

2015
2D Barcode Specifications for Form MO-PTC

Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative 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/2015
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 2015	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 2015	PIC X(1)	1		X YES
24	NAME	In Care of Name	PIC X(30)	30		
		Carriage return only (blank)				
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 125 are Carriage return only (blank)				
126	SIGN	I authorize the Director of Revenue to discuss my return	PIC X(1)	1		X YES
127	SIGN	Daytime Telephone	PIC 9(10)	10		
128	SIGN	FEIN, SSN, PTIN	PIC X(9)	9		
		Fields 129 through 278 are carriage return only (blank)				
279	Name	Birthdate (Yourself)	PIC 9(6)	6		MMDDYY (example: 031539) **Total of 6 digits
280	Name	Birthdate (Spouse)	PIC 9(6)	6		MMDDYY (example: 031539) **Total of 6 digits
		Note: Name/Address information same as 1040 name/address information.				
281	A	65 years of age or older	PIC X(1)	1		X YES
282	B	100% Disabled Veteran	PIC X(1)	1		X YES
283	C	100% Disabled	PIC X(1)	1		X YES
284	D	60 years of age or older and received surviving spouse benefits	PIC X(1)	1		X YES
285	Filing	Single	PIC X(1)	1		X YES
286	Filing	Married — Filing Combined	PIC X(1)	1		X YES
287	Filing	Married — Living Separate for Entire Year	PIC X(1)	1		X YES
288		Carriage return only (blank)	PIC 9(9)	9	Y	
289	1	Enter the amount of nontaxable social security benefits before any deductions	PIC 9(9)	9	N	
290	2	Enter the total amount of pensions, annuities, dividends, or interest income	PIC 9(9)	9	N	
291	3	Enter the amount of railroad retirement benefits before any deductions	PIC 9(9)	9	N	
292	4	Enter the amount of veteran's payments or benefits before any deductions	PIC 9(9)	9	N	
293	5	Enter the total amount received by you and/or your minor children from:	PIC 9(9)	9	N	
294		Carriage return only (blank)	PIC 9(9)	9	N	
295	6	Total household income — add Lines 1 through 5	PIC 9(9)	9	Y	
296	7	Enter \$0, \$2000, or \$4000 based on filing and occupancy status	PIC 9(9)	9	N	
297	8A	rented checkbox (line 8 cannot exceed \$27,500)	PIC X(1)	1		X YES
298	8B	owned/occupied entire year checkbox (line 8 cannot exceed \$30,000)	PIC X(1)	1		X YES
299	8	Net household income — (Subtract Line 7 from Line 6.)	PIC 9(9)	9	Y	
300	9	If you owned your home, enter total prop. tax less spec. assessments.	PIC 9(9)	9	N	
301	10	If you rented your home, enter amount from MO-CRP, Line 9	PIC 9(9)	9	N	
302	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	
303	12	Property Tax Credit	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 1				
304	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020115) **Total of 6 digits
305	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123115) **Total of 6 digits
306	6	Enter your gross rent paid.	PIC 9(9)	9	N	
307	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
308	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
309	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
310	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
311	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
312	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
313	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
314	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
315	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
316	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
317	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.
318	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
319	9	CRP total (see 20% of line 8)	PIC 9(9)	9	N	
		*** Certification of Rent Paid *** 2				
320	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020115) **Total of 6 digits
321	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123115) **Total of 6 digits
322	6	Enter your gross rent paid.	PIC 9(9)	9	N	
323	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
324	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
325	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
326	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
327	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
328	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
329	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
330	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
331	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
332	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
333	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.
334	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
335	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	

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Code Field	Form Line #	Description	Picture Clause	Maximum Size	Negative Values	Acceptable Values
*** Certification of Rent Paid *** 3						
336	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020115) **Total of 6 digits
337	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123115) **Total of 6 digits
338	6	Enter your gross rent paid.	PIC 9(9)	9	N	
339	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
340	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
341	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
342	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
343	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
344	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
345	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
346	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
347	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
348	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
349	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.
350	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
351	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 4						
352	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020115) **Total of 6 digits
353	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123115) **Total of 6 digits
354	6	Enter your gross rent paid.	PIC 9(9)	9	N	
355	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
356	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
357	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
358	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
359	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
360	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
361	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
362	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
363	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
364	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
365	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.
366	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
367	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
*** Certification of Rent Paid *** 5						
368	5-From	Rental Period during year, From Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 020115) **Total of 6 digits
369	5-To	Rental Period during year, To Month, Day, Year	PIC 9(6)	6		MMDDYY (example: 123115) **Total of 6 digits
370	6	Enter your gross rent paid.	PIC 9(9)	9	N	
371	7	A. APARTMENT, HOUSE, MOBILE HOME, OR DUPLEX — 100%	PIC X(1)	1		X YES
372	7	B. MOBILE HOME LOT — 100%	PIC X(1)	1		X YES
373	7	C. BOARDING HOME / RESIDENTIAL CARE — 50%	PIC X(1)	1		X YES
374	7	D. SKILLED OR INTERMEDIATE CARE NURSING HOME — 45%	PIC X(1)	1		X YES
375	7	E. HOTEL, If meals are included, enter — 50%; otherwise enter — 100%	PIC X(1)	1		X YES
376	7	F. LOW INCOME HOUSING — 100% (Rent cannot exceed 40% of total household income)	PIC X(1)	1		X YES
377	7	G. SHARED RESIDENCE — If you shared your residence with relatives	PIC X(1)	1		X YES
378	7G1	G1. Additional Persons sharing residence — 1	PIC X(1)	1		X YES (If this box is checked, enter 50% on Line 7.)
379	7G2	G2. Additional Persons sharing residence — 2	PIC X(1)	1		X YES (If this box is checked, enter 33% on Line 7.)
380	7G3	G3. Additional Persons sharing residence — 3	PIC X(1)	1		X YES (If this box is checked, enter 25% on Line 7.)
381	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.
382	8	Net rent paid. Multiply Line 6 by the percent on Line 7.	PIC 9(9)	9	N	
383	9	CRP total (see 20% of Line 8)	PIC 9(9)	9	N	
Direct Deposit						
384	1	Account Type	PIC X(1)	1		*C* for checking, *S* for savings, or blank
385	9	Routing Number	PIC 9(9)	9	N	
386	17	Account Number	PIC 17(17)	17	N	
Fields 387 through 394 are carriage return only (blank)						
395		*EOD*				

657 calculated # characters

2015
2D Barcode Specifications for Form MO-PTC

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 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 395

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.