nearest whole dollar.

**Column A**  
Most recent figures filed

**Column B**  
Figures as they should have been filed

<b>Alcoholic Liquor Purchases</b>			
<b>A</b>	Total dollar amount of alcoholic liquor purchased (Invoiced and delivered)	A	A
<b>Taxable Receipts</b>			
<b>1</b>	Total receipts (Include tax.)	1	1
<b>2</b>	Deductions - Include tax collected (From Schedule A-X, Line 30)	2	2
<b>3</b>	Taxable receipts (Subtract Line 2 from Line 1.)	3	3
<b>Tax on Receipts</b>			
Sales from locations within Illinois			
<b>4a</b>	General merchandise tax base	4a	4a
<b>4b</b>	General merchandise tax - Multiply Line 4a by your tax rate of _____.	4b	4b
<b>5a</b>	Food, drugs, and medical appliances tax base	5a	5a
<b>5b</b>	Food, drugs, and medical appliances tax - Multiply Line 5a by your tax rate of _____.	5b	5b
Sales from locations outside Illinois			
<b>6a</b>	General merchandise tax base	6a	6a
<b>6b</b>	General merchandise tax - Multiply Line 6a by 6.25 percent (.0625).	6b	6b
<b>7a</b>	Food, drugs, and medical appliances tax base	7a	7a
<b>7b</b>	Food, drugs, and medical appliances tax - Multiply Line 7a by 1 percent (.01).	7b	7b
Sales at prior rates			
<b>8a</b>	Receipts at other rates tax base	8a	8a
<b>8b</b>	Receipts at other rates tax - Multiply Line 8a by the applicable tax rate.	8b	8b
<b>9</b>	Tax due on receipts (Add Lines 4b, 5b, 6b, 7b, and 8b.)	9	9
<b>Retailer's Discount and Net Tax Due on Receipts</b>			
<b>10</b>	Discount (See instructions.)	10	10
<b>11</b>	Net tax due on receipts (Subtract Line 10 from Line 9.)	11	11
<b>Tax on Purchases</b>			
<b>12a</b>	General merchandise tax base	12a	12a
<b>12b</b>	General merchandise tax - Multiply Line 12a by 6.25 percent (.0625).	12b	12b
<b>13a</b>	Food, drugs, and medical appliances tax base	13a	13a
<b>13b</b>	Food, drugs, and medical appliances tax - Multiply Line 13a by 1 percent (.01).	13b	13b
<b>14a</b>	Purchases at other rates tax base	14a	14a
<b>14b</b>	Purchases at other rates tax - Multiply Line 14a by the applicable tax rate.	14b	14b
<b>15</b>	Tax due on purchases (Add Lines 12b, 13b, and 14b.)	15	15
<b>Net Tax Due</b>			
<b>16</b>	Tax due from receipts and purchases (Add Lines 11 and 15.)	16	16
<b>16a</b>	Manufacturer's Purchase Credit (See instructions.)	16a	16a
<b>17</b>	Prepaid sales tax (See instructions.)	17	17
<b>18</b>	Quarter-monthly (accelerated) payments	18	18
<b>19</b>	Total prepayments (Add Lines 16a, 17, and 18.)	19	19
<b>20</b>	Net tax due (Subtract Line 19 from Line 16.)	20	20
<b>Payment Due</b>			
<b>21</b>	E911 Surcharge and ITAC Assessment (From Schedule B-X, Line 10.)	21	21
<b>22</b>	Excess tax, surcharge, and assessment collected	22	22
<b>23</b>	Total tax, surcharge, and assessment due (Add Lines 20, 21, and 22.)	23	23
<b>24</b>	Credit amount (See instructions.)	24	24
<b>25</b>	Subtract Line 24 from Line 23. This is the net total due.	25	25
<b>26</b>	Enter the total amount you have previously paid.	26	26
Compare Line 25, Column B, and Line 26.			
• If Line 26 is <b>greater than</b> Line 25, Column B, enter the difference on Line 27.			
• If Line 26 is <b>less than</b> Line 25, Column B, enter the difference on Line 28.			
<b>27</b>	Overpayment - This is the amount you have overpaid. Go to Step 5 and sign this return.	27	27
<b>28</b>	Underpayment - This is the amount you have underpaid. Please pay this amount. Enter this amount on Page 1. Go to Step 5 and sign this return.	28	28

Make your payment to "Illinois Department of Revenue."

**Step 5: Sign below.**

Under penalties of perjury, I state that I have examined this return, and to the best of my knowledge, it is true, correct, and complete. Under penalties of perjury, I state that I have unconditionally refunded to my customer(s) any overpaid sales tax, E911 Surcharge, and ITAC Assessment that I collected from my customer(s) and am claiming as an overpayment on this return.

Taxpayer	Phone	Date	Preparer	Phone	Date
<b>Mail to:</b> ILLINOIS DEPARTMENT OF REVENUE					
PO BOX 19034					
SPRINGFIELD IL 62794-0034					

ST-1-X (R-07/19)



Account ID: \_\_\_\_\_

Reporting period you are amending: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

**Schedule A-X — Amended Deductions**

**Section 1: Taxes and miscellaneous deductions**

If no Section 1 deductions, go to Section 2.

		Column A Most recent figure filed	Column B Figure as they should have been filed
1	Taxes collected on general merchandise sales and service		
2	Taxes collected on food, drugs, and medical appliances sales and service		
3	ED11 Surcharge and ITAC Assessment collected		
4	Ressale		
+ 4			
5	Interstate commerce		
+ 5			
6	Manufacturing machinery and equipment (MM&E) - Do <u>not</u> include graphic arts.		
+ 6			
7	Farm machinery and equipment		
+ 7			
8	Graphic arts machinery and equipment - Do <u>not</u> combine with deduction for MM&E on Line 6.		
+ 8			
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)		
+ 9			
10	Enterprise zone		
a	Sales of building materials		
+ 10a			
b	Sales of items other than building materials		
+ 10b			
11	High Impact business		
a	Sales of building materials		
+ 11a			
b	Sales of items other than building materials		
+ 11b			
+ 12	River edge redevelopment zone building materials		
+ 13	Exempt organizations		
+ 14	Uncollectible debt on which tax was previously paid		
15	Sales of service - identify here: _____		
16	Other (including cash refunds, newspapers and magazines, etc.) - identify below.		
16			
17	Total Section 1 deductions. Add Lines 1 through 16.		
17			

**Section 2: Motor fuel deductions - If no Section 2 deductions, go to Section 3.**

**State motor fuel tax**

18	Gasoline - number of gallons	18a		
	Multiply Line 18a by the applicable rate. (See instructions.)	18b		
19	Gasohol and majority blended ethanol - number of gallons	19a		
	Multiply Line 19a by the applicable rate. (See instructions.)	19b		
20	Diesel (including biodiesel and biodiesel blends) - number of gallons	20a		
	Multiply Line 20a by the applicable rate. (See instructions.)	20b		
21	Diesel/ethanol and other fuels at diesel rate - number of gallons	21a		
	Multiply Line 21a by the applicable rate. (See instructions.)	21b		
22	Liquefied natural gas and liquefied petroleum gas - number of DGEs	22a		
	Multiply Line 22a by the applicable rate. (See instructions.)	22b		
23	Compressed natural gas and other fuels at gasoline rate - number of GGEs	23a		
	Multiply Line 23a by the applicable rate. (See instructions.)	23b		

**Specific fuels sales tax exemption**

24	Biodiesel blend (no less than 1% but no more than 10% biodiesel) - total receipts	24a		
	Multiply Line 24a by 20% (.20).	24b		
25	Biodiesel blend (more than 10% but no more than 99% biodiesel) - total receipts	25a		
	Multiply Line 25a by 100% (1.00).	25b		
26	100 percent biodiesel - total receipts	26a		
	Multiply Line 26a by 100% (1.00).	26b		
27	Majority blended ethanol fuel - total receipts	27a		
	Multiply Line 27a by 100% (1.00).	27b		
28	Other motor fuel deductions: _____	28		
29	Total Section 2 deductions. Add Lines 18b through 27b and 28.	29		

**Section 3: Total deductions**

30	Add Lines 17 and 29. Enter these amounts on Step 4, Line 2. →	30		
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ST-1-X (R-07/19)



Account ID: \_\_\_\_\_

Reporting period you are amending: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

**Schedule B-X — Amended E911 Surcharge and ITAC Assessment**

	Column A Most report figures filed	Column B Figures as they should have been filed
<b>Receipts from retail transactions of prepaid wireless telecommunications service</b>		
1 Enter receipts subject to E911 Surcharge and ITAC Assessment	1	
<b>Figure your breakdown of retail transactions for Chicago locations</b>		
2 For Chicago locations	2a	
Multiply Line 2a by your rate of _____	2b	
3 For Chicago locations at prior rates	3a	
Multiply Line 3a by your rate of _____	3b	
4 Total for Chicago. Add Lines 2b and 3b.	4	
<b>Figure your breakdown of retail transactions for non-Chicago locations</b>		
5 For non-Chicago locations	5a	
Multiply Line 5a by your rate of _____	5b	
6 For non-Chicago locations at prior rates	6a	
Multiply Line 6a by your rate of _____	6b	
7 Total for non-Chicago locations. Add Lines 5b and 6b.	7	
<b>Figure your net E911 Surcharge and ITAC Assessment</b>		
8 Total E911 Surcharge and ITAC Assessment. Add Lines 4 and 7.	8	
9 Discount - if you qualify, multiply Line 8 by the applicable rate. See instructions.	9	
10 Subtract Line 9 from Line 8. Enter these amounts on Step 4, Line 21. →	10	





**Illinois Department of Revenue**  
**ST-2-X Amended Multiple Site Form**  
 Attach to Form ST-1-X.

REV 001  
 FORM 010  
 Do not write above this line.

Account ID: \_\_\_\_\_ Business name: \_\_\_\_\_

Reporting period you are amending: \_\_\_\_\_ through \_\_\_\_\_  
Month Day Year Month Day Year

Write the figures that should have been filed. You must round your figures to whole dollars. Base (a) X rate = tax (b)

Site where taxable sales were made

Location code _____ Site name _____ Site address _____ City, state, ZIP _____	General merchandise 4a _____ X _____ = 4b _____ <small>(rate)</small> Food, drugs, and medical appliances 5a _____ X _____ = 5b _____ <small>(rate)</small> Receipts taxed at other rates 8a _____ 8b _____
Location code _____ Site name _____ Site address _____ City, state, ZIP _____	General merchandise 4a _____ X _____ = 4b _____ <small>(rate)</small> Food, drugs, and medical appliances 5a _____ X _____ = 5b _____ <small>(rate)</small> Receipts taxed at other rates 8a _____ 8b _____
Location code _____ Site name _____ Site address _____ City, state, ZIP _____	General merchandise 4a _____ X _____ = 4b _____ <small>(rate)</small> Food, drugs, and medical appliances 5a _____ X _____ = 5b _____ <small>(rate)</small> Receipts taxed at other rates 8a _____ 8b _____
Location code _____ Site name _____ Site address _____ City, state, ZIP _____	General merchandise 4a _____ X _____ = 4b _____ <small>(rate)</small> Food, drugs, and medical appliances 5a _____ X _____ = 5b _____ <small>(rate)</small> Receipts taxed at other rates 8a _____ 8b _____
Location code _____ Site name _____ Site address _____ City, state, ZIP _____	General merchandise 4a _____ X _____ = 4b _____ <small>(rate)</small> Food, drugs, and medical appliances 5a _____ X _____ = 5b _____ <small>(rate)</small> Receipts taxed at other rates 8a _____ 8b _____
Location code _____ Site name _____ Site address _____ City, state, ZIP _____	General merchandise 4a _____ X _____ = 4b _____ <small>(rate)</small> Food, drugs, and medical appliances 5a _____ X _____ = 5b _____ <small>(rate)</small> Receipts taxed at other rates 8a _____ 8b _____

ST-2-X (R-5/09)

This form is authorized as outlined by the Retailers' Occupation Tax Act and related Acts. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Florida Management Center.



**Sample Batch Control Log Transmittal Page**



**Sample Routing Tag (Different tag for each day of the week in a different color)**

### Routing Tag

EXCEPTION ITEM **MONDAY**  
 (Circle one) A B C D E F G H I J K L  
 (See instructions on reverse)

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**ENVELOPE DATE:** \_\_\_\_\_

Area	Date Rec'd.	Area	Date Rec'd.
Forms Process		Audits	
R&A DCD		Collections	
Validation		TID	
Adjustment Control		Sales Tax	
Lock Box Bank		Excise Tax	
Doc. Entry S.O.S.		Clerical Process DCD	
R.P.S.		Account Mgmt.	

DocumentType \_\_\_\_\_

DocumentCount \_\_\_\_\_

Clerk ID # \_\_\_\_\_

Station Number \_\_\_\_\_

**Other Areas Handling Batch/Document**

Unit	Clerk ID.	Date

MEDU-17 (R-4/05) front  
IL-492-2242