2014
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/2014
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 2014**	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 2014	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 124 are Carriage return only (blank)				
125	SIGN	I authorize the Director of Revenue to discuss my return	PIC X(1)	1		X YES
126	SIGN	Daytime Telephone	PIC 9(10)	10		
127	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
		Fields 128 through 243 are carriage return only (blank)				
244	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031539) **Total of 6 digits
245	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031539) **Total of 6 digits
		Note: Name/Address information same as 1040				
		name/address information.				
246	A	65 years of age or older	PIC X(1)	1		X YES
247	B	100% Disabled Veteran	PIC X(1)	1		X YES
248	C	100% Disabled	PIC X(1)	1		X YES
249	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
250	Filing	Single	PIC X(1)	1		X YES
251	Filing	Married — Filing Combined	PIC X(1)	1		X YES
252	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
253		**Carriage return only (blank)**	PIC S9(9)	9	Y	
254	1	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
255	2	Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9	N	
256	3	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
257	4	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
258	5	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
259		**Carriage return only (blank)**	PIC 9(9)	9	N	
260	6	Total household income — add Lines 1 through 5	PIC S9(9)	9	Y	
261	7	Enter $0, $2000, or $4000 based on filing and occupancy status	PIC 9(9)	9	N	
262	8A	rented checkbox (line 8 cannot exceed $27,500)	PIC X(1)	1		X YES
263	8B	owned/occupied entire year checkbox (line 8 cannot exceed $30,000)	PIC X(1)	1		X YES
264	8	Net household income — (Subtract Line 7 from Line 6.)	PIC S9(9)	9	Y	
265	9	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
266	10	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
267	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	
268	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				
269	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020114) **Total of 6 digits
270	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123114) **Total of 6 digits
271	6	Enter your gross rent paid.	PIC 9(9)	9	N	
272	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
273	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
274	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
275	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
276	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
277	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
278	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
279	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
280	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
281	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
282	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.
283	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
284	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 2				
285	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020114) **Total of 6 digits
286	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123114) **Total of 6 digits
287	6	Enter your gross rent paid.	PIC 9(9)	9	N	
288	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
289	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
290	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
291	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
292	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
293	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
294	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
295	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
296	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
297	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
298	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.
299	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
300	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 3				
301	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020114) **Total of 6 digits
302	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123114) **Total of 6 digits
303	6	Enter your gross rent paid.	PIC 9(9)	9	N	
304	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
305	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
306	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
307	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
308	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
309	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
310	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
311	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
312	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
313	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
314	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.
315	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
316	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 4				
317	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020114) **Total of 6 digits
318	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123114) **Total of 6 digits
319	6	Enter your gross rent paid.	PIC 9(9)	9	N	
320	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
321	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
322	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
323	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
324	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
325	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
326	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
327	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
328	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
329	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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330	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.
331	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
332	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 5				
333	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020114) **Total of 6 digits
334	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123114) **Total of 6 digits
335	6	Enter your gross rent paid.	PIC 9(9)	9	N	
336	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
337	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
338	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
339	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
340	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
341	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household	PIC X(1)	1		X YES
342	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
343	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
344	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
345	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
346	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.
347	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
348	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
349	1	Account Type	PIC X(1)	1		"C" for checking, "S" for savings, or blank
350	9	Routing Number	PIC 9(9)	9	N	
351	17	Account Number	PIC 17(17)	17	N	
352		*EOD*				
				657	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
structure of the barcodes that were created using multiple header formats. This value is

Code Field	Form Line #	Description	Picture Clause	Max Size	Neg Values	Acceptable Values
		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 352==				
		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.				