

2013 2-D Barcode Specifications for MO-PTC

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		*** Header Information ***				(see notes below)
1	Header	Version Number				(T1 is current standard version)
2	Header	Developer Code				
3	Header	Jurisdiction (MO)				MO
4	Header	Description (MOPTC) and current tax year				MOPTC/2013
5	Header	Specification Version (0 for current version)				0
6	Header	Software/Form Version				
		**** MO PTC ****				
		Fields 7 through 9 are carriage return only (blank)				
10	Top	AMENDED RETURN — CHECK HERE	PIC X(1)	1		X YES
11	Top	Vendor Code	PIC 9(3)	3		Software Vendor Code
12	NAME	Your Social Security Number	PIC 9(9)	9		
13	NAME	Spouse's Social Security Number	PIC 9(9)	9		
14	NAME	Your Last Name	PIC X(20)	20		
15	NAME	Your First Name	PIC X(14)	14		
16	NAME	Your Middle Initial	PIC X(1)	1		
17	NAME	Yourself Title (JR,SR,etc)	PIC X(3)	3		Title (JR,SR,etc) (No period after suffix)
18	NAME	Yourself Deceased in 2013	PIC X(1)	1		X YES
19	NAME	Spouse's Last Name	PIC X(20)	20		
20	NAME	Spouse's First Name	PIC X(14)	14		
21	NAME	Spouse's Middle Initial	PIC X(1)	1		
22	NAME	Spouse's Title (JR, SR, etc)	PIC X(3)	3		Spouse's Title (No period after suffix)
23	NAME	Spouse Deceased in 2013	PIC X(1)	1		X YES
24	NAME	In Care of Name	PIC X(30)	30		
		Carriage return only (blank)		4		
26	NAME	Present Address (include Apt. or Rural Route)	PIC X(35)	35		
27	NAME	City, Town or Post Office	PIC X(23)	23		
28	NAME	State	PIC X(2)	2		
29	NAME	Zip Code	PIC X(9)	9		99999 or 999999999
		Fields 30 through 127 are Carriage return only (blank)				
128	SIGN	I authorize the Director of Revenue to discuss my return	PIC X(1)	1		X YES
129	SIGN	Daytime Telephone	PIC 9(10)	10		
130	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
		Fields 131 through 250 are carriage return only (blank)				
251	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031539) **Total of 6 digits
252	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031539) **Total of 6 digits
		Note: Name/Address information same as 1040 name/address information.				
253	A	65 years of age or older	PIC X(1)	1		X YES
254	B	100% Disabled Veteran	PIC X(1)	1		X YES
255	C	100% Disabled	PIC X(1)	1		X YES
256	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
257	Filing	Single	PIC X(1)	1		X YES
258	Filing	Married — Filing Combined	PIC X(1)	1		X YES
259	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
260		Carriage return only (blank)	PIC S9(9)	9	Y	
261	1	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
262	2	Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9	N	
263	3	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
264	4	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
265	5	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
266		Carriage return only (blank)	PIC 9(9)	9	N	
267	6	Total household income — add Lines 1 through 5	PIC S9(9)	9	Y	
268	7	Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 9(9)	9	N	
269	8A	rented checkbox (line 8 cannot exceed \$27,500)	PIC X(1)	1		X YES
270	8B	owned/occupied entire year checkbox (line 8 cannot exceed \$30,000)	PIC X(1)	1		X YES
271	8	Net household income — (Subtract Line 7 from Line 6.)	PIC S9(9)	9	Y	
272	9	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
273	10	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
274	11	Total tax and or rent—add Lines 9 and 10 and enter total (max \$750 or \$1100, depending on occupancy)	PIC 9(9)	9	N	
275	12	Property Tax Credit	PIC 9(9)	9	N	

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
*** Certification of Rent Paid *** 1						
276	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020113) **Total of 6 digits
277	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123113) **Total of 6 digits
278	6	Enter your gross rent paid.	PIC 9(9)	9	N	
279	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
280	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
281	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
282	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
283	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
284	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household)	PIC X(1)	1		X YES
285	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
286	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
287	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
288	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
289	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
290	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
291	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 2						
292	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020113) **Total of 6 digits
293	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123113) **Total of 6 digits
294	6	Enter your gross rent paid.	PIC 9(9)	9	N	
295	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
296	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
297	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
298	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
299	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
300	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household)	PIC X(1)	1		X YES
301	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
302	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
303	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
304	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
305	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
306	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
307	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 3						
308	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020113) **Total of 6 digits
309	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123113) **Total of 6 digits
310	6	Enter your gross rent paid.	PIC 9(9)	9	N	
311	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
312	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
313	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
314	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
315	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
316	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household)	PIC X(1)	1		X YES
317	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
318	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
319	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
320	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
321	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
322	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
323	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 4						
324	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020113) **Total of 6 digits
325	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123113) **Total of 6 digits
326	6	Enter your gross rent paid.	PIC 9(9)	9	N	
327	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
328	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
329	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
330	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
331	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
332	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household)	PIC X(1)	1		X YES
333	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
334	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
335	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
336	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)

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337	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
338	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
339	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 5				
340	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020113) **Total of 6 digits
341	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123113) **Total of 6 digits
342	6	Enter your gross rent paid.	PIC 9(9)	9	N	
343	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
344	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
345	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
346	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
347	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
348	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household)	PIC X(1)	1		X YES
349	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
350	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
351	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
352	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
353	7	Check the appropriate box and enter the percentage on Line 7.	PIC 9(3)	3		100 for 100%, 67 for 67%. Never greater than 100.
354	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
355	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
356	1	Account Type	PIC X(1)	1		"C" for checking, "S" for savings, or blank
357	9	Routing Number	PIC 9(9)	9	N	
358	17	Account Number	PIC 17(17)	17	N	
359		Refund by debit card	PIC X(1)	1		X YES
360		*EOD*				
			658	calculated # characters		
		General Information				
		For blank fields, use a carriage return				
		County of Residence, field 25, must contain the four digit county code. If out-of-state, enter NONR.				
		All alpha characters should be in capital letters (A-Z).				
		Numeric fields aren't zero filled.				
		Refer to the "Acceptable Values" column for clarification of acceptable field values.				
		Negative amounts will have a leading minus sign.				
		No commas allowed in any money amounts.				
		Check boxes, an X indicates Yes, nothing is No (see Acceptable Values Column)				
		Only whole dollar amounts should be entered on the MO-PTC return.				
		Any fields which can be negative are noted above. The picture clause should have a S (example: PIC S9(9)). A negative sign must be included in the field (example: -90, -1000) and precede the first number in the field.				
		The intended use of the Description Column is to cross reference the barcode field number, form line number, and form line wording. The description may not be exact due to limitations of space. Please refer to the tax form and instructions for the exact line wording.				
		Trailer: The last field in the barcode data stream is the trailer. The trailer is used to indicate the end of data has been reached. A static String of "**EOD*" is used as the trailer value. If a trailer is not found, this indicates a data overflow condition has occurred.				
		Header Information: There is information generic to all barcodes that should be placed first in the barcode data stream. The first six fields in the barcode comprise the official header. The fields in the official header are variable length and therefore can contain as much or as little data as is necessary. This information must be consistent among all barcodes and is defined below.				
		(Note: The symbol <CR> is used to represent a single carriage return character.)				
		Header Version Number: will be incremented each time the standards group alters the physical				

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		structure of the barcodes that were created using multiple header formats. This value is static for all barcodes and is currently T1.				
		Developer Code: A four-digit code used to identify the Software Developer whose application produced the barcode. The purpose of this field is to allow forms to be traced to the vendor producing them.				
		Jurisdiction: An alphanumeric identifier indicating the taxing jurisdiction. Use the US Postal Service's official state abbreviations.				
		Description: An alphanumeric identifier used to describe the form being processed. The identifier can be used to route the barcode information to the correct system for further processing. For Missouri, use MOPTC.				
		Specification Version: A number that identifies the version of the specifications used to produce the form barcode. These specifications are provided by the jurisdiction processing the form and describe the data layout in the barcode. Draft versions of the specifications are not assigned version numbers. The final version shall be "0", revision thereafter will increase numerically.				
		Software/Form Version: A vendor defined version number that reflects the software and form revision used to produce the barcode.				
		Example Header Version Number "T1" Developer Code: "9999" Jurisdiction: "MO" Description: "MOPTC" Specification Version: "0" Software/Form Version: "1.0"				
		Raw Header T1<CR>9999<CR>MO<CR>MO1040<CR>0<CR>1.0<CR>				
		End of Data *EOD* must be printed in Field 360				
		Missouri encourages you to default the 2-D barcode to "ON" when your software is released. It is highly preferred that we receive returns with a 2-D barcode. Please make every effort to print a 2-D barcode on all your returns.				
		ADDRESS ISSUE: *It is preferred that you print only the 2-D barcode mailing address on the form, if your company is implementing 2-D barcode. If your company is not implementing 2-D barcode, please print only the non-2-D barcode address. If this doesn't work for your company, please print both addresses or refer your clients to the instructions. REFUND: DEPARTMENT OF REVENUE, PO BOX 2800, JEFFERSON CITY, MO 65105-2800 (*2-D Barcode ONLY—DOR, PO BOX 3385, JEFFERSON CITY, MO 65105-3385)				
		2-D barcode testing should be complete within two months of releasing the 2-D barcode packet.				