Ohio | **Department of Taxation**

Scan Specifications for the 2019 Ohio SD 100ES

Important Notes

The following document (**2019 SD 100ES**) contains grids for placement of information on this specific tax form. To accurately print, do not reduce the size, rotate or center this document. Doing so jeopardizes the integrity of the grid. When printing from Adobe Reader, select "None" for "Page Scaling," which is under "Page Handling."

The 2019 SD 100ES vouchers must be completed and submitted for approval no later than Oct. 3, 2018.

Ohio Department of Taxation
4485 Northland Ridge Blvd.
Columbus, OH 43229
tax.ohio.gov

Ohio Department of Taxation Scannable Tax Forms

1. Introduction:

The Ohio Department of Taxation (ODT) prescribes the format of Ohio tax returns and forms. The department's primary objective is to ensure that the tax forms are compatible with the department's automated remittance processing systems and can be processed in an efficient, accurate and economical manner.

These guidelines are for computerized tax processors, software developers, computer programmers, commercial printers, and others who develop and use substitute and reproduced tax forms.

2. Definitions:

2.01 Substitute Tax Forms –

A form other than the official ODT form that is computer-produced, computer-programmed or commercially typeset and printed. ODT must be able to process substitute tax forms in the same manner as the official forms. Substitute tax forms that are electronically produced must duplicate the appearance and layout of the official form including size of margins, special keying symbols and line numbers.

2.02 Facsimile (Text Mode) Forms –

For filing purposes, ODT does not accept dot matrix facsimile signature returns and schedules. They do not contain the data-entry symbols and other requirements necessary for processing. Companies must clearly print in the top margin of electronically processed text mode forms: **"DO NOT FILE THIS FORM."**

2.03 Scannable Tax Forms –

The computer-prepared scannable forms are similar to the official ODT tax forms with the following exceptions: 1) the taxpayer-entity information layout and 2) a scanline that contains the taxpayers' tax data.

2.04 Reproduced Tax Forms –

Reproduced tax forms are photocopies of the official ODT forms. ODT accepts reproductions of official forms if the reproductions are:

1) Facsimiles of the official form produced by photo-offset, photoengraving, photocopying or other similar reproduction processes;
2) Printed in black ink on white paper of substantially the same weight, texture and quality as the official forms;
3) Legible in both the original text of the form and the filled-in data; AND
4) The same dimensions as the official form, including the paper and the image produced on it.

ODT accepts one-sided reproduced forms even if the official form is two-sided. However, ODT prefers two-sided reproduced forms that result in the same page arrangements as the official form. You may not file reproduced tax forms that do not meet the preceding guidelines. Reproduced tax forms that deviate from the official forms are considered substitute tax forms.

2.05 ID Field –

The area where the name, address, account number/Social Security number (SSN) are printed.

2.06 Intelligent Character Recognition (ICR)-Readable Fields –

Fields read using ICR technology.

2.07 Line Item Text –
The text, including item numbers, specifying the information to be entered into a data field.

2.08 Optical Character Recognition (OCR)-Readable Field –
Scanline field read using OCR technology.

2.09 Record Layout –
A 6-line-per-inch vertical (row) and 10-characters-per-inch horizontal (column) spacing grid, specifying the exact placement of all fields and characters on the facsimile form, is provided with each form specification to assist in proper spacing and alignment.

2.10 Data Field –
The specific space on the form where a numeric figure is entered.

3. Specifications:
3.01 Field Length –
Each form must contain the exact number of ID fields, line item texts and data fields, as the department-issued form.

3.02 Name and Address –
Name and address must be placed in the row and column specified in the grid format provided with each form.

3.03 Account/SSN –
The account or SSN(s) must be printed with spaces in the exact locations specified in the record layout.

3.04 Scanline Font –
The OCR scanline must be printed using a fixed 10-pitch, OCR-A (12-point size) font. The use of Courier or OCR-B font is not permitted.

3.05 Scanline Position –
ODT remittance scanline reads from right to left. The bottom of the characters in the scanline must be ½ of an inch from the bottom edge of the form and 1 inch from the right edge. See grid layout and Scanline Specifications Format for exact location of scanline.

3.06 ICR –
Dollar signs ($) are not permissible in ICR-readable fields. Commas and periods are not allowed as separators between the digits in ICR-readable fields. ICR fields are defined in the record layout of each form.

3.07 Total Remittance Field –
This is the remittance line on the form that shows the tax due amount and payment submitted with the form. This field is read by the Courtesy Amount Reader (CAR) on our remittance-processing equipment and requires a dollar sign ($) followed by a space preceding the remitted amount. The total remittance field must also include a decimal point to separate the dollar and cents digits. (Example: $ 12345.00)

3.08 OCR/ICR Fields –
Underlining or enclosing OCR/ICR readable data fields is not acceptable nor are vertical bars to be used to separate dollar and cents fields.

3.09 Finished Form Size –
    Form size is as specified in the grid layout for each form. Extraneous borders are not permitted. Edges MUST be trimmed to meet specifications. DO NOT HAND-CUT BOTTOM OR RIGHT SIDE OF FORM.

3.10 Paper Requirement –
    The paper must be white, high-quality bond paper with a minimum weight between 20 and 24 pounds.

3.11 Back of Form –
    Forms must be printed on one side only, unless the form is a two sided form. If two-sided, see section 2.04.

3.12 Inks –
    Forms must be printed using black ink, non-MICR (non-ferrous) ink or toner.

3.13 Shading –
    The use of shading or solid black areas for sidebars, headings or other areas is not permitted unless specified on tax return samples.

3.14 Reference Marks –
    On all scannable returns and vouchers there are target marks on the form. Exact locations of the target marks are listed on the grid layout for each form. Target marks must be a solid black box and should be .2"W x .167"H.

3.15 Software Developer Identification –
    The software developer identification is a **two-digit vendor registration number (VRN)** that will be assigned to each developer. The identification will be assigned to you by the Ohio Department of Taxation. The **two-digit VRN** refers to the developer *who designs the software to perform the tax calculations* **and** *to the developer who designs the form templates*. The VRN must be printed on each document in the exact area specified on the form grid. The use of a standard font size is acceptable. **This is the same two-digit number assigned to you on your full-page scannable forms.** For any questions or VRN assignments, email: Forms@tax.state.oh.us

4. Testing:
    All documents must be tested on ODT equipment before production runs. The ODT requests a certain amount (see section 8 for quantities) of test samples (cut to exact size) with the appropriate scanline and all data fields filled. Test documents must be submitted for approval to:

> **Ohio Department of Taxation**
> **Forms Unit**
> **4485 Northland Ridge Blvd.**
> **Columbus, OH 43229**

Note: When submitting your forms for approval, include form **STF – Approval Request for Scannable Tax Forms** with your submission. This will allow us to communicate any required changes to a contact person within your organization.

5. Approval Process:
    After you have submitted approval form STF, the Forms Unit confirms receipt by e-mail. Allow at least two weeks for the Forms Unit to review and approve/reject your submission. The Forms Unit sends notification of your approval status by e-mail when your submittal has been reviewed and tested.

6. Check Digit Routine (Modulus 10) For Scanline

1) Multiply each digit of the number by 1 or 2, starting from the left and going to the right. Start with a 1 then 2, and continue this pattern to the end of that number.
2) Add all the digits together. Do not add the sum of the totals. For example, if the numbers are 1, 3, 4 and 19 your answer is: 1 + 3 + 4 + 1 + 9 = 18.
3) Divide the total from the digits by 10.
4) Subtract the remainder from 10. The answer is your check digit. **If the remainder is zero, the check digit is always zero.**

Note: This same procedure is followed for all check digit calculations throughout these specifications.

Example:

Check digit calculation for <u>SSN</u> and <u>school district number</u>:

Step 1 – Multiply each digit in the number by weights 121212.

```
1 2 3 4 5  6 7  8 9 (SSN)                    2  5  0  9  (school district number)
X 1 2 1 2 1  2 1  2 1                       X 1  2  1  2
1 4 3 8 5 12 7 16 9                          2 10  0 18
```

Step 2 – The digits of the individual products are summed.

$$1 + 4 + 3 + 8 + 5 + 1 + 2 + 7 + 1 + 6 + 9 = 47 \qquad 2 + 1 + 0 + 0 + 1 + 8 = 12$$

Step 3 – Divide the sum by the modulus (10):

```
                4 (quotient)                              1 (quotient)
(Modulus) 10 | 47 (sum)              (Modulus)  10 | 12 (sum)
              40                                      10
               7 (remainder)                          2 (remainder)
```

Step 4 – To compute the check digit:

Modulus – Remainder = Check Digit   **Modulus – Remainder = Check Digit**

10 - 7 = **3** (This is the check digit.)   10 - 2 = **8** (This is the check digit.)

Step 5 – Append a space and the check digit to the right of the number: The complete form for the SSN is 123456789 3 and for the school district number is 2509 8.
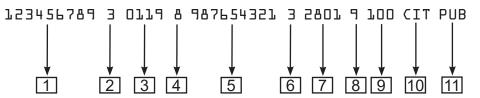
7. Check Digit for Scanline Payment Period

Form	Period	Check Digit
2019 IT 1040ES	0119 - April 15, 2019	8
	0219 - June 17, 2019	6
	0319 - Sept. 16, 2019	4
	0419 - Jan. 15, 2020	2
2019 SD 100ES	0119 - April 15, 2019	8
	0219 - June 17, 2019	6
	0319 - Sept. 16, 2019	4
	0419 - Jan. 15, 2020	2
2018 IT 40P	0518 - April 15, 2019	1
2018 SD 40P	0518 - April 15, 2019	1
2018 IT 40XP	0518 - April 15, 2019	1
2018 SD 40XP	0518 - April 15, 2019	1

8. Scanline Specifications Format: 2019 SD 100ES   Size: 8.5" X 3.667"

Description	Number of Positions	Character Length
SSN	1-10	9
Check Digit for SSN	11-12	1
Voucher and Year	13-17	4
Check Digit for Voucher and Year	18-19	1
Spouse's SSN (if single return or married filing separately, zero fill field)	20-29	9
Check Digit for Spouse's SSN	30-31	1
School District Number	32-36	4
Check Digit for School District Number	37-38	1
Form Type	39-41	3
NEW First Three Digits of Taxpayer's Last Name	42-44	3
NEW First Three Digits of Spouse's Last Name	45-47	3

Placement of the Scanline: Start on line 63 at position 27 and end at position 75. Blank spaces must be as noted. Print zeros in fields that contain no data. The scanline font is OCR-A (12-point size), 10 pitch (pica spacing).

Example: 123456789 3 0119 8 987654321 3 2801 9 100 CIT PUB

(with arrows pointing to boxed labels: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11)

1. SSN (9 digits and a space)
2. Check Digit for SSN (1 digit and a space)
3. Voucher and Year (4 digits and a space):
   > Voucher 1 (April 15, 2019)   =   0119
   > Voucher 2 (June 17, 2019)   =   0219
   > Voucher 3 (September 16, 2019)   =   0319
   > Voucher 4 (January 15, 2020)   =   0419
4. Check Digit for Voucher and Year (1 digit and a space):
   > Voucher 1   =   8
   > Voucher 2   =   6
   > Voucher 3   =   4
   > Voucher 4   =   2
5. Spouse's SSN – print zeros in field if single or married filing separately return (9 digits and a space)
6. Check Digit for Spouse's SSN (1 digit and a space)
7. School District Number (4 digits and a space)
8. Check Digit for School District Number (1 digit and a space)
9. Form Type: This will remain a constant "100" on all vouchers. (3 digits and a space)
10. Last Name: First three letters of taxpayer's last name (3 digits and a space)
11. Spouse's Last Name: First three letters of Spouse's last name. (3 digits and a space) Print "XXX" in field if single or married filing separately return.

Important Note: Make sure that there is no masking of numbers anyplace on the vouchers.

Note: The ICR-readable fields are the first three letters of the taxpayer's last name, the first three letters of the spouse's last name, and the taxpayer's and spouse's SSNs. All periods, single and joint filers must be represented in a minimum of 8 test samples (20 test samples is the maximum amount) with at least two different names and addresses.

OHIO SD 100ES

Rev. 9/18

School District Estimated Income Tax
(Voucher 1) Due April 15, 2019

2019 SD ES

Do NOT fold check or voucher.

• Do **NOT** staple or paper clip.   • Do **NOT** send cash.

```
John Q. CitzenXXXXXXXXXXXXXXXXXXXXXXX
Jane E. PublicXXXXXXXXXXXXXXXXXXXXXX
1234 Any StreetXXXXXXXXXXXXXXXXXXXXX
Any CityXXXXXXXXXXX, US 12345-2345
```

Use UPPERCASE letters
to print the first three letters of

School district number	Taxpayer's last name	Spouse's last name (only if joint filing)
2801	CIT	PUB

Taxpayer's SSN   123 45 6789

•**Make payment payable to:** School District Income Tax

•**Mail to:** School District Income Tax
  P.O. Box 182389, Columbus, OH 43218-2389

Spouse's SSN
(only if joint filing)   987 65 4321

Vendor's Registration Number **99**

Amount of Payment → $ 123456789.00

123456789 3 0119 8 987654321 3 2801 9 100 CIT PUB

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School District Estimated Income Tax
(Voucher 1) Due April 15, 2019

• Do **NOT** staple or paper clip.   • Do **NOT** send cash.

2019 SD ES

Do **NOT** fold check or voucher.

■

```
John Q. CitzenXXXXXXXXXXXXXXXXXXXXXXX
Jane E. PublicXXXXXXXXXXXXXXXXXXXXXXX
1234 Any StreetXXXXXXXXXXXXXXXXXXXXXX
Any CityXXXXXXXXXXXX, US 12345-2345
```

Use UPPERCASE letters
to print the first three letters of

School district number	Taxpayer's last name	Spouse's last name (only if joint filing)
2801	CIT	PUB

Taxpayer's SSN   123 45 6789

Spouse's SSN
(only if joint filing)   987 65 4321

•**Make payment payable to:** School District Income Tax
•**Mail to:** School District Income Tax
 P.O. Box 182389, Columbus, OH 43218-2389

Vendor's Registration Number	**99**

Amount of Payment ➡ $ 123456789.00

■

123456789 3 0119 8 987654321 3 2801 9 100 CIT PUB

OHIO SD 100ES

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School District Estimated Income Tax
(Voucher 1) Due April 15, 2019

• Do **NOT** staple or paper clip.   • Do **NOT** send cash.

2019 SD ES

Do **NOT** fold check or voucher.

Use UPPERCASE letters
to print the first three letters of

| School district number | Taxpayer's last name | Spouse's last name (only if joint filing) |

Taxpayer's SSN

•**Make payment payable to:** School District Income Tax

•**Mail to:** School District Income Tax
 P.O. Box 182389, Columbus, OH 43218-2389

Spouse's SSN
(only if joint filing)

Vendor's
Registration
Number

**Amount of
Payment** ➡