zi i c i ai	I Instruc				4 -4 -11 4	a fields that "	apple for hall, filling. Defeate the directions for each continue to find out which fill to		high our
	1. This c	docume	nt provide	es the lis	t of all th	e fields that are appli	cable for bulk filing. Refer to the directions for each section to find out which fields are rec	quired and w	hich are optiona
	2. This c	ocume	nt describ	es now	each fiel	a snoula be populate	d (e.g., calculations, constants).		
	Element								one Te
chema			Grand child	Great- grand	Great- great- grand	Great-great-grand child	Contents/Reject Rules	Form Id	Source Field for this data:
				child	child				ioi tilis uata.
ORTrans	smission		ı	l	omu		All the fields listed below in the IDORTransmission Section are required. Any additional fields that are in the schema header are not required.		
	Count						This is an attribute and the value should always be "1".		Constant
	xsmnSche	emaVers	ion				This is an attribute and the value should always be "IDORSpecialTaxTransmission2014V1.0".		Constant
	Transmiss	sionId		•	-		Must be the DOR assigned vendor code (VendorCd) concatenated with the Julian Date concatenated with a six digit unique identifier, generally sequential.		
	VendorCo	d					DOR will provide this code during the Bulk File registration and certification process.	<u> </u>	Constant
	ProcessT						T for TEST or P for Production file.		Constant
	ReturnSta								
		stateSc	hemaVers	sion			This is an attrribute and the value should always be "IDORSpecialTax2014V1.0"		Constant
		Returnh	leaderSta	te					
			Jurisdicti	on			Two Character State Code = IN		Constant
			TimeStar	mp			Date/Time Stamp of the transmission. All Timestamps should look like this: YYYY-MM-DDTHH:MM:SSZ. The embedded "T" and "Z" are required. Use the System Time of your job to set it		
			TaxPerio	dBeginDa	ate		The first day of the period month being filed. Format is YYYY-MM-DD. Example: For an October 2014 return this element would be 2014-10-01.	OTP-PACT	Tax Period being filed.
		TaxPeriodEndDate			Э		The first day of the period month being filed. Format is YYYY-MM-DD. Example: For an October 2014 return this element would be 2014-10-31.	OTP-PACT	Tax Period being filed.
			TaxYear				YYYY format will contain the tax year being processed. Example: 2014	OTP-PACT	Tax Year being filed
			Preparer						
				Name			Name of person who approves this electronic submission.		
				SSN or I	PTIN		The SSN or the PTIN of the person who approves this electronic submission. You are not required to put an individual's SSN. You are permitted to put any 9 numbers. For example, "111111111." Do not include hyphens.		
				Phone			The phone number of the person who approves this electronic submission. Do not include hyphens.		
				EmailAd	dress		The email address of the person who approves this electronic submission.		
			Originato	r					
				EFIN			"123456"		Constant
•				Type			"ERO"		Constant
			Software				"SUBMITTER"		Constant
			ReturnTy	ре			"OTPPACT"	OTP-PACT	Constant
			Filer		<u></u>				
				Busines	sEntity			ļ	
					FEIN		Federal ID number of taxpayer. Do not include hyphens.	OTP-PACT	FID Number

	Element							Maps To		
Schema	Parent	Child	Grand child	Great- grand child		Great-great-great- grand child	Contents/Reject Rules	Form Id	Source Field for this data:	
					EntityNa	me				
						BusinessNameLine1	The entity name as it appears on the Indiana Alcoholic Beverage Permit. The XML will not accept the following special characters: comma (,), period (.), semi-colon (;), colon (:), plus sign (+), and equal sign (=).	OTP-PACT	Name	
				Address						
					USAddre	ess				
·						AddressLine1	Business street address (physical address)	OTP-PACT	Street Addr	
						City	City (physical address)	OTP-PACT	City	
						State	State (physical address)	OTP-PACT	State	
						ZipCode	Zip (physical address)	OTP-PACT	Zip Code	
				StateId			Ten digit Indiana Taxpayer ID code.	OTP-PACT	TID	
				LocNbr			Three digit Indiana business location code.			
			EmailAd	dress			Provide the email address of the person DOR should contact if there is a problem with this electronic submission.			
			FilingMe	thodCd			"ELF"		Constant	
			ReturnSo	ourceCd			"FTP"		Constant	
			InputSou	rceMetho	dCd		"BULK"		Constant	
			FormVer	sionCode			"0614"	OTP-PACT	OTP-PACT Form Create Year/Month	
			ТахТуре	Cd			"OTP"		Constant	
		SubmissionId					Submission Id is generated by using the following format: Prefix of T for Test file or P for Production file, Followed by Department assigned id number plus six digit unique sequence number.		Ochotani	
		ReturnDataState								
			FormOT	PPACT						
				ReturnS	ectionA		If you have a ReturnFilingType of "O" or "A", please follow the directions below to determine the value of each field. If you have no activity to report for the month (i.e. a ReturnFilingType of "ONA" or "ANA"), then do not include ReturnSectionA in your transmission.			
					INOTPP	ACTRepeatingSection				
_						CompanyName	Entity/business name of the customer.	OPT-PACT	Customer Name	
						Address	Location address of the customer.	OPT-PACT	Address	
						City	City of the customer.	OPT-PACT	Address	
						State	State of the customer.	OPT-PACT	Address	
						ZipCode	Zip code of the customer.	OPT-PACT	Address	
						SaleType	Sales Type Valid codes are: "1" = Snuff; "2" = Chew; "3" = Roll-your-own-tobacco; "4" = Other	OPT-PACT	Туре	
	}		1	 	1	BrandFamily	Enter the brand name for the product being reported.	OPT-PACT	Brand Family	

	Element							Maps To		
Schema	Parent	Child	Grand child	Great- grand child	Great- great- grand child	Great-great- grand child	Contents/Reject Rules	Form Id	Source Field for this data:	
							Document Type			
						DocumentType	Valid codes are: "C" = Confirmation, "I" = Invoice, "O" = Other, "PO" = Purchase Order, "CM" = Credit Memo, "A" = Affidavit, "RG" = Returned Goods Authorization	OPT-PACT	Document Type	
						DocumentDate	Date of the transaction listed on the given document. Format is YYYY-MM-DD.	OPT-PACT	Document Date	
						DocumentNumber	Document number assigned to each transaction.	OPT-PACT	Document Number	
						Quantity	Quantity of other tobacco product for the given transaction.	OPT-PACT	Quantity	
						OTPTotalWeight	Total weight (in ounces) for the given transaction.	OPT-PACT	OTP Total Weight	
						RetailSalesPrice	To be entered for transactions involving sales to retailers.	OPT-PACT	Retail Sales Price	
						WholesaleListPrice	To be entered for transactions involving sales to distributors. "Manufacturer's sales price" or "Wholesale list price" generally means the invoice price, including all federal excise taxes, at which the seller of the tobacco product sells the tobacco product to consumers, excluding any discounts or other reductions based on the method of payment of the invoice or on time of payment of the invoice.	OPT-PACT	Manufacturer's/ Wholesale List Price	
				ReturnS	ectionB		All the fields in ReturnSectionB are required. If you have no activity to report for the month you must specify either "ONA" or "ANA" for the ReturnFilingType.			
					ReturnFi	lingType	Return Filing Type Valid codes are: "O" = Original, "A" = Amended, "ONA" = Original - No Activity, "ANA" = Amended - No Activity		Constant	
				ReturnS	ectionC		If you have a ReturnFilingType of "O" or "A", please follow the directions below to determine the value of each field. If you have no activity to report for the month (i.e. a ReturnFilingType of "ONA" or "ANA"), then do not include ReturnSectionC in your transmission.			
					INOTPP	L ACTDeliveryRepeatingSe	I ction			
						DeliveryName	Company name of your delivery service.	OTP-PACT	Delivery Service Name	
						DeliveryAddress	Location address of your delivery service.	OTP-PACT	Address	
						DeliveryCity	City of your delivery service.	OTP-PACT	Address	
						DeliveryState	State of your delivery service	OTP-PACT	Address	
						DeliveryZipCode	Zip code of your delivery service.	OTP-PACT	Address	
		_				DeliveryPhoneNumber	Phone number of your delivery service.	OTP-PACT	Telephone Number	

	Element							Maps To			
Schema	Parent	Child	Grand child	Great- grand child	Great- great- grand child	Great-great- grand child	Contents/Reject Rules	IForm Id	Source Field for this data:		
Revisio	ns:										
9/8/2014											
1. Change	1. Changed Instruction #1 (Row 2).										
2. Deleted Instructions #3 and #4.											
3. Added content to IDORTransmission (Row 7) in Contents/Reject Rules column.											
4. Changed content to SSN or PTIN (Row 23) in Contents/Reject Rules column.											
5. Changed content to Phone (Row 24) in Contents/Reject Rules column.											
6. Changed content to FEIN (Row 33) in Contents/Reject Rules column.											
7. Changed content to BusinessNameLine1 (Row 35) in Contents/Reject Rules column.											
8. Added content to ReturnSectionA (Row 53) in Contents/Reject Rules column.											
9. Added	. Added content to ReturnSectionB (Row 69) in Contents/Reject Rules column.										

10. Added content to ReturnSectionC (Row 71) in Contents/Reject Rules column.