Form Record Identification

Each page of a form will have a new Form Record with the Page Number incremented.

Field No.	Identification	Length	Description
	Byte Count	4	(see form) for fixed; "nnnn" for variable
	Start of Record Sentinel	4	Value "****"
0000	Record ID	6	Value "FRMbbb"
0001	Form Number	6	Value "nnnnbb"
0002	Page Number	5	Value "Pgnnb", nn = 0l to 04
0003	Taxpayer Identification Number	9	N (Primary Social Security) Number
0004	Filler	1	Blank
0005	Form Occurrence Number	7	Number limited to the maximum number of forms allowed

(Begin data fields of the Form record layout)

FORM W-2 Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0946" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"W-2bbb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000050
0010	Corrected W-2		1	"X" or blank
0035	Employee's SSN	a	9	N
0040	Employer Identification Number	b	9	N
0045	Employer Name Control	c	4	First 4 significant characters of employer's name, no leading or embedded spaces, allowable characters are alpha, numeric, hyphen, ampersand, spaces may be present only as last two positions
0050	Name of Reporting Agent or Employer	c	35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), plus (+) and blank ( )

Field No.	Identification	Form Ref.	Length	Field Description
0055	Name Line 2 of Employer	c	35	AN, "Agent for", "in care of" Addressee, or address continuation; allowable special characters are: space, ampersand, slash, comma, plus sign, hyphen and percent (%)
0060	Employer Address	c	35	AN, Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent(%), and literal "NONE"
0070	Employer City	c	22	A, Allowable special Character is space
0073	Employer State	c	2	A (Standard Postal State Abbreviations) or period (.)
0075	Employer Zip Code	c	12	N (Left-justified)
0085	Control Number	d	14	AN or blank (Allowable special characters are ampersand (&), hyphen (-), slash (/), comma (,), plus (+))
0090	Employee Name and Suffix	e	35	AN, Allowable special characters: hyphen (-) or blank
0100	Employee Address	f	35	AN, Allowable special characters are ampersand (&), hyphen (-), slash (/), comma (,) and percent (%)
0105	Employee Address Continuation	f	35	AN
0110	Employee City	f	22	AN, Allowable special character is space
0113	Employee State	f	2	A (Standard Postal State Abbreviations) or period (.)
0115	Employee Zip Code	f	12	N (Left-justified)

FORM W-2 Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
0120	Wages	1	12	N
0130	Withholding	2	12	N
0140	Social Security Wages	3	12	N
0150	Social Security Tax	4	12	N
0160	Medicare Wages and Tips	5	12	N
0170	Medicare Tax Withheld	6	12	N
0180	Social Security Tips	7	12	N
0190	Allocated Tips	8	12	N
				--|
0210	Dependent Care Benefits	10	12	N
0220	Nonqualified Plans	11	12	N
*0242	Employer's Use Code 1	12a	6	A-H, J-N, P, Q, R-T, V, | W, Y, Z, AA, BB, DD, EE, "STMbnn" or blank
+0244	Year 1 (for Prior Year USERRA Contribution)	12a	2	N (YY) or blank
+0246	Employer's Use Amount 1	12a	12	N
0252	Employer's Use Code 2	12b	6	A-H, J-N, P, Q, R-T, V, | W, Y, Z, AA, BB, DD, EE, or blank
0254	Year 2 (for Prior Year USERRA Contribution)	12b	2	N (YY) or blank
0256	Employer's Use Amount 2	12b	12	N
0257	Employer's Use Code 3	12c	6	A-H, J-N, P, Q, R-T, V, | W, Y, Z, AA, BB, DD, EE, or blank

FORM W-2 Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
0258	Year 3 (for Prior Year USERRA Contribution)	12c	2	N (YY) or blank
0259	Employer's Use Amount 3	12c	12	N
0260	Employer's Use Code 4	12d	6	A-H, J-N, P, Q, R-T, V, | W, Y, Z, AA, BB, DD, EE, or blank
0261	Year 4 (for Prior Year USERRA Contribution)	12d	2	N (YY) or blank
0262	Employer's Use Amount 4	12d	12	N
0265	Statutory Employee Ind	13	1	"X" or blank
0267	Retirement Plan Ind	13	1	"X" or blank
0269	Third-Party Sick Pay Ind	13	1	"X" or blank
*0270	Other Deducts/ Benefits Type 1	14	8	AN, "STMbnn" or blank (Allowable special characters are ampersand (&), hyphen (-), slash (/), comma (,), plus (+))
+0272	Other Deducts/ Benefits Amt 1	14	12	N
0280	Other Deducts/ Benefits Type 2	14	8	AN or blank (Allowable special characters are ampersand (&), hyphen (-), slash (/), comma (,), plus (+))
0282	Other Deducts/ Benefits Amt 2	14	12	N
0290	Other Deducts/ Benefits Type 3	14	8	AN or blank (Allowable special characters are ampersand (&), hyphen (-), slash (/), comma (,), plus (+))
0292	Other Deducts/ Benefits Amt 3	14	12	N

FORM W-2 Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
0300	Other Deducts/ Benefits Type 4	14	8	AN or blank (Allowable special characters are ampersand (&), hyphen (-), slash (/), comma (,), plus (+))
0302	Other Deducts/ Benefits Amt 4	14	12	N
0370	State Name 1	15	2	A (Standard Postal State Abbreviations)
0380	Employer's State ID Number 1	15	16	AN or blank
0390	State Wages 1	16	12	N
0400	State Income Tax 1	17	12	N
0405	Local Wages/Tips 1	18	12	N
0407	Local Income Tax 1	19	12	N
0410	Name of Locality 1	20	9	AN
0440	State Name 2	15	2	'See 1st Occ.'
0450	Employer's State ID Number 2	15	16	AN or blank
0460	State Wages 2	16	12	N
0470	State Income Tax 2	17	12	N
0475	Local Wages/Tips 2	18	12	N
0477	Local Income Tax 2	19	12	N
0480	Name of Locality 2	20	9	AN
0490	State Name 3	15	2	'See 1st Occ.'
0500	Employer's State ID Number 3	15	16	AN or blank
0515	State Wage 3	16	12	N
0520	State Income Tax 3	17	12	N
0525	Local Wages/Tips 3	18	12	N
0527	Local Income Tax 3	19	12	N

FORM W-2 Wage and Tax Statement

Field No.	Identification	Form Ref.	Length	Field Description
0530	Name of Locality 3	20	9	AN
0540	State Name 4	15	2	'See 1st Occ.'
0550	Employer's State ID Number 4	15	16	AN or blank
0560	State Wage 4	16	12	N
0570	State Income Tax 4	17	12	N
0575	Local Wages/Tips 4	18	12	N
0577	Local Income Tax 4	19	12	N
0580	Name of Locality 4	20	9	AN
0590	W-2 Indicator		1	"N" = non-standard (for altered, typed or handwritten forms) "S" = standard W-2
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0658" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"1099Rb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000020
0010	Corrected Box		1	"X" or blank
0015	Payer Name Control		4	First 4 significant characters of payer's name, no leading or embedded spaces; allowable characters are alpha, numeric, hyphen, ampersand, spaces may be present only as last two positions
0020	Payer Name		35	AN Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), plus (+) and blank ( )
0025	Payer Name Line 2		35	AN, in care of addressee, or address continuation. Allowable special characters are space, ampersand, slash, hyphen and percent (%)

FORM 1099-R Distributions From Pensions, Annuities, ...

Field No.	Identification	Form Ref.	Length	Field Description
0030	Payer Address		35	AN Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent (%) and literal "NONE"
0040	Payer City		22	AN Allowable special character is space
0042	Payer State		2	A (Standard Postal State Abbreviations) or period (.)
0044	Payer Zip Code		12	N (left-justified)
0050	Payer Identification Number		9	N
0060	SSN		9	N
0070	Recipient's Name		35	AN Allowable special character is: hyphen (-)
0080	Recipient's Address		35	AN Allowable special characters are: ampersand (&), hyphen (-), slash (/), comma (,), percent (%) and literal "NONE"
0085	Recipient's Address Continuation		35	AN
0090	Recipient's City		22	AN Allowable special character is space
0092	Recipient's State		2	A (Standard Postal State Abbreviations) or period (.)
0094	Recipient's Zip Code		12	N (left-justified)
0100	Account Number		30	AN or blank --|
0110	Gross Distribution	1	12	N
0120	Taxable Amount	2a	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0130	Tax Amount Not Determined Ind	2b	1	"X" or blank
0140	Total Distribution Ind	2b	1	"X" or blank
0150	Taxable Amount for Capital Gain	3	12	N
0160	Withholding	4	12	N
0170	Employee Insurance Contribution	5	12	N
0180	Unrealized Securities Appreciation	6	12	N
0190	Distribution Code	7	2	AN or blank
0200	IRA/SEP/SIMPLE Ind	7	1	"X" or blank
0210	Other Distribution	8	12	N
0220	Recipient's Other Distribution Percentage	8	6	R
0230	Recipient's Total Distribution Percentage	9a	6	R
0231	Recipient's Total Contributions	9b	12	N
0234	Amt. Alloc. to IRR within 5 years	10	12	N or blank |
0237	1st Year of Desig. Roth Contrib.	11	4	N (YYYY) or blank |
0240	State Income Tax W/ Held - 1	12(1)	12	N |
0246	State Name - 1	13(1)	2	A (Standard Postal State Abbreviations) |
0250	Payer State I.D. No. - 1	13(1)	16	AN |
0255	State Distribution - 1	14(1)	12	N |

Field No.	Identification	Form Ref.	Length	Field Description
0260	Local Income Tax W/ Held - 1	15(1)	12	N
0270	Name of Locality - 1	16(1)	9	AN
0275	Local Distribution - 1	17(1)	12	N
0280	State Income Tax W/ Held - 2	12(2)	12	N
0286	State Name - 2	13(2)	2	A (Standard Postal State Abbreviations)
0290	Payer Sate I.D. No. - 2	13(2)	16	AN
0300	State Distribution - 2	14(2)	12	N
0310	Local Income Tax W/ Held - 2	15(2)	12	N
0320	Name of Locality - 2	16(2)	9	AN
0330	Local Distribution - 2	17(2)	12	N
0340	1099-R Indicator		1	"N" = non-standard (for altered, typed or handwritten forms) "S" = standard 1099-R
	Record Terminus Character		1	Value "#"

FORM 2106 PAGE 1 Employee Business Expenses

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0245" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"2106bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000004
0008	Occupation		25	AN
0009	SSN of Taxpayer With Employee Business Expense		9	N
0010	Vehicle Expenses	1A	12	N
0013	Parking, Tolls, Local Transportation	2A	12	N
0017	Travel Exp Away From Home Exclude Meals/Entertain	3A	12	N
0023	Other Business Expenses Excluding Meals/Entertain	4A	12	N
0025	Meals/Entertainment Expenses	5B	12	N
0027	Total Expenses Excluding Meals/ Entertainment	6A	12	N
0031	Total Meals/ Entertainment	6B	12	N
0033	Other Reimbursements Not Reported on W-2	7A	12	N

FORM 2106 PAGE 1 Employee Business Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0041	Meals/Entertainment Reimburse Not Reported on W-2	7B	12	N
0100	Unreimbursed Business Expense	8A	12	N
0105	Unreimbursed Meals Expense	8B	12	N
0115	Allowable Business Deduction	9A	12	N
0120	Allowable Meals Deduction	9B	12	N
0125	Unreimbursed Employee Business Expense	10	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0594" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0127	Record ID		6	"FRMbbb"
0128	Form Number		6	"2106bb"
0129	Page Number		5	"PG02b"
0130	Taxpayer Identification Number		9	N (Primary SSN)
0131	Filler		1	blank
0132	Form Occurrence Number		7	N 0000001 - 0000004
0133	SSN of Taxpayer with Employee Business Expense		9	N
0134	Vehicle Date (1)	11(a)	8	DT
0135	Total Miles (1)	12(a)	6	N
0145	Business Miles (1)	13(a)	6	N
0155	Percent of Use (1)	14(a)	6	R
0165	Average Distance (1)	15(a)	6	N
0175	Miles Commuting (1)	16(a)	6	N
0185	Other Personal Miles (1)	17(a)	6	N
0195	Vehicle Date (2)	11(b)	8	DT
0205	Total Miles (2)	12(b)	6	N
0215	Business Miles (2)	13(b)	6	N
0225	Percent of Use (2)	14(b)	6	R
0235	Average Distance (2)	15(b)	6	N
0245	Miles Commuting (2)	16(b)	6	N

FORM 2106 PAGE 2 Employee Business Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0256	Other Personal Miles(2)	17(b)	6	N
0260	Personal Use Yes	18	1	"X" or blank
0265	Personal Use No	18	1	"X" or blank
0271	Another Vehicle Yes	19	1	"X" or blank
0276	Another Vehicle No	19	1	"X" or blank
0290	Evidence Yes	20	1	"X" or blank
0295	Evidence No	20	1	"X" or blank
0300	Written Yes	21	1	"X" or blank
0305	Written No	21	1	"X" or blank
0315	Vehicle Expenses	22	12	N ||
0325	Gas, Oil (1)	23(a)	12	N
0335	Rentals (1)	24a(a)	12	N
0345	Inclusion Amount (1)	24b(a)	12	N
0355	Rental minus Inclusion (1)	24c(a)	12	N
0358	Value (1)	25(a)	12	N
0370	Motor Vehicle Expense (1)	26(a)	12	N
0375	Percent Business Expense (1)	27(a)	12	N
0380	Depreciation/Ln 38 (1)	28(a)	12	N
0383	Total Actual Expense (1)	29(a)	12	N
0437	Gas, Oil (2)	23(b)	12	N
0439	Rentals (2)	24a(b)	12	N
0441	Inclusion Amount (2)	24b(b)	12	N
0443	Rental minus Inclusion (2)	24c(b)	12	N

FORM 2106 PAGE 2 Employee Business Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0445	Value (2)	25(b)	12	N
0447	Motor Vehicle Expense (2)	26(b)	12	N
0449	Percent Business Expense (2)	27(b)	12	N
0451	Depreciation/Ln 38 (2)	28(b)	12	N
0453	Total Actual Expense (2)	29(b)	12	N
0490	Vehicle 1 Basis	30(a)	12	N
0495	Vehicle 1 Sect 179 Deduction and Special Allowance	31(a)	12	N
0505	Vehicle 1 Depreciation Recovery	32(a)	12	N
0515	Vehicle 1 Depreciation Method	33(a)	13	Value = (Literal in Depreciation Method Chart)
0530	Line 32(a) multiplied by Line 33(a) percentage	34(a)	12	N
0540	Depreciation Subtotal (1)	35(a)	12	N
0544	Limitation Amount (1)	36(a)	12	N
0546	Line 36(a) multiplied by Line 14(a)	37(a)	12	N
0550	Depreciation/Ln 28(a)	38(a)	12	N
0560	Vehicle 2 Basis	30(b)	12	N
0600	Vehicle 2 Sect 179 Deduction and Special Allowance	31(b)	12	N

FORM 2106 PAGE 2 Employee Business Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0602	Vehicle 2 Depreciation Recovery	32(b)	12	N
0604	Vehicle 2 Depreciation Method	33(b)	13	Value = (Literal in Depreciation Method Chart)
0606	Line 32(b) multiplied by Line 33(b) percentage	34(b)	12	N
0610	Depreciation Subtotal (2)	35(b)	12	N
0612	Limitation Amount (2)	36(b)	12	N
0614	Line 36(b) multiplied by Line 14(b)	37(b)	12	N
0616	Depreciation/Line 28(b)	38(b)	12	N
	Record Terminus Character		1	Value "#"

FORM 2106-EZ Unreimbursed Employee Business Expenses

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0195" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"2106Zb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000002
0008	Occupation		25	AN
0009	SSN of Taxpayer With Employee Business Expense		9	N
0010	Vehicle Expenses	1	12	N
0015	Parking Fees, Tolls, Transportation	2	12	N
0017	Travel Expense	3	12	N
0023	Business Expenses	4	12	N
0025	Total Meals/ Entertainment Expenses	5	12	N
0027	Meals/Entertainment Expenses Allowed	5	12	N
0031	Total Expenses	6	12	N
0134	Vehicle Date	7	8	DT
0145	Business Miles	8a	6	N
0175	Commuting Miles	8b	6	N
0185	Other Personal Miles	8c	6	N

FORM 2106-EZ Unreimbursed Employee Business Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0260	Vehicle Available - Yes	9	1	"X" or blank
0265	Vehicle Available - No	9	1	"X" or blank
0271	Another Vehicle for Personal Use - Yes	10	1	"X" or blank
0276	Another Vehicle for Personal Use - No	10	1	"X" or blank
0290	Evidence - Yes	11a	1	"X" or blank
0295	Evidence - No	11a	1	"X" or blank
0300	Written Evidence - Yes	11b	1	"X" or blank
0305	Written Evidence - No	11b	1	"X" or blank
	Record Terminus Character		1	Value "#"

FORM 2210 PAGE 1 Underpayment of Estimated Tax by ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0167" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"2210bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Identifying Number		9	N
0025	Current Year Tax After Credits	1	12	N
0035	Other Taxes	2	12	N
0045	Refundable Credits	3	12	N
0055	Current Year Tax	4	12	N
0065	Multiply Line 4 by .90	5	12	N
0075	Withholding Taxes	6	12	N
0085	Net Tax Due	7	12	N
0092	Annual Payment Based on Prior Year	8	12	N
0106	Required Annual Payment	9	12	N
0115	Owe Penalty No Box	9	1	"X" or blank
0125	Owe Penalty Yes Box	9	1	"X" or blank
0135	Waiver of Entire Penalty Box	A	1	"X" or blank

FORM 2210 PAGE 1 Underpayment of Estimated Tax by ...

Field No.	Identification	Form Ref.	Length	Field Description
0145	Waiver of Part of Penalty Box	B	1	"X" or blank
0155	Annualized Income Installment Method Box	C	1	"X" or blank
0165	Actually Withheld Box	D	1	"X" or blank
0170	Joint Return Box	E	1	"X" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0170" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0175	Record ID		6	"FRMbbb"
0176	Form Number		6	"2210bb"
0177	Page Number		5	"PG02b"
0178	Taxpayer Identification Number		9	N (Primary SSN)
0182	Filler		1	blank
0184	Form Occurrence Number		7	N 0000001
0185	Line 9 Amount, Form 2210	10	12	N
0187	Line 6 Amount	11	12	N
0195	Total Estimated Tax Payments	12	12	N
0197	Add Lines 11 and 12	13	12	N
0201	Total Underpayment for Year	14	12	N
0205	Multiply Line 14 by Applicable %	15	12	N
0215	Due Date Pd Multiplied Amount	16	12	N
0225	Waived Literal/ Short Method	17	13	"AMOUNTbWAIVED" or blank
0227	Waived Amount/short Method	17	12	N
@0233	Waived Explanation/ Short Method	17	6	"STMbnn" or blank
0245	Penalty	17	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0433" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0246	Record ID		6	"FRMbbb"
0248	Form Number		6	"2210bb"
0258	Page Number		5	"PG03b"
0262	Taxpayer Identification Number		9	N (Primary SSN)
0263	Filler		1	Blank
0264	Form Occurrence Number		7	N 0000001
0265	Required Installment A	18(a)	12	N
0275	Required Installment B	18(b)	12	N
0285	Required Installment C	18(c)	12	N
0295	Required Installment D	18(d)	12	N
0298	Estimated Tax Paid and Withheld A	19(a)	12	N
0303	Estimated Tax Paid and Withheld B	19(b)	12	N
0305	Estimated Tax paid and withheld C	19(c)	12	N
0308	Estimated Tax Paid and Withheld D	19(d)	12	N
0315	Applied Overpayment A	23(a)	12	N
0325	Underpayment A	25(a)	12	N
0335	Overpayment A	26(a)	12	N

FORM 2210 PAGE 3 Underpayment of Estimated Tax by ...

Field No.	Identification	Form Ref.	Length	Field Description
0355	Previous Column Overpayment B	20(b)	12	N
0365	Tax To Be Applied B	21(b)	12	N
0375	Taxes Due Column B	22(b)	12	N
0385	Applied Overpayment B	23(b)	12	N
0395	Applied Underpayment B	24(b)	12	N
0405	Underpayment B	25(b)	12	N
0415	Overpayment B	26(b)	12	N
0435	Previous Column Overpayment C	20(c)	12	N
0445	Tax To Be Applied C	21(c)	12	N
0455	Taxes Due Column C	22(c)	12	N
0465	Applied Overpayment C	23(c)	12	N
0475	Applied Underpayment C	24(c)	12	N
0485	Underpayment C	25(c)	12	N
0495	Overpayment C	26(c)	12	N
0515	Previous Column Overpayment D	20(d)	12	N
0525	Tax To Be Applied D	21(d)	12	N
0535	Taxes Due Column D	22(d)	12	N
0545	Applied Overpayment D	23(d)	12	N
0565	Underpayment D	25(d)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0667	Waived Amount	27	12	N
@0669	Waiver Explanation	27	6	"STMbnn" or blank
0671	Total Underpayment	27	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1369" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0800	Record ID		6	"FRMbbb"
0805	Form Number		6	"2210bb"
0810	Page Number		5	"PG04b"
0815	Taxpayer Identification Number		9	N (Primary SSN)
0820	Filler		1	blank
0825	Form Occurrence Number		7	N 0000001
0900	AGI Amount Period A	1(a)	12	N
0905	Annualized Income A	3(a)	12	N
0910	Itemized Deductions A	4(a)	12	N
0920	Annualized Itemized Deductions A	6(a)	12	N
0930	Return Standard Deductions A	7(a)	12	N
0940	Installment Deduction Amount A	8(a)	12	N
0950	Net Income Amount A	9(a)	12	N
0960	Exemption Claimed Amt A	10(a)	12	N
0970	Taxable Income Amt A	11(a)	12	N
0980	Tentative Tax Amt A	12(a)	12	N
0990	Annualized SE Tax A	13(a)	12	N
1000	Other Taxes A	14(a)	12	N
1010	Tax Before Credits A	15(a)	12	N
1020	Allowed Credits A	16(a)	12	N

FORM 2210 PAGE 4 Underpayment of Estimated Tax by ...

Field No.	Identification	Form Ref.	Length	Field Description
1030	Net Tax Due Amount A	17(a)	12	N
1040	Applicable Tax Due Amount A	19(a)	12	N
1050	Tax Due Amount A	21(a)	12	N
1060	Installment Tax Amount A	22(a)	12	N
1070	Aggregate Tax Due Amount A	24(a)	12	N
1080	Required Installment Amount A	25(a)	12	N
1090	AGI Amount Period B	1(b)	12	N
1100	Annualized Income B	3(b)	12	N
1110	Itemized Income B	4(b)	12	N
1120	Annualized Itemized Deductions B	6(b)	12	N
1130	Return Standard Deduction B	7(b)	12	N
1140	Installment Deduction Amount B	8(b)	12	N
1150	Net Income Amount B	9(b)	12	N
1160	Exemption Claimed Amt B	10(b)	12	N
1170	Taxable Income Amt B	11(b)	12	N
1180	Tentative Tax Amt B	12(b)	12	N
1190	Annualized SE Tax B	13(b)	12	N
1200	Other Taxes B	14(b)	12	N
1210	Tax Before Credits B	15(b)	12	N
1220	Allowed Credits B	16(b)	12	N
1230	Net Tax Due Amount B	17(b)	12	N
1240	Applicable Tax Due Amount B	19(b)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1250	Accumulated Installment Amt B	20(b)	12	N
1260	Tax Due Amount B	21(b)	12	N
1270	Installment Tax Amount B	22(b)	12	N
1280	Accumulated Adjusted Tax Amount B	23(b)	12	N
1290	Aggregate Tax Due Amount B	24(b)	12	N
1300	Required Installment Amount B	25(b)	12	N
1310	AGI Amount Period C	1(c)	12	N
1320	Annualized Income C	3(c)	12	N
1330	Itemized Deductions C	4(c)	12	N
1340	Annualized Itemized Deductions C	6(c)	12	N
1350	Return Standard Deduction C	7(c)	12	N
1360	Installment Deduction Amount C	8(c)	12	N
1370	Net Income Amount C	9(c)	12	N
1380	Exemption Claimed Amt C	10(c)	12	N
1390	Taxable Income Amt C	11(c)	12	N
1400	Tentative Tax amt C	12(c)	12	N
1410	Annualized SE Tax C	13(c)	12	N
1420	Other Taxes C	14(c)	12	N
1430	Tax Before Credits C	15(c)	12	N
1440	Allowed Credits C	16(c)	12	N
1450	Net Tax Due Amount C	17(c)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1460	Applicable Tax Due Amount C	19(c)	12	N
1470	Accumulated Installment Amt C	20(c)	12	N
1480	Tax Due Amount C	21(c)	12	N
1490	Installment Tax Amount C	22(c)	12	N
1500	Accumulated Adjusted Tax Amount C	23(c)	12	N
1510	Aggregate Tax Due Amount C	24(c)	12	N
1520	Required Installment Amount C	25(c)	12	N
1530	AGI Amount Period D	1(d)	12	N
1540	Annualized Income D	3(d)	12	N
1550	Itemized Deductions D	4(d)	12	N
1560	Annualized Itemized Deductions D	6(d)	12	N
1570	Return Standard Deduction D	7(d)	12	N
1580	Installment Deduction Amount D	8(d)	12	N
1590	Net Income Amount D	9(d)	12	N
1600	Exemption Claimed Amt D	10(d)	12	N
1610	Taxable Income Amt D	11(d)	12	N
1620	Tentative Tax Amt D	12(d)	12	N
1630	Annualized SE Tax D	13(d)	12	N
1640	Other Taxes D	14(d)	12	N
1650	Tax Before Credits D	15(d)	12	N
1660	Allowed Credits D	16(d)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1670	Net Tax Due Amount D	17(d)	12	N
1680	Applicable Tax Due Amount D	19(d)	12	N
1690	Accumulated Installment Amt D	20(d)	12	N
1700	Tax Due Amount D	21(d)	12	N
1710	Installment Tax Amount D	22(d)	12	N
1720	Accumulated Adjusted Tax Amount D	23(d)	12	N
1730	Aggregate Tax Due Amount D	24(d)	12	N
1740	Required Installment Amount D	25(d)	12	N
1750	Net SE Earnings A	26(a)	12	N
1760	SST/RRT Wages A	28(a)	12	N
1770	Net Prorated Social Security Tax Limit A	29(a)	12	N
1780	Annualized SST/RRT Wages A	31(a)	12	N
1790	Annualized Net Self-Employment Earnings A	33(a)	12	N
1800	Annualized SE Tax A	34(a)	12	N
1810	Net SE Earnings B	26(b)	12	N
1820	SST/RRT Wages B	28(b)	12	N
1830	Net Prorated Social Security Tax Limit B	29(b)	12	N
1840	Annualized SST/RRT Wages B	31(b)	12	N
1850	Annualized Net Self-Employment Earnings B	33(b)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1860	Annualized SE Tax B	34(b)	12	N
1870	Net SE Earnings C	26(c)	12	N
1880	SST/RRT Wages C	28(c)	12	N
1890	Net Prorated Social Security Tax Limit C	29(c)	12	N
1900	Annualized SST/RRT Wages C	31(c)	12	N
1910	Annualized Net Self-Employment Earnings C	33(c)	12	N
1920	Annualized SE Tax C	34(c)	12	N
1930	Net SE Earnings D	26(d)	12	N
1940	SST/RRT Wages D	28(d)	12	N
1950	Net Prorated Social Security Tax Limit D	29(d)	12	N
1960	Annualized SST/RRT Wages D	31(d)	12	N
1970	Annualized Net Self-Employment Earnings D	33(d)	12	N
1980	Annualized SE Tax D	34(d)	12	N
@1990	Spouse's Annualized SE Tax Computation	34	6	"STMbnn" or blank
	Record Terminus Character		1	Value "#"

FORM 2441 PAGE 1 Child and Dependent Care Expenses

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0471" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"2441bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
*0010	Name of Care Provider 1	1(a)	19	AN, "NONE" or "STMbnn"
+0015	Care Provider Name Control 1	1(a)	4	First Four Significant Characters of Individual's last name or of the business name, no leading or embedded spaces; allowable characters are alpha, numeric, hyphen, ampersand; spaces may be present in last three positions or blank
+0020	Street Address 1	1(b)	28	AN, "SEEbW-2" or blank
+0030	City/State/Zip 1	1(b)	29	AN or blank
*+0040	SSN/EIN 1	1(c)	9	AN, "TAXEXEMPT", "LAFCP", "STMbnn" or blank
+0045	SSN/EIN Type 1	1(c)	1	"S" = SSN or ITIN, "E" = EIN, or blank
+0050	Amount Paid 1	1(d)	12	N

FORM 2441 PAGE 1 Child and Dependent Care Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0060	Name of Care Provider 2	1(a)	19	AN or blank
0065	Care Provider Name Control 2	1(a)	4	'See 1st Occ.'
0070	Street Address 2	1(b)	28	AN, "SEEbW-2" or blank
0080	City/State/Zip 2	1(b)	29	AN or blank
0090	SSN/EIN 2	1(c)	9	AN, "TAXEXEMPT", "LAFCP", "STMbnn" or blank
0095	SSN/EIN Type 2	1(c)	1	'See 1st Occ.'
0100	Amount Paid 2	1(d)	12	N
*0110	Qualifying Person First Name - 1	2(a)	10	AN (first name, blank) or "STMbnn"
+0115	Qualifying Person Last Name - 1	2(a)	15	AN (last name) or blank
+0120	Qualifying Person Name Control - 1	2(a)	4	First 4 significant characters of person's last name, no leading or embedded spaces; allowable characters are alpha, hyphen, space or blank
+0214	Qualifying Person SSN - 1	2(b)	9	N or blank
+0215	Qualified Expenses - 1	2(c)	12	N
0217	Qualifying Person First Name - 2	2(a)	10	AN (first name, blank)
0218	Qualifying Person Last Name - 2	2(a)	15	'See 1st Occ.'
0221	Qualifying Person Name Control - 2	2(a)	4	'See 1st Occ.'
0223	Qualifying Person SSN - 2	2(b)	9	'See 1st Occ.'
0225	Qualified Expenses - 2	2(c)	12	'See 1st Occ.'

FORM 2441 PAGE 1 Child and Dependent Care Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0230	Total Qualified Expenses or Limit	3	12	N
0260	Primary Earned Income	4	12	N
0270	Spouse's Earned Income	5	12	N
0290	Base Amount/Smaller of Expenses or Income	6	12	N
0295	Adjusted Gross Income	7	12	N
0300	Applicable Percentage	8	6	R or blank
0318	Prior Year Expense Literal	9	4	"CPYE" or blank
0320	Prior Year Expense Amount	9	12	N
@0322	Prior Yr Expense Explan./Qual. Person Name & SSN	9	6	"STMbnn" or blank
0328	Percentage of Qualified Expenses or Income	9	12	N
0331	Tax Liability Limit from Credit Limit Worksheet	10	12	N
0339	Credit for Child & Dependent Care	11	12	N
	Record Terminus Character		1	Value "#"

FORM 2441 PAGE 2 Child and Dependent Care Expenses

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0285" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0340	Record ID		6	"FRMbbb"
0341	Form Number		6	"2441bb"
0342	Page Number		5	"PG02b"
0343	Taxpayer Identification Number		9	N (Primary SSN)
0344	Filler		1	blank
0345	Form Occurrence Number		7	N 0000001
0350	Employer Paid Benefits	12	12	N
0351	Carryover Amount	13	12	N
0353	Forfeited Amount	14	12	N
0356	Subtract Line 14 from Total of Lines 12 and 13	15	12	N
0360	Qualified Expenses	16	12	N
0370	Smaller of Adjusted or Qualified	17	12	N
0380	Earned Income	18	12	N
0390	Spouse Earned Income	19	12	N
0400	Tentative Exclusion	20	12	N
0410	Enter $5000/$2500	21	12	N
0420	Line 12 from Sole Prop/Partnrshp Income - No	22	1	"X" or blank
0425	Line 12 from Sole Prop/Partnrshp Income - Yes	22	1	"X" or blank

FORM 2441 PAGE 2 Child and Dependent Care Expenses

Field No.	Identification	Form Ref.	Length	Field Description
0430	Sole Proprietorship/ Partnership Amt	22	12	N
0440	Subtract Line 22 from Line 15	23	12	N
0530	Deductible Benefits	24	12	N
0550	Excluded Benefits	25	12	N
0570	Taxable Benefits	26	12	N
0580	Allowed Cared for Amt	27	12	N
0590	Excluded Benefits Repeated	28	12	N
0600	Net Allowable Amount	29	12	N
0610	Total Qualified Expenses	30	12	N
0620	Smaller of Qualified Expenses	31	12	N
	Record Terminus Character		1	Value "#"

FORM 4562 PAGE 1 Depreciation and Amortization

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0853" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"4562bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000030
0008	Sect 179 Summary Form Indicator		1	"X" or blank
0010	Activity		30	AN
0011	Maximum Amount	1	12	N
0012	Section 179 Property Cost for Current Year	2	12	N
0013	Threshold Cost	3	12	N
0014	Section 179 Property Adjusted	4	12	N
0018	Overall Dollar Limitation Adjusted	5	12	N
*0020	Class of Property 1	6(a)1	23	AN or "STMbnn"
+0030	Cost 1	6(b)1	12	N
+0040	Elected Cost 1	6(c)1	12	N
0050	Class of Property 2	6(a)2	23	AN
0060	Cost 2	6(b)2	12	N
0070	Elected Cost 2	6(c)2	12	N
0080	Listed Property	7(c)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
0081	Section 179 Property Total Elect Cost	8	12	N
0083	Tentative Deduction	9	12	N
0088	Prior Year Carryover of Disallowed Deduction	10	12	N
0090	Business Income Limitation	11	12	N
0092	Section 179 Expense Deduction	12	12	N
0094	Next Year Carryover Amount	13	12	N
0096	Special Depreciation Allowance	14	12	N
@0098	Section 168(f)(1) Property Explanation	15	6	"STMbnn" or blank
0101	Prop Subject to Sect 168(f)(1) Election	15	12	N
@0103	ACRS Explanation	16	6	"STMbnn" or blank
0105	ACRS/Other Depreciation	16	12	N
0107	MACRS Deductions	17	12	N
0109	General Asset Account Election	18	1	"X" or blank
*0111	3-Year Cost	19a(c)	12	N or "STMbnn"
+0113	3-Year Recovery	19a(d)	2	N
+0115	3-Yr Convention	19a(e)	2	Values "HY", "MM" or "MQ"
+0120	3-Year Method Figuring	19a(f)	7	AN
+0130	3-Year Deduction	19a(g)	12	N
*0140	5-Year Cost	19b(c)	12	N or "STMbnn"

Field No.	Identification	Form Ref.	Length	Field Description
+0150	5-Year Recovery	19b(d)	2	N
+0155	5-Yr Convention	19b(e)	2	Values "HY", "MM" or "MQ"
+0160	5-Yr Method Figuring	19b(f)	7	AN
+0170	5-Year Deduction	19b(g)	12	N
*0172	7-Year Cost	19c(c)	12	N or "STMbnn"
+0174	7-Year Recovery	19c(d)	2	N
+0175	7-Yr Convention	19c(e)	2	Values "HY", "MM" or "MQ"
+0176	7-Yr Method Figuring	19c(f)	7	AN
+0178	7-Year Deduction	19c(g)	12	N
*0180	10-Year Cost	19d(c)	12	N or "STMbnn"
+0190	10-Year Recovery	19d(d)	2	N
+0195	10-Yr Convention	19d(e)	2	Values "HY", "MM" or "MQ"
+0200	10-Yr Method Figuring	19d(f)	7	AN
+0210	10-Year Deduction	19d(g)	12	N
*0220	15-Yr Cost	19e(c)	12	N or "STMbnn"
+0230	15-yr Recovery	19e(d)	2	N
+0235	15-Yr Convention	19e(e)	2	Values "HY", "MM" or "MQ"
+0240	15-Yr Method	19e(f)	7	AN
+0250	15-Year Deduction	19e(g)	12	N
*0275	20-Yr Cost	19f(c)	12	N or "STMbnn"
+0285	20-Yr Recovery	19f(d)	2	N
+0287	20-Yr Convention	19f(e)	2	Values "HY", "MM" or "MQ"
+0295	20-Yr Method	19f(f)	7	AN
+0305	20-Year Deduction	19f(g)	12	N

Field No.	Identification	Form Ref.	Length	Field Description
*0307	25-Yr Cost	19g(c)	12	N or "STMbnn"
+0309	25-Yr Convention	19g(e)	2	Values "HY", "MM" or "MQ"
+0311	25-Year Deduction	19g(g)	12	N
*0313	Residential Rental Prop Date in Service 1	19h(b)1	6	Value "YYYYMM" or "STMbnn"
+0317	Residential Rental Prop Cost 1	19h(c)1	12	N
+0333	Residential Rental Prop Deprec Ded 1	19h(g)1	12	N
0337	Residential Rental Prop Date in Service 2	19h(b)2	6	Value "YYYYMM"
0343	Residential Rental Prop Cost 2	19h(c)2	12	N
0357	Residential Rental Prop Deprec Ded 2	19h(g)2	12	N
*0363	Nonresidential Real Prop Date in Service 1	19i(b)1	6	Value "YYYYMM" or "STMbnn"
+0367	Nonresidential Real Prop Cost 1	19i(c)1	12	N
+0383	Nonresidential Real Prop Deprec Ded 1	19i(g)1	12	N
*0387	Nonresidential Real Prop Date in Service 2	19i(b)2	6	Value "YYYYMM" or "STMbnn"
+0393	Nonresidential Real Prop Cost 2	19i(c)2	12	N
+0400	Nonresidential Recovery 2	19i(d)2	3	N
+0407	Nonresidential Real Prop Deprec Ded 2	19i(g)2	12	N
0410	Class-Life Cost	20a(c)	12	N
0415	Class-Life Recovery	20a(d)	3	N

FORM 4562 PAGE 1 Depreciation and Amortization

Field No.	Identification	Form Ref.	Length	Field Description
0420	Class-Life Convention	20a(e)	2	Values "HY", "MM" or "MQ"
0425	Class-Life Deduction	20a(g)	12	N
0430	12-Yr Cost	20b(c)	12	N
0435	12-Yr Convention	20b(e)	2	Values "HY", "MM" or "MQ"
0440	12-Yr Deduction	20b(g)	12	N
0445	40-Yr Prop Date in Service	20c(b)	6	YYYYMM or blank
0450	40-Yr Cost	20c(c)	12	N
0455	40-Yr Deduction	20c(g)	12	N
0497	Listed Property	21	12	N
0500	Total Depreciation	22	12	N
0505	Sec 263A Current Year Cost	23	12	N
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0871" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0510	Record ID		6	"FRMbbb"
0511	Form Number		6	"4562bb"
0512	Page Number		5	"PG02b"
0513	Taxpayer Identification Number		9	N (Primary SSN)
0514	Filler		1	blank
0515	Form Occurrence Number		7	N 0000001 - 0000030
0762	Evidence - Yes	24a	1	"X" or blank
0764	Evidence - No	24a	1	"X" or blank
0766	Written - Yes	24b	1	"X" or blank
0768	Written - No	24b	1	"X" or blank
0773	SPCL Depreciation Allowance for Qualified Listed	25h	12	N
*0775	Description 1/ Over 50%	26(a)1	9	AN or "STMbnn"
+0780	Date Service 1/ Over 50%	26(b)1	8	YYYYMMDD
+0790	Percent Use 1/ Over 50%	26(c)1	6	R
+0800	Cost or Basis 1/ Over 50%	26(d)1	12	N
+0810	Deprec Basis 1/ Over 50%	26(e)1	12	N
+0815	Recovery Period 1/ Over 50%	26(f)1	2	N
+0822	Method 1/Over 50%	26(g)1	7	AN

Field No.	Identification	Form Ref.	Length	Field Description
+0830	Deprec Deduction 1/ Over 50%	26(h)1	12	N
+0840	179 Expense 1/ Over 50%	26(i)1	12	N
0850	Description 2/ Over 50%	26(a)2	9	AN
0860	Date Service 2/ Over 50%	26(b)2	8	YYYYMMDD
0870	Percent Use 2/ Over 50%	26(c)2	6	R
0880	Cost or Basis 2/ Over 50%	26(d)2	12	N
0890	Deprec Basis 2/ Over 50%	26(e)2	12	N
0895	Recovery Period 2/ Over 50%	26(f)2	2	N
0902	Method 2/Over 50%	26(g)2	7	AN
0910	Deprec Deduction 2/ Over 50%	26(h)2	12	N
0920	179 Expense 2/ Over 50%	26(i)2	12	N
0930	Description 3/ Over 50%	26(a)3	9	AN
0940	Dt Service 3/ Over 50%	26(b)3	8	YYYYMMDD
0950	Percent Use 3/ Over 50%	26(c)3	6	R
0960	Cost or Basis 3/ Over 50%	26(d)3	12	N
0970	Deprec Basis 3/ Over 50%	26(e)3	12	N
0975	Recovery Period 3/ Over 50%	26(f)3	2	N
0985	Method 3/Over 50%	26(g)3	7	AN

Field No.	Identification	Form Ref.	Length	Field Description
0990	Deprec Deduction 3/ Over 50%	26(h)3	12	N
1000	179 Expense 3/ Over 50%	26(i)3	12	N
*1010	Description 1/ < or = 50%	27(a)1	10	AN or "STMbnn"
+1020	Dt Service 1/ < or = 50%	27(b)1	8	YYYYMMDD
+1030	Percent Use 1/ < or = 50%	27(c)1	6	R
+1040	Cost or Basis 1/ < or = 50%	27(d)1	12	N
+1050	Deprec Basis 1/ < or = 50%	27(e)1	12	N
+1055	Recovery Period 1/ < or = 50%	27(f)1	2	N
+1060	Convention 1/ < or = 50%	27(g)1	3	Values: "HY", "MM", "MQ", "PRE" or blank
+1070	Deprec Deduction 1/ < or = 50%	27(h)1	12	N
1090	Description 2/ < or = 50%	27(a)2	10	AN
1100	Dt Service 2/ < or = 50%	27(b)2	8	YYYYMMDD
1110	Percent Use 2/ < or = 50%	27(c)2	6	R
1120	Cost or Basis 2/ < or = 50%	27(d)2	12	N
1130	Deprec Basis 2/ < or = 50%	27(e)2	12	N
1135	Recovery Period 2/ < or = 50%	27(f)2	2	N
1140	Convention 2/ < or = 50%	27(g)2	3	Values: "HY", "MM", "MQ", "PRE" or blank
1150	Deprec Deduction 2/ < or = 50%	27(h)2	12	N

Field No.	Identification	Form Ref.	Length	Field Description
1170	Description 3/ < or = 50%	27(a)3	10	AN
1180	Dt Service 3/ < or = 50%	27(b)3	8	YYYYMMDD
1190	Percent Use 3/ < or = 50%	27(c)3	6	R
1200	Cost or Basis 3/ < or = 50%	27(d)3	12	N
1210	Deprec Basis 3/ < or = 50%	27(e)3	12	N
1215	Recovery Period 3/ < or = 50%	27(f)3	2	N
1220	Convention 3/ < or = 50%	27(g)3	3	Values: "HY", "MM", "MQ", "PRE" or blank
1230	Deprec Deduction 3/ < or - 50%	27(h)3	12	N
1500	Total Depreciation	28(h)	12	N
1600	Total Sect 179 Expense	29(i)	12	N
*1620	Business Miles 1	30(a)	6	N or "STMbnn"
+1630	Commuting Miles 1	31(a)	6	N
+1640	Other Personal Miles 1	32(a)	6	N
+1645	Total Miles 1	33(a)	6	N
1660	Business Miles 2	30(b)	6	N
1670	Commuting Miles 2	31(b)	6	N
1680	Other Personal Miles 2	32(b)	6	N
1685	Total Miles 2	33(b)	6	N
1700	Business Miles 3	30(c)	6	N
1710	Commuting Miles 3	31(c)	6	N
1720	Other Personal Miles 3	32(c)	6	N

FORM 4562 PAGE 2 Depreciation and Amortization

Field No.	Identification	Form Ref.	Length	Field Description
1725	Total Miles 3	33(c)	6	N
1740	Business Miles 4	30(d)	6	N
1750	Commuting Miles 4	31(d)	6	N
1760	Other Personal Miles 4	32(d)	6	N
1765	Total Miles 4	33(d)	6	N
1780	Business Miles 5	30(e)	6	N
1790	Commuting Miles 5	31(e)	6	N
1800	Other Personal Miles 5	32(e)	6	N
1805	Total Miles 5	33(e)	6	N
1820	Business Miles 6	30(f)	6	N
1830	Commuting Miles 6	31(f)	6	N
1840	Other Personal Miles 6	32(f)	6	N
1845	Total Miles 6	33(f)	6	N
*1850	Vehicle Available Yes 1	34(a)	6	"X", "STMbnn" or blank
+1860	Vehicle Available No 1	34(a)	1	"X" or blank
+1863	Primary Use by Over 5% Owner/Relative Yes 1	35(a)	1	"X" or blank
+1867	Primary Use by Over 5% Owner/Relative No 1	35(a)	1	"X" or blank
+1870	Another Vehicle Yes 1	36(a)	1	"X" or blank
+1880	Another Vehicle No 1	36(a)	1	"X" or blank
1910	Vehicle Available Yes 2	34(b)	1	"X" or blank
1920	Vehicle Available No 2	34(b)	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
1923	Primary Use by Over 5% Owner/Relative Yes 2	35(b)	1	"X" or blank
1927	Primary Use by Over 5% Owner/Relative No 2	35(b)	1	"X" or blank
1930	Another Vehicle Yes 2	36(b)	1	"X" or blank
1940	Another Vehicle No 2	36(b)	1	"X" or blank
1970	Vehicle Available Yes 3	34(c)	1	"X" or blank
1980	Vehicle Available No 3	34(c)	1	"X" or blank
1983	Primary Use by Over 5% Owner/Relative Yes 3	35(c)	1	"X" or blank
1987	Primary Use by Over 5% Owner/Relative No 3	35(c)	1	"X" or blank
1990	Another Vehicle Yes 3	36(c)	1	"X" or blank
2000	Another Vehicle No 3	36(c)	1	"X" or blank
2030	Vehicle Available Yes 4	34(d)	1	"X" or blank
2040	Vehicle Available No 4	34(d)	1	"X" or blank
2043	Primary Use by Over 5% Owner/Relative Yes 4	35(d)	1	"X" or blank
2047	Primary Use by Over 5% Owner/Relative No 4	35(d)	1	"X" or blank
2050	Another Vehicle Yes 4	36(d)	1	"X" or blank
2060	Another Vehicle No 4	36(d)	1	"X" or blank
2090	Vehicle Available Yes 5	34(e)	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
2100	Vehicle Available No 5	34(e)	1	"X" or blank
2103	Primary Use by Over 5% Owner/Relative Yes 5	35(e)	1	"X" or blank
2107	Primary Use by Over 5% Owner/Relative No 5	35(e)	1	"X" or blank
2110	Another Vehicle Yes 5	36(e)	1	"X" or blank
2120	Another Vehicle No 5	36(e)	1	"X" or blank
2150	Vehicle Available Yes 6	34(f)	1	"X" or blank
2160	Vehicle Available No 6	34(f)	1	"X" or blank
2163	Primary Use by Over 5% Owner/Relative Yes 6	35(f)	1	"X" or blank
2167	Primary Use by Over 5% Owner/Relative No 6	35(f)	1	"X" or blank
2170	Another Vehicle Yes 6	36(f)	1	"X" or blank
2180	Another Vehicle No 6	36(f)	1	"X" or blank
2190	Commuting Statement Yes	37	1	"X" or blank
2200	Commuting Statement No	37	1	"X" or blank
2210	Non-Commuting Statement Yes	38	1	"X" or blank
2220	Non-Commuting Statement No	38	1	"X" or blank
2230	All Personal Use Yes	39	1	"X" or blank
2240	All Personal Use No	39	1	"X" or blank
2250	More Than 5 Yes	40	1	"X" or blank

FORM 4562 PAGE 2 Depreciation and Amortization

Field No.	Identification	Form Ref.	Length	Field Description
2260	More Than 5 No	40	1	"X" or blank
2270	Meet Requirements Yes	41	1	"X" or blank
2280	Meet Requirements No	41	1	"X" or blank
*2290	Descrip of Costs 1	42(a)1	20	AN or "STMbnn"
+2300	Date Amortiz. 1	42(b)1	8	YYYYMMDD
+2310	Amortizable Amt 1	42(c)1	12	N
+2320	Code Section 1	42(d)1	9	AN
+2330	Amortization Period or Percentage 1	42(e)1	6	AN
+2340	Amortization 1	42(f)1	12	N
2350	Descrip of Costs 2	42(a)2	20	AN
2360	Date Amortiz. 2	42(b)2	8	YYYYMMDD
2370	Amortizable Amt 2	42(c)2	12	N
2380	Code Section 2	42(d)2	9	AN
2390	Amortization Period or Percentage 2	42(e)2	6	AN
2400	Amortization 2	42(f)2	12	N
2410	Amortization Pre-Current Year Property	43	12	N
2420	Total Amortization	44	12	N
	Record Terminus Character		1	Value "#"

FORM 8283 PAGE 1 Noncash Charitable Contributions

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1653" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8283bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000004
0007	Reserved BMF Use		9	NO ENTRY
*0010	Donee Organization A	1A(a)	35	AN or "STMbnn"
+0015	Street Address A	1A(a)	35	AN
*+0019	City A	1A(a)	22	AN or "STMbnn"
+0023	State A	1A(a)	2	A
+0027	Zip Code A	1A(a)	12	N (left-justified)
+0028	Donated Property Vehicle Ind	1A(b)	1	NO ENTRY
+0029	Vehicle Identification Number	1A(b)	17	NO ENTRY
*+0030	Descrip of Prop A	1A(c)	80	AN or "STMbnn"
*+0035	Contribution Date A	1A(d)	8	DT, "STMbnn", or blank
+0040	Date Acquired A	1A(e)	6	DT or VAROUS
+0045	How Acquired A	1A(f)	9	AN
+0050	Cost or Basis A	1A(g)	12	N
+0055	Fair Market Value A	1A(h)	12	N

FORM 8283 PAGE 1 Noncash Charitable Contributions

Field No.	Identification	Form Ref.	Length	Field Description
+0060	Qualified Conservation or Reduced FMV Contribution	1A(h)	1	"X" or blank
+0065	Method Used A	1A(i)	20	AN
0075	Donee Organization B	1B(a)	35	AN
0077	Street Address B	1B(a)	35	AN
0079	City B	1B(a)	22	AN
0081	State B	1B(a)	2	A
0083	Zip Code B	1B(a)	12	N (left-justified)
0084	Donated Property Vehicle Ind	1B(b)	1	NO ENTRY
0086	Vehicle Identification Number	1B(b)	17	NO ENTRY
0088	Descrip of Prop B	1B(c)	80	AN
0090	Contribution Date B	1B(d)	8	DT
0095	Date Acquired B	1B(e)	6	DT (YYYYMM) or VAROUS
0100	How Acquired B	1B(f)	9	AN
0105	Cost or Basis B	1B(g)	12	N
0110	Fair Market Value B	1B(h)	12	N
0115	Qualified Conservation or Reduced FMV Contribution	1B(h)	1	"X" or blank
0120	Method used B	1B(i)	20	AN
0130	Donee Organization C	1C(a)	35	AN
0132	Street Address C	1C(a)	35	AN
0134	City C	1C(a)	22	AN
0136	State C	1C(a)	2	A

FORM 8283 PAGE 1 Noncash Charitable Contributions

Field No.	Identification	Form Ref.	Length	Field Description
0138	Zip Code C	1C(a)	12	N (left-justified)
0139	Donated Property Vehicle Ind	1C(b)	1	NO ENTRY
0141	Vehicle Identification Number	1C(b)	17	NO ENTRY
0142	Descrip of Prop C	1C(c)	80	AN
0145	Contribution Date C	1C(d)	8	DT
0150	Date Acquired C	1C(e)	6	DT (YYYYMM) or VAROUS
0155	How Acquired C	1C(f)	9	AN
0160	Cost or Basis C	1C(g)	12	N
0165	Fair Market Value C	1C(h)	12	N
0170	Qualified Conservation or Reduced FMV Contribution	1C(h)	1	"X" or blank
0180	Method Used C	1C(i)	20	AN
0200	Donee Organization D	1D(a)	35	AN
0205	Street Address D	1D(a)	35	AN
0209	City D	1D(a)	22	AN
0213	State D	1D(a)	2	A
0217	Zip Code D	1D(a)	12	N (left-justified)
0218	Donated Property Vehicle Ind	1D(b)	1	NO ENTRY
0219	Vehicle Identification Number	1D(b)	17	NO ENTRY
0220	Descrip of Prop D	1D(c)	80	AN
0230	Contribution Date D	1D(d)	8	DT

FORM 8283 PAGE 1 Noncash Charitable Contributions

Field No.	Identification	Form Ref.	Length	Field Description
0240	Date Acquired D	1D(e)	6	DT (YYYYMM) or VAROUS
0250	How Acquired D	1D(f)	9	AN
0260	Cost or Basis D	1D(g)	12	N
0270	Fair Market Value D	1D(h)	12	N
0280	Qualified Conservation or Reduced FMV Contribution	1D(h)	1	"X" or blank
0290	Method Used D	1D(i)	20	AN
0310	Donee Organization E	1E(a)	35	AN
0315	Street Address E	1E(a)	35	AN
0319	City E	1E(a)	22	AN
0323	State E	1E(a)	2	A
0327	Zip Code E	1E(a)	12	N (left-justified)
0328	Donated Property Vehicle Ind	1E(b)	1	NO ENTRY
0329	Vehicle Identification Number	1E(b)	17	NO ENTRY
0330	Descrip of Prop E	1E(c)	80	AN
0340	Contribution Date E	1E(d)	8	DT
0350	Date Acquired E	1E(e)	6	DT (YYYYMM) or VAROUS
0360	How Acquired E	1E(f)	9	AN
0370	Cost or Basis E	1E(g)	12	N
0380	Fair Market Value E	1E(h)	12	N
0390	Qualified Conservation or Reduced FMV Contribution	1E(h)	1	"X" or blank
0400	Method Used E	1E(i)	20	AN

FORM 8283 PAGE 1 Noncash Charitable Contributions

Field No.	Identification	Form Ref.	Length	Field Description
@0403	Qualified Conservation or FMV Statement		6	"STMbnn" or blank
0406	Form 1098C Received Indicator	I	1	NO ENTRY |
0409	Equivalent Contemporaneous Ack Received Indicator	I	1	NO ENTRY |
0412	Equivalent Contemporaneous Ack Stmnt	I	6	NO ENTRY |
0415	Reserved BMF Use	1	6	NO ENTRY
0418	Reserved BMF Use	2a	1	NO ENTRY
*0420	Property ID Letter	2a	6	AN (Values "A, B, C, D, E" or "STMbnn")
+0430	Amount This Year	2b(1)	12	N
+0440	Amount Prior Year	2b(2)	12	N
+0450	Name Donee	2c	35	AN
*+0460	Number & Street	2c	35	AN or "STMbnn"
+0470	City	2c	22	AN
+0473	State	2c	2	A
+0476	Zip Code	2c	12	N
*+0480	Place Kept	2d	25	AN or "STMbnn"
+0490	Name of Person	2e	35	AN
0500	Restriction Yes	3a	1	"X" or blank
@0510	Restriction Statement	3a	6	"STMbnn" or blank
0520	Restriction No	3a	1	"X" or blank
0530	Give Rights Yes	3b	1	"X" or blank
@0540	Give Rights Yes Statement	3b	6	"STMbnn" or blank
0550	Give Rights No	3b	1	"X" or blank

FORM 8283 PAGE 1 Noncash Charitable Contributions

Field No.	Identification	Form Ref.	Length	Field Description
0560	Restriction on Use Yes	3c	1	"X" or blank
@0570	Restriction on Use Statement	3c	6	"STMbnn" or blank
0580	Restriction on Use No	3c	1	"X" or blank
	Record Terminus Character		1	Value "#"

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"1172" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0590	Record ID		6	"FRMbbb"
0591	Form Number		6	"8283bb"
0592	Page Number		5	"PG02b"
0593	Taxpayer Identification Number		9	N (Primary SSN)
0594	Filler		1	blank
0595	Form Occurrence Number		7	N 0000001 - 0000004
0610	BMF Use Only		9	NO ENTRY
0620	Form 1098C Received Indicator	I	1	NO ENTRY
0625	Equivalent Contemporaneous Ack Received Indicator	I	1	NO ENTRY
0630	Equivalent Contemporaneous Ack Stmnt	I	6	NO ENTRY
0631	Property Type-Art $20,000 or More	4a	1	"X" or blank
0632	Qualified Conservation Contribution	4b	1	"X" or blank
0633	Equipment	4c	1	"X" or blank
0634	Property Type-Art Less Than $20,000	4d	1	"X" or blank
0635	Other Real Estate	4e	1	"X" or blank
0636	Securities	4f	1	"X" or blank
0637	Collectibles	4g	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0638	Intellectual Property	4h	1	"X" or blank
0639	Vehicles	4i	1	NO ENTRY
0640	Property Type-Other	4j	1	"X" or blank
*0650	Descrip of Prop (A)	5A(a)	80	AN or "STMbnn"
*+0652	Summary Condition (A)	5A(b)	30	AN, "STMbnn", or blank
+0654	Fair Market value (A)	5A(c)	12	N
+0660	Date Acquired (A)	5A(d)	6	DT (YYYYMM)
+0675	How Acquired (A)	5A(e)	11	AN
+0680	Cost or Basis (A)	5A(f)	12	N
*+0690	Bargain Sale (A)	5A(g)	12	N or "STMbnn"
+0700	Amt of Deductions (A)	5A(h)	12	N
+0710	Ave. Trdg. Price(A)	5A(i)	12	N
0720	Descrip of Prop (B)	5B(a)	80	AN
0722	Summary Condition (B)	5B(b)	30	AN
0724	Fair Market value(B)	5B(c)	12	N
0730	Date Acquired (B)	5B(d)	6	DT (YYYYMM)
0740	How Acquired (B)	5B(e)	11	AN
0750	Cost or Basis (B)	5B(f)	12	N
0760	Bargain Sale (B)	5B(g)	12	N

FORM 8283 PAGE 2 Noncash Charitable Contributions

Field No.	Identification	Form Ref.	Length	Field Description
0770	Amt of Deductions (B)	5B(h)	12	N
0780	Ave. Trdg. Price(B)	5B(i)	12	N
0790	Descrip of Prop (C)	5C(a)	80	AN
0792	Summary Condition (C)	5C(b)	30	AN --|
0794	Fair Market value(C)	5C(c)	12	N
0800	Date Acquired (C)	5C(d)	6	DT (YYYYMM)
0810	How Acquired (C)	5C(e)	11	AN
0820	Cost or Basis (C)	5C(f)	12	N
0830	Bargain Sale (C)	5C(g)	12	N
0840	Amt of Deductions (C)	5C(h)	12	N
0850	Ave. Trdg. Price (C)	5C(i)	12	N
0860	Descrip of Prop (D)	5D(a)	80	AN
0870	Summary Condition (D)	5D(b)	30	AN --|
0880	Fair Market value (D)	5D(c)	12	N
0890	Date Acquired (D)	5D(d)	6	DT (YYYYMM)
0900	How Acquired (D)	5D(e)	11	AN
0910	Cost or Basis (D)	5D(f)	12	N
0920	Bargain Sale (D)	5D(g)	12	N
0930	Amt of Deductions (D)	5D(h)	12	N
0940	Ave. Trdg. Price(D)	5D(i)	12	N
0950	Identifying Letters of Items $500 or Less	II	4	A - Value: A, B, C and/or D
0960	Description of Items	II	80	AN

FORM 8283 PAGE 2 Noncash Charitable Contributions

Field No.	Identification	Form Ref.	Length	Field Description
0965	Appraiser Signature	III	35	AN
0975	Appraiser Title	III	22	AN
0985	Date Signed	III	8	DT (YYYYMMDD)
0995	Business Address	III	35	AN
1005	Identifying Number	III	9	N
1015	City	III	22	AN
1017	State	III	2	A
1019	Zip Code	III	12	N (left justified)
1025	Date Received	IV	8	DT
1027	Use of The Property for An Unrelated Use Box - Yes	IV	1	"X" or blank
1033	Use of The Property for An Unrelated Use Box - No	IV	1	"X" or blank
1035	Donee Name	IV	35	AN
1045	Employer ID	IV	9	N
1055	Number & Street	IV	35	AN
1065	City	IV	22	AN
1075	State	IV	2	A
1085	Zip Code	IV	12	N
	Record Terminus Character		1	Value "#"

FORM 8829 Expenses for Business Use of Your Home

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0701" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8829bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000032
0010	Name of Proprietor		35	A
0020	SSN of Proprietor		9	N
0030	Business Use Square Feet	1	6	N
0040	Total Home Square Feet	2	6	N
0050	Business Square Feet Percent	3	6	R
0060	Business Use Hours	4	4	N
0065	Total Hours Available	5	4	N
0070	Business Hours Percent	6	6	R
0080	Business Percentage	7	6	R
@0085	Attach Computation	7	6	"STMbnn" or blank
0090	Tentative Profit/ Loss Schedule C	8	12	N
0100	Casualty Loss Direct	9a	12	N
0110	Casualty Loss Indirect	9b	12	N

FORM 8829 Expenses for Business Use of Your Home

Field No.	Identification	Form Ref.	Length	Field Description
0120	Deductible Mortgage Interest Direct	10a	12	N
0130	Deductible Mortgage Interest Indirect	10b	12	N
0140	Real Estate Taxes Direct	11a	12	N
0150	Real Estate Taxes Indirect	11b	12	N
0160	Direct Deducted Subtotal	12a	12	N
0170	Indirect Deducted Subtotal	12b	12	N
0180	Allowable Indirect Deducted Expenses	13b	12	N
0190	Deductible Net	14	12	N
0200	Reduced Profit/Loss	15	12	N
0210	Non-Deductible Mortgage Interest Direct	16a	12	N
0220	Non-Deductible Mortgage Interest Indirect	16b	12	N
0230	Insurance Direct	17a	12	N
0240	Insurance Indirect	17b	12	N
0245	Rent	18a	12	N
0247	Rent	18b	12	N
0250	Repairs/Maint. Direct	19a	12	N
0260	Repairs/Maint. Indirect	19b	12	N
0270	Utilities Direct	20a	12	N
0280	Utilities Indirect	20b	12	N
0290	Other Expenses Direct	21a	12	N

FORM 8829 Expenses for Business Use of Your Home

Field No.	Identification	Form Ref.	Length	Field Description
0300	Other Expenses Indirect	21b	12	N
0310	Direct Non-Deducted Subtotal	22a	12	N
0320	Indirect Non-Deducted Subtotal	22b	12	N
0330	Allowable Indirect Non-Deducted Expenses	23	12	N
0340	Operating Expenses Carryover	24	12	N
0350	Non-Deductible Net	25	12	N
0360	Allowable Operating Expenses	26	12	N
0370	Casualty Loss and Depreciation Limit	27	12	N
0380	Non-Deductible Casualty Loss	28	12	N
0390	Home Depreciation Part III	29	12	N
0400	Excess Casualty Losses & Deprec. Carryover	30	12	N
0410	Casualty Losses and Depreciation Net	31	12	N
0420	Allowable Casualty Losses and Depreciation	32	12	N
0430	Total Allowable Expenses	33	12	N
0440	Form 4684 Casualty Losses	34	12	N
0450	Schedule C Allowable Expenses	35	12	N
0460	Home Adjusted Basis or Fair Market	36	12	N

FORM 8829 Expenses for Business Use of Your Home

Field No.	Identification	Form Ref.	Length	Field Description
@0465	Attach Schedule	36	6	"STMbnn" or blank
0470	Land Value	37	12	N
0480	Building Value	38	12	N
0490	Building Value-Business	39	12	N
0500	Home Depreciation Percent	40	6	R (Please see Part I, Sect 5.01.2.b)
0510	Allowable Home Depreciation	41	12	N
@0515	Attach Schedule	41	6	"STMbnn" or blank
0520	Unallowed Operating Expenses	42	12	N
0530	Unallowed Excess Casualty Losses and Depreciation	43	12	N
	Record Terminus Character		1	Value "#"

FORM 8863 PAGE 1 Education Credits (American Opportunity and ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0260" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8863bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Tentative American Opportunity Credit	1	12	N
0020	Enter Specified AGI Amt for Filing Status	2	12	N, (90000 or 180000)
0030	Modified AGI Amount	3	12	N
0040	Subtract AGI from Amount	4	12	N
0050	Specified Amount Per Filing Status	5	12	N, (10000 or 20000)
0060	Calculate Tentative Education Ratio	6	6	R
0070	Ineligible for Refundable Amer Opp Credit Box	7	1	"X" or blank
0080	Calc Tentative Education Cr Amt	7	12	N
0090	Refundable American Opportunity Credit	8	12	N

FORM 8863 PAGE 1 Education Credits (American Opportunity and ...

Field No.	Identification	Form Ref.	Length	Field Description
0100	Tentative Educ Credit Less Rfdb Cr Amt	9	12	N
0110	Total Qualified Expenses Amt	10	12	N
0120	Smaller of Total or Specified Amt	11	12	N
0130	Tent Lifetime Learning Credit Amt	12	12	N
0140	Enter Specified Lifetime AGI Amt Per FS	13	12	N (62000 or 124000)
0150	Modified AGI	14	12	N
0160	Subtract AGI from Amount	15	12	N
0170	Enter Specified Lifetime Amt Per Filing Status	16	12	N (10000 or 20000)
0180	Calc Tentative Education Ratio	17	6	R
0190	Calc Tentative Education Credit Amt	18	12	N
0200	Nonrefundable Education Credits Amt	19	12	N
	Record Terminus Character		1	Value "#"

FORM 8863 PAGE 2 Education Credits (American Opportunity and ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0663" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0205	Record ID		6	"FRMbbb"
0206	Form Number		6	"8863bb"
0207	Page Number		5	"PG02b"
0208	Taxpayer Identification Number		9	N (Primary SSN)
0209	Filler		1	blank
0210	Form Occurrence Number		7	N 0000001 - 0000008
0220	Student's First Name	20	10	AN
0230	Student's Last Name	20	15	AN
0240	Student's Name Control	20	4	First 4 significant characters of student's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special Instructions)
0250	Student's SSN	21	9	N
0260	Name of Institution 1	22a	35	AN
0270	Street Address	22a(1)	35	AN, Allowable special characters are space, slash, hyphen and Literal "NONE", or blank
0280	City	22a(1)	22	A, Allowable special characters are space, slash, and hyphen or blank

Field No.	Identification	Form Ref.	Length	Field Description
0290	State Abbreviation	22a(1)	2	A (Standard Postal | State Abbreviations) or blank
0300	Zip Code	22a(1)	12	N or blank |
0400	Foreign Country	22a(1)	35	AN, Allowable special | characters are space, slash, and hyphen or blank
0410	Foreign Street Address	22a(1)	35	AN, Allowable special | characters are space, slash, and hyphen or blank
0420	Foreign Province/ County	22a(1)	17	AN, Allowable special | characters are space, slash, and hyphen or blank
0430	Foreign City/State	22a(1)	35	AN, Allowable special | characters are space, slash, and hyphen or blank
0440	Foreign Postal Code	22a(1)	16	AN, Allowable special | characters are space, slash, and hyphen or blank
0450	Current Year F1098-T Received Yes Checkbox	22a(2)	1	"X" or blank |
0460	Current Year F1098-T Received No Checkbox	22a(2)	1	"X" or blank |
0470	Prior Yr Form 1098-T Received Yes Checkbox	22a(3)	1	"X" or blank |
0480	Prior Yr Form 1098-T Received No Checkbox	22a(3)	1	"X" or blank |
0490	Federal ID of Institution 1	22a(4)	9	N or blank |
0500	Name of Institution 2	22b	35	AN or blank |

Field No.	Identification	Form Ref.	Length	Field Description
0510	Street Address	22b(1)	35	AN, Allowable special characters are space, slash, hyphen and Literal "NONE", or blank
0520	City	22b(1)	22	A, Allowable special characters are space, slash, and hyphen or blank
0530	State Abbreviation	22b(1)	2	A (Standard Postal State Abbreviations) or blank
0540	Zip Code	22b(1)	12	N or blank
0550	Foreign Country	22b(1)	35	AN, Allowable special characters are space, slash, and hyphen or blank
0560	Foreign Street Address	22b(1)	35	AN, Allowable special characters are space, slash, and hyphen or blank
0570	Foreign Province/ County	22b(1)	17	AN, Allowable special characters are space, slash, and hyphen or blank
0580	Foreign City/State	22b(1)	35	AN, Allowable special characters are space, slash, and hyphen or blank
0590	Foreign Postal Code	22b(1)	16	AN, Allowable special characters are space, slash, and hyphen or blank
0600	Current Year F1098-T Received Yes Checkbox	22b(2)	1	"X" or blank
0610	Current Year F1098-T Received No Checkbox	22b(2)	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0620	Prior Yr Form 1098-T Received Yes Checkbox	22b(3)	1	"X" or blank
0630	Prior Yr Form 1098-T Received No Checkbox	22b(3)	1	"X" or blank
0640	Federal ID of Institution 2	22b(4)	9	N or blank
0650	Prior Year Credit Claimed Yes Checkbox	23	1	"X" or blank
0660	Prior Year Credit Claimed No Checkbox	23	1	"X" or blank
0670	Academic Period Eligible Student Yes Box	24	1	"X" or blank
0680	Academic Period Eligible Student No Box	24	1	"X" or blank
0690	Post Secondary Education Yes Box	25	1	"X" or blank
0700	Post Secondary Education No Box	25	1	"X" or blank
0710	Drug Felony Conviction Yes Box	26	1	"X" or blank
0720	Drug Felony Conviction No Box	26	1	"X" or blank
0730	American Opp Qlfy Expenses Amount	27	12	N
0740	American Opp Qlfy Expenses Less $2,000	28	12	N
0750	Amer Opp Allbl Expenses Times Pct Amt	29	12	N
0760	Amer Opp Credit Net Calc Expenses Amt	30	12	N
0770	Lifetime Qlfy Expenses Amt	31	12	N

FORM 8863 PAGE 2	Education Credits (American Opportunity and ...		
Field No.	Identification	Form Ref.	Length	Field Description
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	Record Terminus Character		1	Value "#"

FORM 8867 PAGE 1 Paid Preparer's Earned Income Credit Checklist

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0101" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8867bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0008	Name of Paid Preparer	1	35	AN, allowable special characters are: space, less-than (<), hyphen (-) and ampersand
0010	Enter PTIN	1	9	N, PNNNNNNNN
0020	Txpyr Filing Status MFS Yes Box	2	1	"X" or blank
0030	Txpyr Filing Status MFS No Box	2	1	"X" or blank
0040	Txpyr (and Spouse) Have Work SSN(s) Yes Box	3	1	"X" or blank
0050	Txpyr (and Spouse) Have Work SSN(s) No Box	3	1	"X" or blank
0060	Txpyr Filing F2555 or F2555-EZ Yes Box	4	1	"X" or blank
0070	Txpyr Filing F2555 or F2555-EZ No Box	4	1	"X" or blank
0080	Txpyr Non-resident Alien Part of year Yes Box	5a	1	"X" or blank

FORM 8867 PAGE 1 Paid Preparer's Earned Income Credit Checklist

Field No.	Identification	Form Ref.	Length	Field Description
0090	Txpyr Non-resident Alien Part of year No Box	5a	1	"X" or blank
0100	Txpyr Filing Status MFJ Yes Box	5b	1	"X" or blank
0110	Txpyr Filing Status MFJ No Box	5b	1	"X" or blank
0120	Investment Income More Than Limit Yes Box	6	1	"X" or blank
0130	Investment Income More Than Limit No Box	6	1	"X" or blank
0140	Txpyr (or Spouse) a Qualifying Child Yes Box	7	1	"X" or blank
0150	Txpyr (or Spouse) a Qualifying Child No Box	7	1	"X" or blank
	Record Terminus Character		1	Value "#"

FORM 8867 PAGE 2 Paid Preparer's Earned Income Credit Checklist

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0231" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0161	Record ID		6	"FRMbbb"
0162	Form Number		6	"8867bb"
0163	Page Number		5	"PG02b"
0164	Taxpayer Identification Number		9	N (Primary SSN)
0165	Filler		1	blank
0166	Form Occurrence Number		7	N 0000001
0170	Name for Child 1	8(1)	35	AN, Allowable Special characters are space, slash, and hyphen or blank
0180	Child 1 Met Relationship Test Yes Box	9(1)	1	"X" or blank
0190	Child 1 Met Relationship Test No Box	9(1)	1	"X" or blank
0200	Either is True for Child 1 Yes Box	10(1)	1	"X" or blank
0210	Either is True for Child 1 No Box	10(1)	1	"X" or blank
0220	Child 1 Lived with TP in US More Than 1/2 YR - Yes	11(1)	1	"X" or blank
0230	Child 1 Lived with TP in US More Than 1/2 YR - No	11(1)	1	"X" or blank
0240	Child 1 Met Age Conditions Yes Box	12(1)	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0250	Child 1 Met Age Conditions No Box	12(1)	1	"X" or blank
0260	Another TP Could Ans Yes for Child 1 Yes Box	13a(1)	1	"X" or blank
0270	Another TP Could Ans Yes for Child 1 No Box	13a(1)	1	"X" or blank
0280	Relationship of Child 1	13b(1)	12	"SON","DAUGHTER", "STEPCHILD", "FOSTER CHILD", "GRANDCHILD", "NIECE", "NEPHEW", "SISTER", "BROTHER", "HALF BROTHER", "HALF SISTER", "STEPBROTHER", "STEPSISTER", or blank
0290	Child 1 Qualify Under Tiebreaker Rules Yes Box	13c(1)	1	"X" or blank
0300	Child 1 Qualify Under Tiebreaker Rules No Box	13c(1)	1	"X" or blank
0310	Child 1 Qualify Under Tiebreaker "DON'T KNOW" Box	13c(1)	1	"X" or blank
0320	Qualifying Child 1 Has Work SSN Yes Box	14(1)	1	"X" or blank
0330	Qualifying Child 1 Has Work SSN No Box	14(1)	1	"X" or blank
0340	Name for Child 2	8(2)	35	AN, Allowable Special characters are space, slash, and hyphen or blank
0350	Child 2 Met Relationship Test Yes Box	9(2)	1	"X" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0360	Child 2 Met Relationship Test No Box	9(2)	1	"X" or blank
0370	Either is True for Child 2 Yes Box	10(2)	1	"X" or blank
0380	Either is True for Child 2 No Box	10(2)	1	"X" or blank
0390	Child 2 Lived with TP in US More Than 1/2 YR - Yes	11(2)	1	"X" or blank
0400	Child 2 Lived with TP in US More Than 1/2 YR - No	11(2)	1	"X" or blank
0410	Child 2 Met Age Conditions Yes Box	12(2)	1	"X" or blank
0420	Child 2 Met Age Conditions No Box	12(2)	1	"X" or blank
0430	Another TP Could Ans Yes for Child 2 Yes Box	13a(2)	1	"X" or blank
0440	Another TP Could Ans Yes for Child 2 No Box	13a(2)	1	"X" or blank
0450	Relationship of Child 2	13b(2)	12	"SON","DAUGHTER", "STEPCHILD", "FOSTER CHILD", "GRANDCHILD", "NIECE", "NEPHEW", "SISTER", "BROTHER", "HALF BROTHER", "HALF SISTER", "STEPBROTHER", "STEPSISTER", or blank
0460	Child 2 Qualify Under Tiebreaker Rules Yes Box	13c(2)	1	"X" or blank
0470	Child 2 Qualify Under Tiebreaker Rules No Box	13c(2)	1	"X" or blank

FORM 8867 PAGE 2 Paid Preparer's Earned Income Credit Checklist

Field No.	Identification	Form Ref.	Length	Field Description
0480	Child 2 Qualify Under Tiebreaker "DON'T KNOW" Box	13c(2)	1	"X" or blank
0490	Qualifying Child 2 Has Work SSN Yes Box	14(2)	1	"X" or blank
0500	Qualifying Child 2 Has Work SSN No Box	14(2)	1	"X" or blank
0510	Name for Child 3	8(3)	35	AN, Allowable Special characters are space, slash, and hyphen or blank
0520	Child 3 Met Relationship Test Yes Box	9(3)	1	"X" or blank
0530	Child 3 Met Relationship Test No Box	9(3)	1	"X" or blank
0540	Either is True for Child 3 Yes Box	10(3)	1	"X" or blank
0550	Either is True for Child 3 No Box	10(3)	1	"X" or blank
0560	Child 3 Lived With TP in US More Than 1/2 YR - Yes	11(3)	1	"X" or blank
0570	Child 3 Lived With TP in US More Than 1/2 YR - No	11(3)	1	"X" or blank
0580	Child 3 Met Age Conditions Yes Box	12(3)	1	"X" or blank
0590	Child 3 Met Age Conditions No Box	12(3)	1	"X" or blank
0600	Another TP Could Ans Yes for Child 3 Yes Box	13a(3)	1	"X" or blank
0610	for Child 3 Yes Box for Child 3 No Box	13a(3)	1	"X" or blank

FORM 8867 PAGE 2 Paid Preparer's Earned Income Credit Checklist

Field No.	Identification	Form Ref.	Length	Field Description
0620	Relationship of Child 3	13b(3)	12	"SON","DAUGHTER", "STEPCHILD", "FOSTER CHILD", "GRANDCHILD", "NIECE", "NEPHEW", "SISTER", "BROTHER", "HALF BROTHER", "HALF SISTER", "STEPBROTHER", "STEPSISTER", or blank
0630	Child 3 Qualify Under Tiebreaker Rules Yes Box	13c(3)	1	"X" or blank
0640	Child 3 Qualify Under Tiebreaker Rules No Box	13c(3)	1	"X" or blank
0650	Child 3 Qualify Under Tiebreaker "Don't Know" Box	13c(3)	1	"X" or blank
0660	Qualifying Child 3 Has Work SSN Yes Box	14(3)	1	"X" or blank ||
0670	Qualifying Child 3 Has Work SSN No Box	14(3)	1	"X" or blank ||
0680	Earned Income and AGI Below Limit Yes Box	15	1	"X" or blank
0690	Earned Income and AGI Below Limit No Box	15	1	"X" or blank
	Record Terminus Character		1	Value "#"

FORM 8867 PAGE 3 Paid Preparer's Earned Income Credit Checklist

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0067" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0701	Record ID		6	"FRMbbb"
0702	Form Number		6	"8867bb"
0703	Page Number		5	"PG03b"
0704	Taxpayer Identification Number		9	N (Primary SSN)
0705	Filler		1	blank
0706	Form Occurrence Number		7	N 0000001
0710	Main Home in US for More Than 6 mos. Yes Box	16	1	"X" or blank
0720	Main Home in US for More Than 6 mos. No Box	16	1	"X" or blank
0730	TP or Spouse Age 25 But Under 65 Yes Box	17	1	"X" or blank
0740	TP or Spouse Age 25 But Under 65 No Box	17	1	"X" or blank
0750	TP (or Spouse) Eligible Dependent(s) Yes Box	18	1	"X" or blank
0760	TP (or Spouse) Eligible Dependent(s) No Box	18	1	"X" or blank
0770	Earned Income and AGI Below Limit Yes Box	19	1	"X" or blank
0780	Earned Income and AGI Below Limit No Box	19	1	"X" or blank

FORM 8867 PAGE 3 Paid Preparer's Earned Income Credit Checklist

Field No.	Identification	Form Ref.	Length	Field Description
0790	TP Provided Info or Obtained Yes Box	20	1	"X" or blank
0800	TP Provided Info or Obtained No Box	20	1	"X" or blank
0810	Completed EIC or Own Worksheet Yes Box	21	1	"X" or blank
0820	Completed EIC or Own Worksheet No Box	21	1	"X" or blank
0830	Asked Why Parents Not Claiming Child? Yes Box	22	1	"X" or blank
0840	Asked Why Parents Not Claiming Child? No Box	22	1	"X" or blank
0845	Asked Why Parents Not Claiming Child? N/A Box	22	1	"X" or blank
0850	Explained Tiebreaker Rules? Yes Box	23	1	"X" or blank
0860	Explained Tiebreaker Rules? No Box	23	1	"X" or blank
0865	Explained Tiebreaker Rules? N/A Box	23	1	"X" or blank
0870	Additional Questions Asked? Yes Box	24	1	"X" or blank
0880	Additional Questions Asked? No Box	24	1	"X" or blank
0885	Additional Questions Asked? N/A Box	24	1	"X" or blank
0890	Additional Questions Documented? Yes Box	25	1	"X" or blank

FORM 8867 PAGE 3	Paid Preparer's Earned Income Credit Checklist			
Field No.	Identification	Form Ref.	Length	Field Description
0900	Additional Questions Documented? No Box	25	1	"X" or blank
0905	Additional Questions Documented? N/A Box	25	1	"X" or blank
	Record Terminus Character		1	Value "#"

FORM 8867 PAGE 4 Paid Preparer's Earned Income Credit Checklist

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0316" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
1251	Record ID		6	"FRMbbb"
1252	Form Number		6	"8867bb"
1253	Page Number		5	"PG04b"
1254	Taxpayer Identification Number		9	N (Primary SSN)
1255	Filler		1	blank
1256	Form Occurrence Number		7	N 0000001
1300	No Qualifying Child Box	26a	1	"X" or blank
1305	School Records or Statement Box	26b	1	"X" or blank
1310	Landlord or Property Mgmt Statement Box	26c	1	"X" or blank
1315	Health Care Provider Statement Box	26d	1	"X" or blank
1320	Medical Records Box	26e	1	"X" or blank
1325	Child Care Provider Records Box	26f	1	"X" or blank
1330	Placement Agency Statement Box	26g	1	"X" or blank
1335	Social Service Records or Statement Box	26h	1	"X" or blank
1340	Place of Worship Statement Box	26i	1	"X" or blank

FORM 8867 PAGE 4 Paid Preparer's Earned Income Credit Checklist

Field No.	Identification	Form Ref.	Length	Field Description
1345	Indian Tribal Official Statement Box	26j	1	"X" or blank
1350	Employer Statement Box	26k	1	"X" or blank
1355	Other (specify) Checkbox	26l	1	"X" or blank
*1360	Other (specify)	26l	80	AN, "STMbnn" or blank (Allowable special characters are slash, hyphen, and space)
1365	Did Not Rely on Doc File Notated Box	26m	1	"X" or blank
1370	Did Not Rely on Documents Box	26n	1	"X" or blank
1375	No Disabled Child Box	26o	1	"X" or blank
1380	Doctor Statement Box	26p	1	"X" or blank
1385	Other Health Care Provider Statement Box	26q	1	"X" or blank
1390	Social Services Ag or Prog Statement Box	26r	1	"X" or blank
1395	Other (specify) Checkbox	26s	1	"X" or blank
*1400	Other (specify)	26s	80	AN, "STMbnn" or blank (Allowable special characters are slash, hyphen, and space)
1410	Did Not Rely on Doc File Notated Box	26t	1	"X" or blank
1420	Did Not Rely on Documents Box	26u	1	"X" or blank
1430	No Schedule C Box	27a	1	"X" or blank
1440	Business License Box	27b	1	"X" or blank

FORM 8867 PAGE 4 Paid Preparer's Earned Income Credit Checklist

Field No.	Identification	Form Ref.	Length	Field Description
1450	Forms 1099 Box	27c	1	"X" or blank
1460	Records of Gross Receipts Box	27d	1	"X" or blank
1470	Taxpayer Summary of Income Box	27e	1	"X" or blank
1480	Records of Expenses Provided Box	27f	1	"X" or blank
1490	Taxpayer Summary of Expenses Box	27g	1	"X" or blank
1500	Bank Statements Box	27h	1	"X" or blank
1510	Reconstr of Income and Expnss Box	27i	1	"X" or blank
1520	Other (specify) Checkbox	27j	1	"X" or blank
*1530	Other (specify)	27j	80	AN, "STMbnn" or blank (Allowable special characters are slash, hyphen, and space)
1540	Did Not Rely on Doc File Notated Box	27k	1	"X" or blank
1550	Did Not Rely on Documents Box	27l	1	"X" or blank
	Record Terminus Character		1	Value "#"

FORM 8880 Credit for Qualified Retirement Savings Contr ...

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0277" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8880bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Primary T/P Roth IRA for Current Tax Year	1a	12	N
0020	Secondary T/P Roth IRA for Current Tax Year	1b	12	N
0030	Primary T/P Contributions	2a	12	N
0040	Secondary T/P Contributions	2b	12	N
0050	Add Lines 1 and 2 Column (a)	3a	12	N
0060	Add Lines 1 and 2 Column (b)	3b	12	N
0070	Primary T/P Taxable Distributions	4a	12	N
0080	Secondary T/P Taxable Distributions	4b	12	N
0090	Subtract Line 4 from 3 Column (a)	5a	12	N

FORM 8880 Credit for Qualified Retirement Savings Contr ...

Field No.	Identification	Form Ref.	Length	Field Description
0100	Subtract Line 4 from 3 Column (b)	5b	12	N
0110	Primary T/P Smaller of line 5 or $2000	6a	12	N
0120	Secondary T/P Smaller of line 5 or $2000	6b	12	N
0130	Total line 6a and 6b	7	12	N
0140	Adjusted Gross Income From 1040/ 1040A	8	12	N
0150	Decimal Amount	9	6	N
0160	Multiply line 7 by line 9	10	12	N
0170	Tax from 1040/1040A	11	12	N
0180	Credits from 1040/ 1040A	12	12	N
0190	Subtract line 12 from line 11	13	12	N
0200	Credit for Qualified Retirement Savings	14	12	N
	Record Terminus Character		1	Value "#"

FORM 8888 Allocation of Refund (Including Savings Bond…)

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0359" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"8888bb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001
0010	Amount to be Deposited in First Account	1a	12	N
0020	Routing Transit Number	1b	9	N
0030	Checking Account Indicator	1c	1	"X" or blank
0040	Savings Account Indicator	1c	1	"X" or blank
0060	Depositor Account Number	1d	17	AN (includes hyphens or blank)
0070	Amount to be Deposited in Second Account	2a	12	N
0080	Routing Transit Number	2b	9	N or blank
0090	Checking Account Indicator	2c	1	"X" or blank
0100	Savings Account Indicator	2c	1	"X" or blank
0120	Depositor Account Number	2d	17	AN (includes hyphens or blank)

FORM 8888 Allocation of Refund (Including Bond Purchases)

Field No.	Identification	Form Ref.	Length	Field Description
0130	Amount to be Deposited in Third Account	3a	12	N
0140	Routing Transit Number	3b	9	N or blank
0150	Checking Account Indicator	3c	1	"X" or blank
0160	Savings Account Indicator	3c	1	"X" or blank
0180	Depositor Account Number	3d	17	AN (includes hyphens or blank)
0200	Two Account Indicator Box		1	"X" or blank
0300	Three Account Indicator Box		1	"X" or blank
0305	Amount Used for Bond Purchases	4	12	N
0310	Amount Used for Yourself, Your Spouse/Other	5a	12	N
0320	Owner's Name for the Bond Registration	5b	33	A, allowable character "hyphen" or blank
0330	Co-owner or Beneficiary Name	5c	33	A, allowable character "hyphen" or blank
0340	Beneficiary Indicator	5c	1	"X" or blank
0350	Amount Used for Yourself, Your Spouse/Other	6a	12	N
0360	Owner's Name for the Bond Registration	6b	33	A, allowable character "hyphen" or blank
0370	Co-owner or Beneficiary Name	6c	33	A, allowable character "hyphen" or blank

FORM 8888 Allocation of Refund (Including Bond Purchases)

Field No.	Identification	Form Ref.	Length	Field Description
0380	Beneficiary Indicator	6c	1	"X" or blank
0390	Refunded by Check	7	12	N
0400	Total Refund Allocation	8	12	N
	Record Terminus Character		1	Value "#"

FORM PAYMENT Balance Due and Estimated Payments

Field No.	Identification	Form Ref.	Length	Field Description
	Byte Count		4	"0123" for Fixed; "nnnn" for variable format
	Start of Record Sentinel		4	Value "****"
0000	Record ID		6	"FRMbbb"
0001	Form Number		6	"PMTbbb"
0002	Page Number		5	"PG01b"
0003	Taxpayer Identification Number		9	N (Primary SSN)
0004	Filler		1	blank
0005	Form Occurrence Number		7	N 0000001 - 0000005
0010	Primary SSN		9	N
0020	Secondary SSN		9	N
0030	Routing Transit Number		9	N
0040	Bank Account Number		17	AN (including hyphens or blank)
0050	Type of Account		1	"1" = Checking "2" = Savings
0060	Amount of Tax Payment (may include PNLTY and INT)		12	N (positive only)
0070	Tax Type Code		5	AN, Values: "1040E" = Form 1040, "1040A" = Form 1040A, "1040Z" = Form 1040EZ, "1040S" = Estimated Payments

FORM PAYMENT Balance Due and Estimated Payments

Field No.	Identification	Form Ref.	Length	Field Description
0080	Requested Payment Date		8	YYYYMMDD for Balance Due | (Form 1040, 1040A & 1040EZ) YYYYMMDD for Estimated Payments Values: "20130415", "20130617", "20130916" or "20140115"
0090	Taxpayer's Day Time Phone Number		10	N
	Record Terminus Character		1	Value "#"