

Office of the Illinois State Treasurer

Michael W. Frerichs

Request for Proposals

Lockbox/Remittance Processing Services

Proposals due July 31, 2015 by 2:00 p.m. CT.

June 26, 2015

Mr. Jim Underwood
Chief Procurement Officer
400 West Monroe Street, Suite 401
Springfield, IL 62704

Office of the Illinois State Treasurer
Request for Proposals
Lockbox/Remittance Processing Services

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I. Overview

The Office of the Illinois State Treasurer (“Treasurer”) is issuing this Request for Proposals (“RFP”) on behalf of the Illinois Department of Revenue (“IDOR”) for lockbox and remittance processing services, specifically the collection and processing of various tax payments from post office boxes (collectively, the “Project”). Financial institutions that submit Proposals (“Respondent”) shall submit their Proposals by 2 pm CT on July 31, 2015. The Treasurer intends to select the Respondent with the most efficient and cost effective overall process. The winning Respondent (“Contractor”) shall enter into a contract with the Treasurer (“Agreement”) for an initial term of four (4) years. Upon expiration of this term, the Treasurer may elect to extend the Agreement for a period of time agreed upon by the parties, not to exceed a total of ten (10) years, including the initial four (4) years.

II. Project Background

Section 7 of the State Treasurer Act, 15 ILCS 505/7, requires the Treasurer to “receive the revenues and all other public moneys of the state, and all moneys authorized by law to be paid to him, and safely keep the same.” Pursuant to this authority, the Treasurer maintains numerous accounts with financial institutions in order to process deposits for check clearing, lockbox and electronic fund transfer (“EFT”) on the State’s behalf.

The taxes collected by IDOR, which are the subject of this RFP, are as follows:

Tax Type	Form Number
Employers Withholding Income Tax Payment	501
Employers Quarterly Withholding Income Tax	941
Individual Estimated Income Tax	1040ES
Individual Extensions Payment for Individuals	505I
Sales and Use Tax	ST1/ST2

The tax types listed in the table above are hereinafter referred to as “Tax.” The Contractor shall retrieve the Tax payments from lockboxes in Springfield, Illinois, process them for deposit, then deposit them in the Treasurer’s account. Appendix A of the IDOR specifications, Appendix D of this RFP, provides the payment volume for each Tax for calendar year 2014. The estimates of numeric data, including but not limited to, volume activity history contained in this RFP and its Appendices are based on historical information or projections and may change as a result of future technological advancements, related statutory or administrative changes, agency initiatives, consumer behavior, and/or other factors.

A. Current Treasurer Processes

The Treasurer assigns a ten-digit internal clearing account number for each account requested by IDOR. Based on IDOR’s specifications, multiple Taxes post to a single general ledger clearing account. There will be two (2) general ledger accounts associated with the Agreement.

The Treasurer executes a daily wire transfer at approximately 9:30 a.m. CT. The wire transfer is based on the actual available balance in the account (balance collected the previous day plus one day float) minus a predetermined amount to cover return items and deposit adjustments. The funds are transferred to the Treasurer's concentration bank for daily investment of the funds. Please see Appendix F of this RFP for the Daily Wire Transfer Volumes for FY2014 and Appendix E for the Average Monthly Ledger and Collected Balances for FY2014.

In addition, the Treasurer currently has automatic re-deposit of paper return items. During FY 2014 (the State fiscal year is from July 1 through June 30), 1,264 checks were returned after re-deposit, totaling \$3,194,005.61.61. Please see Appendix H of this RFP for the Monthly Return Volumes for FY 2014.

III. Scope of Work

For this Project, the Treasurer seeks a Contractor with an efficient and cost effective overall process. The Contractor must be authorized to do business in Illinois as an Illinois bank or a national bank with a presence in Illinois. In addition, the Contractor must be a member of the Federal Reserve System, have access to all services as a member bank, and qualify as a depository for public funds. At the time of this RFP, or prior to that time, if required by law, the Contractor must have all required licenses, bonding, facilities, equipment and trained personnel necessary to perform the work specified in this RFP. The Contractor must have a minimum of five (5) years of experience performing the services being sought by this RFP, which are as follows (Section III.A through III.D, collectively the "Work"):

A. Lockbox Services

The Contractor shall perform the following, based on the IDOR specifications provided in Appendix D of this RFP:

1. Retrieve Tax payments from IDOR lockboxes, located in Springfield, IL;
2. Process Tax payments for deposit;
3. Deposit Tax payments in the Treasurer's account; and
4. Abide by the requirements set forth in Appendix D of this RFP, the IDOR Lockbox Specifications and Requirements

B. Financial Services

The Contractor shall perform the following:

5. Open an account for the Treasurer in which all Tax payments collected by the Contractor will be deposited;

6. Accept Automated Clearing House (“ACH”) debits and credits;
7. Accept incoming and outgoing wire transfers;
8. Credit the bank account in total by general ledger clearing account within twenty-four (24) hours of receipt;
9. Automatically re-deposit paper check return items without entry to the demand deposit account. Provide the Treasurer a return item file that contains the following items: return reason code and description, Treasurer’s general ledger clearing account # (10 digits), check number, maker’s name, and dollar amount. The Treasurer may elect to eliminate the automatic re-deposit of paper check return items, depending on the cost benefit associated;
10. Accelerate deposit postings;
11. Collateralize end of day collected balances, above the Federal Deposit Insurance Corporation (“FDIC”) insurance and sweep limits, through a pledge of securities in compliance with Sections 11 and 11.1 of the Deposit Of State Moneys Act (15 ILCS 520-11, 11.1);
12. Pledge securities equal to 102% of the market value of the largest total balance the Treasurer maintains with the Respondent, less the insurance amount provided by the FDIC. The collateral will be placed for safe keeping under the control and in the name of the Treasurer with a third party custodian designated by the Treasurer. Refer to Appendix J for the Treasurer’s Acceptable Collateral Listing: List of Financial Assets Qualified for Collateral to Secure Deposits and Repurchase Agreements. Please see Appendix E of this RFP for the FY14 Average Monthly Ledger and Collected Balances;
13. Invest end of day collected balances;
14. Provide the Treasurer an earnings credit to the account analysis, based on the average monthly collected balance in the Treasurer’s account, and offset the fees related to the Treasurer’s account with such earnings credit;
15. Provide ACH debit block on the Treasurer’s accounts to prevent ACH fraud. The response must include, in detail, the available notification formats and timeline associated with the reporting of fraudulent activity.
16. Provide dual controls for both the establishment and maintenance of security administrator rights as well as for the creation and maintenance of users; and
17. Provide the Treasurer a specific point of contact for the Project, direct access to staff, and emergency contact phone numbers.

C. Reports and notifications

The Contractor shall perform the following every day:

1. Provide the Treasurer oral or electronic notification prior to 2:00 p.m. CT of any adjustments affecting the accounts in excess of \$25,000. The adjustments include, but are not limited to, encoding errors, deposit adjustments, return items, etc;
2. Provide the Treasurer the ability to electronically obtain by 8 am CT a current and prior day bank statement in BAI, CSV and PDF formats from the Contractor's treasury management system. The bank statement must provide the applicable general ledger number for each deposit;
3. Provide the Treasurer the ability to search for specific transactions within Contractor's information reporting system;
4. Provide the Treasurer the ability to produce reports that provide who initiated and/or confirmed wire transfers;
5. Mail credit/debit adjustments, their supporting documents, and return items to the Treasurer's office at 400 W. Monroe Suite 305, Springfield, Illinois 62704;
6. Provide the Treasurer an electronic monthly account analysis statement that details all services provided and all associated charges within ten (10) business days following the last calendar day of the month;
7. Provide the Treasurer, within ten (10) business days following the last calendar day of the month, an EDI transmission, detailing the monthly service charges, in an 822 format that is compatible with the Treasurer's account analysis program. Please see Appendix K of this RFP for an example;
8. Provide IDOR and the Treasurer a report in text file ("TXT") format by 8 am CT that contains the deposits by tax type. Please see Appendix L 300 Tax Type Report of this RFP for an example of the TXT report; and
9. Provide the Treasurer a monthly electronic end point analysis in Microsoft Excel format that includes the following information: bank routing number, number of items, total dollar amount, and number of days.

IV. Proposal

A. Proposal format

1. Cover page – The cover page shall provide the name, physical address, e-mail address, and telephone number of the person(s) available for contact regarding the Proposal. Such person(s) must be authorized to make representations on behalf of the Respondent.
2. Section I – In Section I, Respondent shall provide a brief two-page narrative, describing the general conceptual approach Respondent would take to perform the Project and any other information Respondent believes is relevant. Emphasis should be on clarity, brevity and completeness of response.
3. Section II – In Section II, Respondent shall list all of the Work set forth in Section III of this RFP and confirm or deny whether it can perform each item. Respondent’s answers must including the headings (e.g. “Reports and notification”) and be numbered in the order provided in Section III of this RFP.
4. Section III – Section III shall contain Respondent’s answers to the questions presented in Section IV.B of this RFP. Respondent must respond to each of the questions. Respondent’s answers must include the headings (e.g. “Qualifications and Experience”) and be numbered in the order provided in Section IV.B.
5. Section IV – Section IV shall provide a list of the subcontractor(s) Respondent will use for this Project, if any, and the general type of work to be performed by each subcontractor.
6. Section V - Respondent and any subcontractor(s) must submit the following three (3) fully executed documents: Illinois State Treasurer Certifications, Disclosures Financial Interest and Potential Conflicts of Interest (Disclosure Form A), and the Disclosures Other Contract and Procurement Related Information (Disclosure Form B).
7. Section VI – Section V shall provide Respondent’s price (“Cost Proposal”) in a separately sealed envelope. The required elements of the Cost Proposal are provided in Section IV.C of this RFP.

Proposals must be submitted in a sealed envelope or package bearing the title “State Treasurer Request for Proposal for Lockbox/Remittance Processing Services” and the Respondent’s name and address. The package must include one (1) original and five (5) copies of the Proposal. A separate envelope must contain one (1) original and five (5) copies of the Cost Proposal. In addition, please provide three (3) electronic copies of the Proposal and three (3) separate electronic copies of the Cost Proposal. Each electronic Proposal copy and each electronic Cost Proposal copy shall be on a separate electronic storage device, such as a CD or thumb drive.

B. Questions to be addressed in the Proposal

Respondents shall provide answers to the following questions:

Financial Services

1. Can Respondent provide an automated system for returned items? If so, what is Respondent's process?
2. Provide a proposed schedule for the implementation of the Project. The implementation schedule should include, but not be limited to, the various phases (i.e. testing, etc.), materials available, and/or any on-site training provided by the Respondent.
3. How would Respondent provide an Automated Clearing House ("ACH") debit block on the Treasurer's accounts to prevent ACH fraud? Discuss in detail the available notification formats and timeline associated with the reporting of fraudulent activity.
4. What is the most efficient method to obtain information from the Respondent regarding account inquiries, discrepancies, questions, or any other type of information that may be sought?
5. What is Respondent's average response time to account inquiries, questions regarding discrepancies, and other requests for information?
6. How would Respondent staff this Project in order to meet the Treasurer's and IDOR's customer service needs (direct access to staff, emergency contacts, etc.)?
7. Please confirm the ability of Respondent's internet Treasury Management System to produce the following reports in electronic formats by providing sample copies of them:
 - a. Daily bank account statement (summary and detail);
 - b. Monthly bank account statement;
 - c. Previous day transaction report (summary and detail);
 - d. Current day transaction report (summary and detail);
 - e. Sweep report (end of day investments);
 - f. 822 monthly account analysis (electronic file and detail statement);
 - g. ACH debit block exception review;
 - h. Daily activity by tax type report;
 - i. Ad-hoc reporting (the ability to search transactions based on specific criteria and exported to either PDF or Excel formats);
 - j. End point analysis; and
 - k. Administrative report
8. Provide a detailed list of all of Respondent's current options for the investment of collected funds, their daily balance limitations, if applicable, and historical rate of return. If available, prospectuses shall also be provided. Respondent's investment options must meet the requirements of the Treasurer's State Portfolio Investment Policy. Please see Appendix I of this RFP for The Illinois State Treasurer Office's Investment Policy.

Qualifications and Experience

9. Please provide an organization chart and resumes for the proposed implementation team;

10. Please provide a list of previous and current clients or accounts for which Respondent provide services that are considered identical or similar in nature to the Work;
11. If possible, please provide a summary of any unique expertise, products, or services that would assist Respondent in performing the Work;
12. Please provide ratings from two rating agencies registered with the Securities Exchange Commission as a Nationally Recognized Statistical Rating Organization (“NRSRO”). Ratings for senior debt, subordinated debt, and long-term deposits shall be included.
13. Provide documents that sufficiently demonstrate Respondent’s intent to continue in the Work-related line of business throughout the proposed contract term.

Diversity

14. Please provide the percentage of Respondent’s staff who are female, minority, persons with disabilities, or military veterans.
15. Is the Respondent or its affiliates female, minority, persons with disabilities, or veteran owned or managed? For purposes of this RFP, “female, minority, persons with disabilities, or veteran owned or managed” shall mean being owned or managed by 51% or more of a combination of female, minority, persons with disabilities, or military veteran.
16. Using the definition provided above, what is the percentage of Respondent’s subcontractors for this Project, if any, that are female, minority, persons with disabilities, or veteran owned or managed?

Illinois Presence

17. Please describe what presence the Respondent has in the State of Illinois. Such “presence” can be demonstrated by the percentage of Respondent’s full-time employees or employees who spend more than half their time in Illinois and having physical offices or a principal place of business located in Illinois.
18. Using the definition provided above, what is the percentage of Respondent’s subcontractors for this Project, if any, that have an Illinois presence?

C. Cost Proposal

For the Cost Proposal, Respondent shall complete and submit Appendix G – Proposed Cost Structure, using the pre-determined average monthly volumes provided. When preparing the Cost Proposal, Respondent shall do the following:

1. Do not change the pre-determined averagely monthly volumes provided in Appendix G – Proposed Cost Structure;
2. Clearly communicate the price to the State and where such fees are applicable, if there are pricing issues or options that require further or separate explanation;

3. Set the pricing schedules to cover an initial four-year period;
4. Indicate any pricing variations associated with funds availability schedules and the options available to the Treasurer. Respondents shall provide the most advantageous availability schedule;
5. Include all of the costs Respondent would charge the State, based upon the requirements outlined throughout this RFP;
6. Provide pricing for all line items associated with this RFP, regardless of whether volumes have been provided or not. Pricing should not be provided in a bundled format;
7. Take into account that there will be an earnings credit to the account analysis, based on the average monthly collected balance in the Treasurer's account and such earnings credit will be used to offset fees related to the Treasurer's account; and
8. Indicate which amounts, if any, shall be paid to subcontractors.

V. RFP Schedule and Process

This Section provides the schedule and process for this RFP.

A. RFP Schedule

The following is the schedule for this RFP:

Date	Event
June 26, 2015	RFP published on the Treasurer's website.
July 2, 2015	Notice of intent to participate in the Bidder's Conference due by 2 pm CT.
July 7, 2015	Mandatory Bidder's Conference at 2 pm CT.
July 14, 2015	All Respondent questions due by 2 pm CT.
July 21, 2015	Responses to all questions posted on the Treasurer's website by 4 pm CT.
July 31, 2015	Proposals due at 2 pm CT.
August 25, 26, 2015	Interviews and site visits, if any, with final candidates.
September 4, 2015	If applicable, best and final offer due by 2 pm CT.
September 11, 2015	Notification of award and begin negotiation of Agreement.

These dates are subject to change at the Treasurer's discretion.

B. Contact information

The Treasurer’s Chief Procurement Officer (“CPO”) is the sole point of contact concerning this RFP.

Respondents should submit questions about the intent or content of this RFP and request clarification of any and all procedures used for this procurement prior to the submission of a Proposal. Respondents must submit their questions in writing by e-mail to the CPO by 2pm CT on July 14, 2015.

Jim Underwood
Chief Procurement Officer
Office of the Illinois State Treasurer
400 W. Monroe St., Suite 401
Springfield, IL 62704
Phone: 217.782.1708
Fax: 217.524.3822
junderwood@illinoistreasurer.gov

C. Mandatory Bidder’s Conference

If a Respondent intends to participate in the Bidder’s Conference, Respondent must e-mail the CPO notice of intent to participate by 2 pm CT on July 2, 2015. Participation by phone is acceptable. The Bidder’s Conference shall be on July 7, 2015 at 2 pm CT at the following address:

400 W. Monroe St., Suite 401
Springfield, IL 62704

D. Proposal submittal

All Proposals must be submitted by mail or messenger to the following address, no later than 2:00 p.m. CT on July 31, 2015:

Mr. Jim Underwood
Chief Procurement Officer
400 West Monroe Street, Suite 401
Springfield, IL 62704

E RFP process

1. Internet/E-mail Communications

The Treasurer may also communicate with Respondents via e-mail. Each Respondent should provide an e-mail address with its response for ease of communication throughout this RFP process.

2. Verbal Communications

Any verbal communication from the Treasurer's employees or its contractors concerning this RFP is not binding on the Treasurer, and shall in no way alter a specification, term or condition of this RFP.

3. Amendments

If it is necessary to amend this RFP, the Treasurer will post any amendments on its website at www.illinoistreasurer.gov.

4. Respondent's Costs

The cost of developing a Proposal is each Respondent's responsibility and shall not be charged to the Treasurer.

5. Withdrawal of Proposal

Respondent may withdraw its Proposal at any time prior to the deadline for receipt of Proposals. The Respondent must submit a written withdrawal request, addressed to the CPO and signed by the Respondent's duly authorized representative.

6. Modification of Proposal

A Respondent may submit an amended Proposal before the deadline for receipt of Proposals. Such amended Proposal must be a complete replacement for the previously submitted Proposal and must be clearly identified as such in the transmittal letter to the CPO.

7. Proposal is a firm offer

A Proposal submitted in response to this RFP is a firm and binding offer, valid for 180 days after the due date for Proposals or the due date for the receipt of a best and final offer, whichever falls later.

8. Proposal is State Property

On the Proposal due date, all Proposals and related material submitted in response to this RFP become the property of the State of Illinois.

9. CPO May Cancel RFP

If the CPO determines that it is in the Treasurer's best interest, he reserves the right to do any of the following: a) cancel this RFP; b) modify this RFP in writing as needed; or c) reject any or all Proposals received in response to this RFP.

10. Additional Information

The Treasurer reserves the right to request additional information and to meet with representatives of Respondent to discuss their Proposals.

VI. Evaluation Process and Criteria

This Section explains how the Treasurer will evaluate the Proposals.

A. Mandatory requirements

Failure to perform any of the following shall lead to Respondent's automatic disqualification:

1. Attend Bidder's Conference on July 7 , 2015;
2. Submit Proposal and accompanying Cost Proposal by 2 pm on July 31, 2015;
3. In Respondent's Proposal, provide all of the sections and the information required for each section as set forth in Section IV.A of this RFP;
4. Provide the Cost Proposal in a separately sealed envelope and on a separate electronic storage device.
5. Be authorized to do business in Illinois as an Illinois bank or a national bank with a presence in Illinois.
6. Be a member of the Federal Reserve System and have access to all services as a member bank. Qualify as a depository for public funds;
7. Be an established financial institution with all required licenses, bonding, facilities, equipment and trained personnel necessary to perform the work as specified in this RFP at the time of this RFP, or prior to that time, if required by law. The Treasurer reserves the right to require proof of said requirements within ten (10) calendar days from the date of receipt of the Respondent's Proposal; and
8. Have five (5) years of experience performing services that are considered identical or similar in nature to the Work.

B. Scoring

Evaluation Factor	Maximum Number of Points Possible
Respondent's ability to perform the Work	40
Reputation providing services similar to the Work	20
Diversity	10
Illinois presence	10
Cost Proposal	20
TOTAL	100

C. Determining scores

1. Ability to perform the Work score.

Respondent's ability to perform the Work will be evaluated based on the answers Respondent provides in Section II of its Proposal.

2. Reputation providing services similar to the Work score

The Evaluation Team will score a Respondent's reputation providing services similar to the Work, based on the feedback provided by its references. Factors that will be considered are the ease of working with Respondent, the reference's satisfaction with Respondent's customer service, how similar the services provided are to the Work, and how similar the reference is to the Treasurer and/IDOR.

3. Diversity score

The Evaluation Team shall award a higher diversity score to Respondents that are female, minority, person with disabilities, or veteran owned or managed. Having a higher percentage of subcontractors that are female, minority, person with disabilities, or veteran owned or managed shall also result in higher scores.

4. Illinois presence score

Respondent's Illinois presence shall be scored based on the answers Respondent provides to questions IV.B.17 and IV.B.18. Respondents with a principal place in Illinois and a higher percentage of employees in Illinois shall receive higher scores.

5. Cost Proposal score

The Evaluation Team shall evaluate the cost-effectiveness of Respondent's Cost Proposal in order to determine the Cost Proposal score.

VII. Contract Terms and Conditions

The Contractor shall agree to each contractual provision set forth in this Section.

A. Contractual responsibility

Contractor will be contractually responsible for all services provided. By responding to the RFP, Contractor expressly agrees to the contractual requirements herein. Contractor shall at all times provide services in a commercially reasonable manner.

B. Governing law

The Agreement shall be governed in all respects by the laws of the State of Illinois.

C. Term of Agreement

The initial term of the Agreement will be four (4) years, unless terminated in accordance with the terms of the Agreement. The Treasurer may with the consent of the Contractor, elect to extend the Agreement for additional periods, not to exceed a total term of ten (10) years (including the initial four (4) years).

D. Termination

1. Termination without cause

The Treasurer may elect to terminate the Agreement at any time upon ninety (90) calendar days' notice. Upon termination, the Treasurer will pay for work satisfactorily completed prior to the date of termination.

2. Termination for Cause:

Notwithstanding any language to the contrary, the Agreement may be terminated by the Treasurer or CPO under any of the following circumstances:

- a. Contractor fails to furnish satisfactory performance within the time specified;
- b. Contractor fails to perform any of the provisions of the Agreement or so fails to make progress so as to endanger the performance of the Agreement in accordance with its terms;

- c. Any services provided under the Agreement are rejected and are not promptly correctly by the Contractor or repeatedly rejected even though Contractor offers to correct services promptly;
- d. There is sufficient evidence to show that fraud, collusion, conspiracy, or other unlawful means were used to obtain the Agreement;
- e. Contractor is guilty of misrepresentation in connection with another contract for services to the State;
- f. Contractor is adjudged bankrupt or enters into a general assignment for the benefit of its creditors or receivership due to insolvency;
- g. Change in federal or State law or rules, or the Contractor's, Treasurer's, or IDOR's policies that would frustrate the purpose of the Agreement;
- h. Contractor disregards laws and ordinances, rules, or instructions of the Treasurer or his agents, acts in violation of any provision of the Agreement, or acts in conflict of any statutory or constitutional provision of the State of Illinois or the United States; or
- i. Contractor commits any other breach of the Agreement or commits other unlawful acts.

Prior to terminating the Agreement for cause, the Treasurer shall issue a written warning that outlines the remedial action necessary to bring the Contractor into conformance with the Agreement. If such remedial action is not completed to the satisfaction of the Treasurer within thirty (30) business days, a second written warning may be issued. If satisfactory action is not taken by Contractor within five (5) business days of the date of the second written warning, the Agreement may be cancelled and the Treasurer may recover any and all damages involved with the transition to a new vendor including incidental and consequential damages. Failure by the Treasurer to issue a warning or cancel this Agreement does not waive any of the Treasurer's rights to issue subsequent warnings.

In addition, the Treasurer reserves the right to reduce the amount paid to Contractor as compensation for services under the Agreement during any period Contractor fails to perform with reasonable care any of its obligations under the Agreement.

E. Work product

1. Ownership of work product.

Except as otherwise agreed to in writing, all work product, including, but not limited to, documents, reports, data, information, designs, code, and ideas specially produced, developed, or designed by the Contractor under the Agreement, whether preliminary or final, (collectively, "Work Product") will become and remain the property of the Treasurer, including any copyright or service marks developed by the Contractor on behalf of the Treasurer. The Treasurer shall

have the right to use all such work product without restriction or limitation and without further compensation to the Contractor.

2. Return of Work Product

Within thirty (30) days after expiration or termination of the Agreement, the Contractor shall deliver to Treasurer, or to a third party, if so instructed by the Treasurer, all Work Product in Contractor's possession in the performance of the Agreement. If requested by the Treasurer, the Contractor shall certify in writing that all such Work Product has been delivered to the Treasurer.

F. State furnished property

Contractor shall be responsible for the security, protection, and return of all property furnished by the State of Illinois, if any, including but not limited to, items, research materials, photographs, and drawings.

G. Internal controls

Contractor shall annually provide the Treasurer with a copy of the Annual Report or Form 10-K of its parent bank holding company, which shall include the attestation of the company's independent registered accounting firm regarding the company's internal control over financial reporting.

H. Back-up facilities

Upon execution of the Agreement, the Contractor and its subcontractor(s), if applicable shall provide the Treasurer a summary of their disaster recovery plan, back-up plan, and testing schedule.

I. Indemnification

The Contractor will indemnify, defend, and hold Treasurer, its officers, agents, and employees, harmless from and against any and all liabilities, demands, claims, lawsuits, losses, damages, causes of action, fines, or judgments, including costs, attorneys' and witnesses' fees and expenses incident thereto, for all injuries, including, but not limited to, injuries to person and for loss of, damage to, or destruction of property due to the Contractor's negligent acts or omissions or willful misconduct of Contractor, its employees, or its agents in connection with this RFP and subsequent Agreement.

J. Subcontractors

The Contractor may not use subcontractors to perform the Work, unless the subcontractor is approved in advance by the Treasurer. Contractor must disclose the duties to be performed by the subcontractor. The Contractor will be required to obtain written approval from the Treasurer prior to adding or changing subcontractors. Subcontractors will be required to complete the attached State Certifications and Disclosure Forms, found at as Appendices A, B, and C.

K. Record retention and audit

Contractor and subcontractors, if any, agree to maintain books and records related to the performance of the Agreement and necessary to support amounts charged to the State under the Agreement for a minimum of three (3) years from the last action on the Agreement or after termination of the Agreement, whichever is longer. Contractor and subcontractors further agree to cooperate fully with any audit and to make the books and records available for review and audit by the Auditor General, chief procurement officers, internal auditor and the Treasurer; Contractor agrees to cooperate fully with any audit conducted by the Auditor General or the Treasurer and to provide full access to all relevant materials. The three (3) year period shall be extended for the duration of any audit in progress during the term. Failure to maintain the books, records and supporting documents required by this Section shall establish a presumption in favor of the State for the recovery of any funds paid by the State under this Agreement for which adequate books, records, and supporting documentation are not available to support their purported disbursement.

L. Confidentiality and security requirements

1. Confidential Information

All Confidential Information, as defined below, shall be held in strict confidence by the Contractor and shall not be disclosed to any third party. Confidential Information includes all information but the following: (i) information already known or independently developed by the recipient; (ii) information required to be released by law; (iii) information in the public domain through no wrongful act of the recipient; and (iv) information received by the recipient from a third party who was free to disclose it (“Confidential Information”).

Any disclosure required to be made by applicable law shall not be made sooner (unless otherwise compelled or required by law or judicial process) than five (5) business days immediately following receipt by the Treasurer from the Contractor of written notice of such order, and such notice will include a copy of any relevant court or other order. In the event the Contractor is ordered to disclose Confidential Information, the Contractor shall afford the Treasurer a reasonable opportunity to participate and object to any such disclosure.

2. Use of Confidential Information by Employees and Agents of Contractor

The requirement of confidentiality under this Agreement also applies to the employees and agents of the Contractor. The Contractor shall use its best efforts to ensure that its employees and agents adhere to the confidentiality requirements set forth herein. Use by and disclosure to employees and agents of Confidential Information to the extent necessary to carry out the terms and purposes of this Agreement is acceptable.

3. Protection of Confidential Information

The Contractor represents, warrants, and covenants that it has implemented and will maintain an information security program reasonably designed to protect Confidential Information, including customer information, which program includes administrative, technical, and physical safeguards to ensure the security and confidentiality of all customer information, to protect against anticipated threats or hazards to the security or integrity of such customer information, and to protect against unauthorized access to or use of such customer information.

4. Privacy Policy

Contractor will comply with any applicable federal or state laws or regulations, as well as any privacy policy developed by the Treasurer. Contractor further agrees to establish, maintain, and comply with a privacy policy with respect to the Project that meets the requirements of applicable law.

5. Program Lists

The Contractor specifically agrees that it shall not, and shall cause its subcontractors and affiliates not to, sell, provide, or otherwise disclose information from, any program list to any third party, unless otherwise directed to or approved by the Treasurer or required by applicable law.

M. Successor and assignment

Each term and provision of the Agreement is binding and enforceable against and inures to the benefit of any successors of the Treasurer and any successors of Contractor, but neither this Agreement nor any of the rights or obligations under the Agreement may be transferred or assigned by a financial institution without the Treasurer's prior written consent. Any attempt by Contractor or subcontractor, if applicable, to transfer or assign any rights or obligations related to the Agreement without the prior written consent of the Treasurer shall render this Agreement voidable by the Treasurer. The Treasurer may unilaterally bind any successor of the Contractor to the terms and conditions of the Agreement.

N. Disclaimer

The activity volume provided in the Appendices of this RFP is based on historical information and may change as a result of future technological advancements, related statutory or administrative changes, taxpayer initiatives, or other developments.

O. Reporting and testing

Following execution of the Agreement, the Contractor must provide a complete sample of all reports generated by your internet Treasury Management system. The reports must contain data specific to the type of transactions the account will be expecting on a daily basis. The selected respondent must also provide access to the Treasury Management system for the purpose of testing the exporting of information into the following formats: PDF, BAI2, CSV, and TXT. The export must also contain data specific to the type of transactions the account will be anticipating on a daily basis. The Treasurer's Office must receive all reports and test data as soon as possible

after selection but prior to implementation of the contract in order to perform all necessary testing in advance of execution date.

In addition to the Treasurer's Office requirements, the selected Contractor shall be required to perform testing with the Illinois Department of Revenue in accordance with Appendix D – Illinois Department of Revenue Specifications of this RFP.

P. Compensation

The Contractor shall provide the Work pursuant to the Agreement on a fee-for-service basis to both the Treasurer and IDOR, as noted in Appendix G – Proposed Cost Structure and may be compensated by State warrant on a review of the account analysis statement. During the term of the Agreement, the Contractor will submit a detailed monthly invoice to the Treasurer and IDOR. Payment via EFT may be an option, as authorized by the General Assembly. As an alternative, services may be paid through compensating balances, or other investment vehicles as deemed necessary.

Q. Continuation of Work

The Contractor shall guarantee performance of the Work and agree to perform all Work in an efficient and professional manner. The Contractor's obligations and responsibilities pursuant to the Agreement shall not be affected in the event of personnel problems, strike by employees, work stoppages, and other employee-related events. The Contractor is responsible for and shall provide commercially reasonable backup systems and shall review the adequacy of those systems with the Treasurer upon request. The prevention of such business interruption shall be the sole responsibility of the Contractor, and the Contractor shall immediately notify the Treasurer in the event such business interruption takes place. The Contractor shall be liable for any losses or damages sustained by the Treasurer due, in whole or in part, to the Contractor's failure to provide reasonable backup systems.

R. Enforceability

The Contractor shall certify that the execution and delivery by the Contractor of the Agreement and the performance by the Contractor of its obligations pursuant to the Agreement have been duly and validly authorized, with no other corporate action on the part of the Contractor or its stockholders being necessary. The Contractor shall certify that it has the full legal right, power, and authority to execute and deliver the Agreement and to perform its obligations pursuant to the Agreement, and that the Agreement has been duly and validly executed and delivered by the Contractor, thereby constituting a legal, valid, and binding obligation of the Contractor, enforceable against the Contractor in accordance with its terms.

S. No conflicts

The Contractor shall certify that the execution and delivery by the Contractor of the Agreement, the performance by Contractor of its duties and obligations thereunder, and the consummation of the transactions contemplated do not result in any of the following:

1. Conflict with or result in a violation or breach of any of the terms, conditions, or provisions of the charter or by-laws of Contractor;
2. Conflict with or result in a violation or breach of any term or provision of a) any law, rule, regulation, judgment, decree, order, or injunction applicable to the Contractor or any of its assets and properties or b) any agreement binding on or affecting the Contractor or any of its properties; or
3. Conflict with or result in a violation or breach of, or constitute (with or without notice or lapse of time or both) a default under any material agreement to which the Contractor is a party, or any material obligation or responsibility which the Contractor has to any third party.

T. No pending or threatened litigation

The Contractor shall certify that there is no action, suit, investigation, or proceeding pending or, to the best knowledge of the Contractor, threatened against the Contractor before any court, arbitrator, or administrative or governmental body that might result in any material adverse change in the operations of the Contractor or which might materially and adversely affect the ability of the Contractor to perform the Work or otherwise comply with its obligations under the Agreement.

U. Most favorable terms

If more favorable terms are granted by the Contractor to any similar governmental agency in any state in a contemporaneous agreement under the same or similar financial terms and circumstances for comparable services, the more favorable terms will be applicable under the Agreement.

V. Modification of Work

The Contractor shall not modify the Work or the manner of providing the Work without the prior written authorization of the Treasurer. Modification includes any change to an existing element of the Work or the addition of a new element to the Work.

W. Change of law or policy

The Contractor shall notify the Treasurer in writing within ten (10) business days of any change or addition applicable to the Contractor in federal or state regulations or laws that would adversely affect either the terms of or the rights granted the Treasurer by the Agreement, and within five (5) business days of any legally required change in or addition to Contractor's internal operational policy that might affect the Contractor's performance of the Work, including but not limited to any policy that relates to management, maintenance, record keeping, safekeeping, custody, or subcontracting.

X. Modification of the Agreement

The Work to be provided under the Agreement shall be subject to modification and supplementation only upon the written agreement of the duly authorized representatives of the contracting parties. No modification of the terms of the Agreement shall be made that would materially change the delivery of service, unless such changes are mutually agreed by and between the Treasurer and the Contractor and shall be incorporated in written amendments to the Agreement, processed through and approved by the Treasurer.

Y. State Certifications/Disclosures

The Agreement will incorporate Contractor's fully executed State Certifications and Disclosure Forms, copies of which are attached hereto as Appendices A, B, and C.

Appendix A

ILLINOIS STATE TREASURER CERTIFICATIONS

_____ (“CONTRACTOR”) makes the following certifications:

1.0 ANTI-BRIBERY.

CONTRACTOR certifies that it is not barred from being awarded a contract or subcontract under Section 50-5 of the Illinois Procurement Code (30 ILCS 500/50-5). Section 50-5 prohibits a contractor from entering into a contract with a State agency if the contractor has been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, or if the contractor has made an admission of guilt of such conduct with is a matter of record. The contractor further acknowledges that the chief procurement officer may declare the related contract void if this certification is false.

2.0 BID-RIGGING/BID-ROTATING.

CONTRACTOR certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961 (720 ILCS 5/33E-3, 33E-4).

3.0 DRUG FREE WORKPLACE.

This certification is required by Section 3 of the Drug Free Workplace Act (30 ILCS 580/3). The Drug Free Workplace Act, effective January 1, 1992, requires that CONTRACTOR shall not be considered for the purposes of being awarded a contract for the procurement of any services from the State unless CONTRACTOR has certified to the State that CONTRACTOR will provide a drug free workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract payments, termination of the contract and debarment of contracting opportunities with the State for at least one (1) year but not more than five (5) years.

CONTRACTOR certifies and agrees that it will provide a drug free workplace by:

- a. Publishing a statement:
 - i. Notifying employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, including cannabis, is prohibited in the grantee’s or contractor’s workplace.
 - ii. Specifying the actions that will be taken against employees for violation of such prohibition.
 - iii. Notifying the employee that, as a condition of employment on such contract or grant, the employee will:
 - a. abide by the terms of the statement; and

- b. notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- b. Establishing a drug free awareness program to inform employees about:
 - i. the dangers of drug abuse in the workplace;
 - ii. CONTRACTOR's policy of maintaining a drug free workplace;
 - iii. any available drug counseling, rehabilitation, and employee assistance programs; and
 - iv. the penalties that may be imposed upon an employee for drug violations.
- c. Providing a copy of the statement required by Section (a) to each employee engaging in the performance of the contract or grant and to post the statement in a prominent place in the workplace.
- d. Notifying the Treasurer's Office within ten (10) days after receiving notice under part (b) of paragraph (iii) of Section (a) above from an employee or otherwise receiving actual notice of such conviction.
- e. Imposing a sanction on, or requiring the satisfactory participation in drug abuse assistance or rehabilitation program by, an employee who is so convicted, as required by Section 5 of the Drug Free Workplace Act.
- f. Assisting employees in selecting a course of action in the event of drug counseling, treatment, and rehabilitation is required and indicating that a trained referral team is in place.
- g. Making a good faith effort to continue to maintain a drug free workplace through implementation of the Drug Free Workplace Act.

4.0 U.S. EXPORT ACT.

CONTRACTOR certifies that neither CONTRACTOR nor any substantial-owned affiliated company is participating or shall participate in an international boycott in violation of the provisions of the U.S. Export Administration Act of 1979 (50 U.S.C.A. App. § 2401 et seq.) or the regulations of the U.S. Department of Commerce promulgated under that Act.

5.0 NON-DISCRIMINATION.

CONTRACTOR certifies that it is in compliance with the State and Federal Constitutions, the U.S. Civil Rights Act, Section 504 of the Federal Rehabilitation Act, and all applicable rules that prohibit unlawful discrimination in performance of this Agreement and all other activities, including employment and other contracts. As a condition of receiving the Agreement, CONTRACTOR represents or certifies that services, programs and activities provided under the Agreement are and will continue to be in compliance with State and Federal Constitutions, the U.S. Civil Rights Act, Section 504 of the Federal Rehabilitation Act, and all applicable laws that prohibit unlawful discrimination.

6.0 AMERICANS WITH DISABILITIES ACT.

CONTRACTOR certifies that it is in compliance with the Americans with Disabilities Act ("ADA") (42 U.S.C. 12101 et seq.) and the regulations thereunder (28 CFR 35.130) prohibit

discrimination against persons with disabilities by the Treasurer, whether directly or through contractual arrangements, in the provision of any aid, benefit or service. As a condition of receiving the Agreement, CONTRACTOR represents or certifies that services, programs and activities provided under the Agreement are and will continue to be in compliance with the ADA.

7.0 ILLINOIS HUMAN RIGHTS ACT.

CONTRACTOR certifies that it is presently in compliance with all of the terms, conditions and provisions of Section 5/2-105 of the Illinois Human Rights Act (775 ILCS 5/2-105), together with all rules and regulations promulgated and adopted pursuant thereto.

8.0 FELONY.

CONTRACTOR certifies that it has not been barred from being awarded a contract under Section 50-10 of the Illinois Procurement Code (30 ILCS 500/50-10). Section 50-10 prohibits a contractor from entering into a contract with a State agency if the contractor has been convicted of a felony and 5 years have not passed from the completion of the sentence for that felony. The contractor further acknowledges that the chief procurement officer may declare the related contract void if this certification is false.

9.0 FORMER EMPLOYMENT.

CONTRACTOR has informed the Treasurer's Office in writing if CONTRACTOR was formerly employed by the Treasurer's Office and has received an early retirement incentive under Section 14-108.3 or 16-133.3 of the Illinois Pension Code (30 ILCS 105/15a).

10.0 INDUCEMENT.

CONTRACTOR has not paid any money or valuable thing to induce any person to refrain from bidding on a State contract, nor has CONTRACTOR accepted any money or other valuable thing, or acted upon the promise of same, for not bidding on a State contract (30 ILCS 500/50-25).

11.0 REVOLVING DOOR PROHIBITION.

CONTRACTOR certifies that neither it nor its employees and agents are in violation of section 50-30 of the Illinois Procurement Code (30 ILCS 500/50-30). Section 50-30 prohibits for a period of (2) years after terminating an affected position certain State employees and their designees from engaging in any procurement activity relating to the State agency most recently employing them for a specified period of time.

12.0 REPORTING ANTICOMPETITIVE PRACTICES.

CONTRACTOR shall report to the Illinois Attorney General and the Chief Procurement Officer any suspected collusion or other anticompetitive practice among any bidders, offerors, contractors, proposers or employees of the State (30 ILCS 500/50-40, /50-45, /50-50).

13.0 DISCRIMINATORY CLUB.

CONTRACTOR agrees not to pay any dues or fees on behalf of its employees or agents or subsidize or otherwise reimburse them for payments of any dues or fees to a discriminating club as prohibited by Section 2 of the Discriminatory Club Act (775 ILCS 25/2).

14.0 TAXPAYER IDENTIFICATION NUMBER AND LEGAL STATUS OF CONTRACTOR.

CONTRACTOR shall be in compliance with applicable tax requirements and shall be current payment of such taxes. Under penalty of perjury, CONTRACTOR certifies that #_____ is its correct Taxpayer Identification Number and that it is doing business as a (please check one):

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Government Entity |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Nonresident alien |
| <input type="checkbox"/> Partnership/Legal Corporation | <input type="checkbox"/> Estate or trust |
| <input type="checkbox"/> Tax Exempt | <input type="checkbox"/> Pharmacy (Non-Corp.) |
| <input type="checkbox"/> Corporation providing or billing
medical and/or health care services | <input type="checkbox"/> Pharmacy/Funeral
Home/Cemetery (Corp.) |
| <input type="checkbox"/> Corporation NOT providing or billing
medical and/or health care services | <input type="checkbox"/> Limited Liability Company
(select applicable tax
classification.) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> C = corporation |
| | <input type="checkbox"/> P = partnership |

15.0 LICENSE; AUTHORIZED BIDDER OR OFFEROR.

CONTRACTOR, directly or through its employees, shall have and maintain any license required by this Agreement. CONTRACTOR further certifies that it is a legal entity authorized to do business in Illinois prior to the submission of the bid, offer, or proposal pursuant to section 20-43 of the Illinois Procurement Code (30 ILCS 500/20-43).

16.0 APPROPRIATION.

This Agreement is subject to termination and cancellation in any year for which the General Assembly fails to make an appropriation for payments under the terms of the contract.

17.0 RECORDS RETENTION; RIGHT TO AUDIT.

CONTRACTOR agrees to maintain books and records related to the performance of the contract and necessary to support amounts charged to the State under the contract for a minimum of three years from the last action on the contract or after termination of the Agreement, whichever is longer. Contractor further agrees to cooperate fully with any audit and to make the books and records available for review and audit by the Auditor General, chief procurement officers, internal auditor and the Treasurer; CONTRACTOR agrees to cooperate fully with any audit conducted by the Auditor General or the Treasurer and to provide full access to all relevant materials. The three-(3)-year period shall be extended for the duration of any audit in progress during the term. Failure to maintain the books, records and supporting documents required by this Section shall establish a presumption in favor of the State for the recovery of any funds paid by the State under this Agreement for which adequate books, records, and supporting documentation are not available to support their purported disbursement.

18.0 CONFLICTS OF INTEREST.

CONTRACTOR has disclosed, and agrees that it is under a continuing obligation to disclose, to the Treasurer financial or other interests (public or private, direct or indirect) that may be a potential conflict of interest that would prohibit CONTRACTOR from entering into or performing the Agreement. Conflicts of interest include, but are not limited to, conflicts under Section 1400.5020 of the Treasurer's Procurement Rules (44 Ill. Adm. Code 1400.5020) and Sections 50-13, 50-20, and 50-35 of the Illinois Procurement Code (30 ILCS 500/50).

19.0 LATE PAYMENTS.

Late payment charges, if any, shall not exceed the formula established in the Illinois Prompt Payment Act (30 ILCS 540/1) and the Illinois Administrative Code (74 Ill. Adm. Code 900).

20.0 LIABILITY.

The State's liability for damages is expressly limited by and subject to the provisions of the Illinois Court of Claims Act (705 ILCS 505/1) and to the availability of suitable appropriations.

21.0 DEBT DELINQUENCY.

CONTRACTOR certifies that it, or any affiliate, is not barred from being awarded a contract or subcontract under section 50-11 of the Illinois Procurement Code (30 ILCS 500/50-11). Section 50-11 prohibits a contractor from entering into a contract with the Treasurer's Office if it knows or should know that it, or any affiliate, is delinquent in the payment of any debt to the State as defined by the Debt Collection Board. CONTRACTOR further acknowledges that the Treasurer's Office may declare the Agreement void if this certification is false or if CONTRACTOR or any affiliate is determined to be delinquent in payment of any debt during the term of the Agreement.

22.0 EDUCATIONAL LOAN DEFAULT.

CONTRACTOR certifies that it is not barred from being awarded a contract under the Educational Loan Default Act (5 ILCS 385). Section 3 of the Educational Loan Default Act prohibits an individual from entering into a contract with the Treasurer's Office if that individual is in default of an educational loan. CONTRACTOR further acknowledges that the Treasurer's Office may declare the Agreement void if this certification is false or if CONTRACTOR is determined to be in default of an educational loan during the term of the Agreement.

23.0 FORCE MAJEURE.

Failure by either party to perform its duties and obligations shall be excused by unforeseeable circumstances beyond its reasonable control, including acts of nature, acts of the public enemy, riots, labor or material shortages, labor disputes, fire, flood, explosion, legislation, and governmental regulation.

24.0 ANTITRUST ASSIGNMENT.

CONTRACTOR hereby assigns, sells and transfers to the State of Illinois all right, title and interest in and to any claims and causes of action arising under antitrust laws of Illinois or the United States relating to the subject matter of the Agreement.

25.0 PROHIBITION OF GOODS FROM FORCED LABOR.

CONTRACTOR certifies that it is not barred from being awarded a contract under the State Prohibition of Goods from Forced Labor Act (30 ILCS 583). Section 10 of the State Prohibition of Goods from Forced Labor Act prohibits a contractor from entering into a contract with the Treasurer's Office if that contractor knew that the foreign-made equipment, materials, or supplies furnished to the State were produced in whole or part by forced labor, convict labor, or indentured labor under penal sanction. CONTRACTOR further acknowledges that the Treasurer's Office may declare the Agreement void if this certification is false or if CONTRACTOR is determined to have known that the foreign-made equipment, materials, or supplies furnished to the State during the term of the Agreement were produced in whole or part by forced labor, convict labor, or indentured labor under penal sanction.

26.0 PROHIBITION OF GOODS FROM CHILD LABOR.

CONTRACTOR certifies in accordance with Public Act 94-0264 that no foreign-made equipment, materials, or supplies furnished to the State under the contract have been produced in whole or in part by the labor of any child under the age of 12.

27.0 SARBANES-OXLEY ACT AND ILLINOIS SECURITIES LAW.

CONTRACTOR certifies that it is not barred from being awarded a contract or subcontract under section 50-10.5 of the Illinois Procurement Code (30 ILCS 500). Section 50-10.5, amongst other things, prohibits a contractor from bidding or entering into a contract or

subcontract with the Treasurer's Office if the contractor or any officer, director, partner, or other managerial agent of the contractor has been convicted in the last 5 years of a felony under the Sarbanes-Oxley Act of 2002 or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953 or if the contractor is in violation of Subsection (e). CONTRACTOR further acknowledges that the Treasurer's Office may declare the agreement void if this certification is false or if CONTRACTOR is determined to have been convicted of a felony under the Illinois Sarbanes-Oxley Act of 2002 or a Class 3 or Class 2 felony under the Illinois Securities Law of 1953 during the term of the agreement.

28.0 DISPUTES.

Any claim against the State arising out of this Agreement must be filed exclusively with the Illinois Court of Claims (705 ILCS 505/1). The State shall not enter into binding arbitration to resolve any agreement dispute. The State of Illinois does not waive sovereign immunity by entering into this Agreement. Any provision containing a citation to an Illinois statute (cited "ILCS") may not contain the complete statutory language. The official text, which is incorporated by reference, may be found in the appropriate chapter and section of the Illinois Compiled Statutes. An unofficial version may be viewed at www.ilga.gov.

29.0 THIRD PARTY PAYMENTS.

CONTRACTOR certifies that no fee was paid to a third-party in expectation of being awarded a contract by the Treasurer.

30.0 MOST FAVORABLE TERMS.

If more favorable terms are granted by the CONTRACTOR to any similar governmental agency in any state in a contemporaneous agreement let under the same or similar financial terms and circumstances for comparable supplies or services, the more favorable terms will be applicable under the Agreement between the Treasurer's Office and the CONTRACTOR.

31.0 BOARD OF ELECTIONS REGISTRATION.

_____ The CONTRACTOR certifies that they are **not required to register** as a business entity with the State Board of Elections pursuant to the Illinois Procurement Code (30 ILCS 500/20-160). Further, the CONTRACTOR acknowledges that all contracts or subcontracts between State agencies and a business entity that do not comply with this Section shall be voidable under Section 50-60 of the Illinois Procurement Code (30 ILCS 500/50-60).

(or)

_____ The CONTRACTOR certifies that they **have registered** as a business entity with the State Board of Elections and acknowledges a continuing duty to update the registration pursuant to the Illinois Procurement Code (30 ILCS 500/20-160). Further, the _____ CONTRACTOR acknowledges that all contracts or subcontracts between State agencies and a business entity that

do not comply with this Section shall be voidable under Section 50-60 of the Illinois Procurement Code (30 ILCS 500/50-60).

32.0 COLLECTION AND REMITTANCE OF ILLINOIS USE TAX.

The CONTRACTOR certifies that it is not barred from being awarded a contract under section 50-12 of the Illinois Procurement Code (30 ILCS 500/50-12). Section 50-12 prohibits a contractor from entering into a contract or subcontract with a State agency if the CONTRACTOR or affiliate has failed to collect and remit Illinois Use Tax on all sales of tangible personal property into the State of Illinois in accordance with the provisions of the Illinois Use Tax Act. The CONTRACTOR further acknowledges that the contract or subcontract may be voided if this certification is false.

33.0 ENVIRONMENTAL PROTECTION ACT VIOLATIONS.

The CONTRACTOR certifies that it is not barred from being awarded a contract or subcontract under section 50-14 of the Illinois Procurement Code (30 ILCS 500/50-14). Section 50-14 prohibits a CONTRACTOR from entering into a contract or subcontract with a State agency if the CONTRACTOR has been found by a court or the Pollution Control Board to have committed a willful or knowing violation of the Environmental Protection Act within the last (5) years. The CONTRACTOR further acknowledges that the contracting State agency may declare the related contract or subcontract void if this certification is false.

34.0 LEAD POISONING PREVENTION ACT VIOLATIONS.

The CONTRACTOR certifies that it is not barred from entering into a contract or subcontract under section 50-14.5 of the Illinois Procurement Code (30 ILCS 500/50-14.5). Section 50-14.5 prohibits a CONTRACTOR from entering into a contract or subcontract with the State of Illinois or a State agency if the CONTRACTOR, while the owner of a residential building, committed a willful or knowing violation of the Lead Poisoning Prevention Act. The CONTRACTOR further acknowledges that the Treasurer may declare the related contract or subcontract void if this certification is false.

35.0 BOND ISSUANCES.

The CONTRACTOR certifies that it is not barred from being awarded a contract or subcontract under section 50-21 of the Illinois Procurement Code (30 ILCS 500/50-21). Section 50-21 prohibits State agencies from entering into contracts or subcontracts with respect to the issuances of bonds or other securities by the State or a State agency with any entity that uses an “independent consultant” as defined in section 50-21.

36.0 POLITICAL CONTRIBUTIONS.

The CONTRACTOR certifies that it is not barred from being awarded a contract or subcontract under section 50-37 of the Illinois Procurement Code (30 ILCS 500/50-37). Section 50-37 prohibits business entities whose contracts with State agencies, in the aggregate, annually

total more than \$50,000, or whose aggregate pending bids and proposals on State contracts total more than \$50,000, and any affiliated entities or affiliated persons of such business entity, from making any contributions to any political committee established to promote the candidacy of the office holder responsible for awarding the contract on which the business entity has submitted a bid or proposal during the period beginning on the date the invitation for bids or request for proposals are issued and ending on the day after the date the contract is awarded.

37.0 LOBBYING RESTRICTIONS.

The CONTRACTOR certifies that it is not barred from being awarded a contract or subcontract under section 50-38 of the Illinois Procurement Code (30 ILCS 500/50-38). Section 50-38 prohibits a CONTRACTOR from billing the State for any lobbying costs, fees, compensation, reimbursements, or other remuneration provided to any lobbyist who assisted the CONTRACTOR in obtaining the contract or subcontract.

38.0 DISCLOSURE OF BUSINESS OPERATIONS WITH IRAN (30 ILCS 500/50-36).

Each bid, offer, or proposal submitted for a State contract, other than a small purchase defined in Section 20-20 [of the Illinois Procurement Code], shall include a disclosure of whether or not the bidder, offeror, or proposing entity, or any of its corporate parents or subsidiaries, within the 24 months before submission of the bid, offer, or proposal had business operations that involved contracts with or provision of supplies or services to the Government of Iran, companies in which the Government of Iran has any direct or indirect equity share, consortiums or projects commissioned by the Government of Iran and:

- (1) more than 10% of the company's revenues produced in or assets located in Iran involve oil-related activities or mineral-extraction activities; less than 75% of the company's revenues produced in or assets located in Iran involve contracts with or provision of oil-related or mineral – extraction products or services to the Government of Iran or a project or consortium created exclusively by that Government; and the company has failed to take substantial action; or
- (2) the company has, on or after August 5, 1996, made an investment of \$20 million or more, or any combination of investments of at least \$10 million each that in the aggregate equals or exceeds \$20 million in any 12- month period that directly or significantly contributes to the enhancement of Iran's ability to develop petroleum resources of Iran.

You must check one of the following items and if item 2 is checked you must also make the necessary disclosure:

___ There are no business operations that must be disclosed to comply with the above cited law.

___ The following business operations are disclosed to comply with the above cited law:

CONTRACTOR

By:

Signature

Name

Title

Date

Appendix B

**DISCLOSURES
FINANCIAL INTEREST AND POTENTIAL CONFLICTS OF INTEREST
(Disclosure Form A)**

The Treasurer’s Procurement Regulations (44 Ill. Adm. Code 1400.5035) require that contractors/offers desiring to enter into certain contracts with the State of Illinois must disclose the financial and potential conflicts of interest information as specified below.

Contractor/offers shall disclose the financial interest and potential conflicts of interest information identified in Sections 1 and 2 below as a condition of receiving an award or contract. Submit this information along with your bid, proposal or offer.

This requirement applies to contracts with an annual value exceeding \$10,000.

A publicly traded entity may submit its 10K disclosure in satisfaction of the disclosure requirements set forth in both Sections 1 and 2 below.

Sec. 1. Disclosure of Financial Interest in the Contractor/Offeror

- a. If any individuals have one of the following financial interests in the contractor/offers (or its parent), please check all that apply and show their name and address:

Ownership exceeding 5%	(____)
Ownership value exceeding \$106,447.20	(____)
Distributive Income Share exceeding 5%	(____)
Distributive Income Share exceeding \$106,447.20	(____)

Name: _____

Address: _____

- b. For each individual named above, show the type of ownership/distributable income share: sole proprietorship ____ stock ____ partnership ____ other (explain) _____.

- c. For each individual named above, show the dollar value or proportionate share of the ownership interest in the contractor/offers (or its parent) as follows:

If the proportionate share of the named individual(s) in the ownership of the contractor/offers (or its parent) is 5% or less, and if the value of the ownership interest of the named individual(s) is \$106,447.20 or less, check here (____)

If the proportionate share of ownership exceeds 5% or the value of the ownership interest exceeds \$106,447.20, show either.

The percent of ownership _____%

or
The value of the ownership interest \$_____

Sec. 2. Disclosure of Potential Conflicts of Interest. For each of the individuals having the level of financial interest identified in Section 1 above, check “Yes” or “No” to indicate which, if any, of the following potential conflicts of interest relationships apply. If “Yes,” please describe (use space under applicable section to explain your answers – attach additional pages as necessary).

- | | | | |
|----|--|--------------|-------------|
| a. | State employment, currently or in the previous 3 years, including contractual employment of services | Yes
_____ | No
_____ |
| b. | State employment for spouse, father, mother, son, or daughter, including contractual employment for services in the previous 2 years. | Yes
_____ | No
_____ |
| c. | Elective status; the holding of elective office of the State of Illinois, the government of the United States, any unit of local government authorized by the Constitution of the State of Illinois, or the statutes of the State of Illinois currently or in the previous 3 years. | Yes
_____ | No
_____ |
| d. | Relationship to anyone holding elective office currently or in the previous 2 years; spouse, father, mother, son, or daughter. | Yes
_____ | No
_____ |
| e. | Appointive office; the holding of any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that office currently or in the previous 3 years. | Yes
_____ | No
_____ |
| f. | Relationship to anyone holding appointive office currently or in the previous 2 years; spouse, father, mother, son, or daughter. | Yes
_____ | No
_____ |
| g. | Employment, currently or in the previous 3 years, as or by any registered lobbyist of the State government. | Yes
_____ | No
_____ |
| h. | Relationship to anyone who is or was a registered lobbyist in the previous 2 years; spouse, father, mother, son, or daughter. | Yes
_____ | No
_____ |
| i. | Compensated employment, currently or in the previous 3 years, by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee with either | Yes
_____ | No
_____ |

the Secretary of State or the Federal Board of Elections.

- | | | | |
|----|--|--------------|-------------|
| j. | Relationship to anyone; spouse, father, mother, son, or daughter, who is or was a compensated employee in the last 2 years of any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections. | Yes
_____ | No
_____ |
|----|--|--------------|-------------|

This disclosure is submitted on behalf of

(Name of Contractor/Offeror)

Official authorized to sign on behalf of Contractor/Offeror:

Name (printed) _____ Title _____

Signature _____ Date _____

Appendix C

**DISCLOSURES
OTHER CONTRACT AND PROCUREMENT RELATED INFORMATION
(Disclosure Form B)**

The Treasurer’s Procurement Regulations (44 Ill. Adm. Code 1400.5035) require that contractors/offerors desiring to enter into certain contracts with the State of Illinois must disclose the information as specified below.

Contractor/offeror shall disclose the information identified below as a condition of receiving an award or contract.

This requirement is applicable to only those contracts with an annual value exceeding \$10,000.

You must submit this information along with your bid, proposal or offer.

- a. Contractor/offeror shall identify whether it has current contracts (including leases) with other units of State of Illinois government by checking “Yes” _____ or “No” _____.

If “Yes” is checked, identify each contract by showing agency name and other descriptive information such as purchase order or contract reference number (attach additional pages as necessary).

- b. Contractor/offeror shall identify whether it has pending contracts (including leases), bids, proposals, or other ongoing procurement relationships with other units of State of Illinois government by checking “Yes” _____ or “No” _____.

If “Yes” is checked, identify each such relationship by showing agency name and other descriptive information such as bid or project number (attach additional pages as necessary).

This disclosure is submitted on behalf of _____
(Name of Contractor/Offeror)

Official authorized to sign on behalf of Contractor/Offeror:

Name (printed) _____ Title _____

Signature _____ Date _____

Illinois Department of Revenue

Lockbox Data Entry Lockbox Imaging

Specifications

2015

IL-501

IL-941

IL-1040-ES

IL-505-I

ST-1/ST-2

June 17, 2015

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Executive Summary

Purpose

To expedite the deposit of monies received from designated taxpayers, the Illinois Treasurer's Office, on behalf of the Illinois Department of Revenue (IDOR), is providing these specifications as part of the Treasurer's Request for Proposal (RFP) process to identify qualified Financial Institutions to furnish a direct deposit banking service (lockbox), Data Entry, and image service.

IDOR administers the collection of approximately 70 different taxes. This RFP contains five different tax types that IDOR is requesting to have processed at a lockbox facility. Certain taxpayers are required to remit the tax payments at various points in time based on the tax type and the liability due. The following are filing and payment requirement categories based on tax type:

- Annual
- Quarterly
- Monthly
- Semi-Weekly

All work including programming, maintenance, customer support, IT services and technical support, data entry, etc., is required to be done in the United States or its territories.

All transmissions of data, images, reports, etc., will be between IDOR and the State Treasurer's Office by the Vendor who is awarded the contract (hereinafter referred to as "Vendor" or "Financial Institution" or "Contractor"). Any subcontractor must abide by the same provisions, scheduling, and requirements that the Vendor is subject to. Any subcontractor will not be allowed to transmit any of the work directly to IDOR unless first approved by IDOR.

Please note that technical specifications such as scan line contents are subject to change.

IMPORTANT: This RFP seeks deposit and document processing solutions. We welcome bids that meet or exceed minimum requirements. We encourage submissions that would improve efficiencies with regard to expediting deposits and key-from-image solution, especially for the ST-1/ST-2 payment and document processing.

The current ST-1/ST-2 process is two-part: 1) the payment is separated from the return and attachments and 2) the returns are separately data entered. The Department is seeking a solution to improve and streamline this into one process and this improved process must meet the specified timeframes.

Volumes

In this package, the Department has included actual volumes for FY 2014, projected volumes for FY 2015 based on the first nine months of FY 2015, and estimated volumes for FY 2016, FY 2017, and FY 2018. During the life of this contract, IDOR is anticipating a continual volume shift of taxpayers moving from paper to electronic filing and payments. Although the projected volumes are estimates, IDOR continues to encourage taxpayers to go paperless and file and pay electronically. We anticipate the paper volume to continue to decrease annually during the life of this contract. For additional details, please see the FY2014 Lockbox Statistics Table, which is located on Page 170 of this document.

It is not possible to determine the precise quantities of services that will be required during a contract term. Stated volumes are for contingency planning and are not in any way intended to represent guaranteed contract volumes.

The IDOR guarantees neither a minimum amount nor a maximum amount of source documents to be available for processing.

Confidentiality and Security Requirements

The Financial Institution shall be prohibited from using or disclosing confidential information received while providing lockbox processing services. The Financial Institution shall comply with the confidentiality requirements imposed on the Illinois Department of Revenue (IDOR) in Section 917 of the Illinois Income Tax Act (35 ILCS 5/917), Section 11 of the Retailers' Occupation Tax Act (35 ILCS 120/11), and all other confidentiality provisions provided in State or Federal law. Confidential information includes all information but the following: (i) information already known or independently developed by the recipient; (ii) information required to be released by law (iii) information in the public domain through no wrongful act of the recipient; and (iv) information received by the recipient from a third party who was free to disclose it.

The Financial Institution shall comply with the following confidentiality provisions:

Confidentiality

Provisions for safeguarding Illinois Income Tax information are detailed in the Illinois Compiled Statutes, Chapter 35, Section 5/917 (a)), and provisions for safeguarding Illinois Retailers' Occupation Tax information are detailed in the Illinois Compiled Statutes, Chapter 35, Section 120/11. All taxpayer payment and return information received by the successful bidder or its subcontractors, whether received from the taxpayer or the Department, shall be confidential except for official purposes and pursuant to official procedures for the collection of State of Illinois taxes. The Financial Institution and its employees, any subcontractors and their employees shall be subject to the same civil and criminal penalties for unauthorized disclosure as Illinois Department of Revenue employees.

35 ILCS 5/917 (a)

Confidentiality and Information Sharing

Except as provided in this Section, all information received by the Department from returns filed under this Act, or from any investigation conducted under the provisions of this Act, shall be confidential, except for official purposes within the Department or pursuant to official procedures for collection of any State tax or pursuant to an investigation or audit by the Illinois State Scholarship Commission of a delinquent student loan or monetary award or enforcement of any civil or criminal penalty or sanction imposed by this Act or by another statute imposing a State tax, and any person who divulges any such information in any manner, except for such purposes and pursuant to order of the Director or in accordance with a proper judicial order, shall be guilty of a Class A misdemeanor. However, the provisions of this paragraph are not applicable to information furnished to a licensed attorney representing the taxpayer where an appeal or a protest has been filed on behalf of the taxpayer.

35 ILCS 120/11

Confidentiality and Information Sharing

All information received by the Department from returns filed under this Act, or from any investigation conducted under this Act, shall be confidential, except for official purposes, and any person who divulges any such information in any manner, except in accordance with a proper judicial order or as otherwise provided by law, shall be guilty of a Class B misdemeanor with a fine not to exceed \$7,500.

IDOR Employee Handbook: Chapter 4, Page 59, 60, & 61

All information on any tax return, tax payment, or any document accompanying any tax return is confidential.

Unauthorized release of confidential taxpayer information may result in criminal prosecution under Illinois and federal laws, as well as disciplinary action up to and including discharge. Information provided to the department by any other government or private agency also must be considered sensitive and confidential.

You may not publish, divulge, disclose, or make known in any manner any information contained in any report, tax payment, or record when such information discusses or potentially could identify a taxpayer unless it is already a matter of public record.

You may not use any information obtained by virtue of your employment at the department for actual or anticipated gain for yourself or another person.

Additionally, all records and documents in the custody of or accessible by department employees are for official use as stated in the section entitled "Care of official documents" (on Page 59) and are to be accessed for business reasons only.

No contractor or contractor employee may publish, divulge, disclose, or make known in any manner any information contained in any report, tax payment, or record when such information discusses or potentially could identify a taxpayer unless it is already a matter of public record.

A contractor or contractor employee may not use for private purposes or gain any information which was obtained in the course of the contract services.

All records and documents in the custody of or accessible by a contractor or contractor employee are for official business use only.

Violations of state confidentiality laws are prosecuted as Class A or Class B misdemeanors. Class A misdemeanors are punishable by a fine not to exceed \$2,500 and up to 364 days in jail or both. Class B misdemeanors are punishable by a fine not to exceed \$1,500 and up to six months in jail or both.

In addition to violating Illinois tax laws, persons who make unauthorized disclosures of federal tax information are subject to prosecution under the U.S. Internal Revenue Code. Divulging federal tax information, in any manner, that could identify a taxpayer is a felony punishable by up to five years in prison and a fine of up to \$5,000. The Internal Revenue Code also allows a taxpayer, about whom confidential information has been improperly released, to seek court-invoked civil damages for willful or negligent disclosure of information. The taxpayer has up to two years from the time the unauthorized disclosure is discovered to file suit.

The court may award the taxpayer the amount in actual damages incurred because of the disclosure (for example, income lost) as well as punitive damages in the case of willful disclosure or a disclosure which is the result of gross negligence, but in no case shall the plaintiff receive less than \$1,000 for each disclosure plus the costs of the action.

Security

The Financial Institution shall be subject to identical security and confidentiality provisions as the IDOR employees, as established by IDOR in accordance with State Law.

Before securing employment with IDOR, all applicants may be requested to complete an employee security check authorization form which entitles IDOR to check the applicant's taxpaying history. Applicant's tax filing status must be current to secure employment. The Financial Institution must allow IDOR to complete a security

check on any/all Financial Institution employees who will have access to taxpayer returns or tax payments, coupons, records, etc.

If a Financial Institution employee is found not to have a current filing status, the Financial Institution must ensure that the Financial Institution's employee will not have access to IDOR taxpayer returns. For the Financial Institution's employee to obtain access to IDOR taxpayer returns, his/her filing status must be made current and the employee security check authorization form cleared through IDOR's Internal Affairs office.

Other General Contractor Requirements

Location Requirements

All work including programming, maintenance, customer support, IT services and technical support, data entry, etc. is required to be done in the United States or its territories.

Inspection and Audit

The IDOR shall have the right to send its officers and employees into the facilities of the Financial Institution for inspection of the facilities and operations provided for the performance of any work under the contract including the right to audit books and records and supporting documents pertaining to work being done within the scope of the contract.

The Contractor shall be subject to any or all of the following forms of audit and/or verification:

- On-site IDOR employee(s)
- Unannounced or announced audits by IDOR Internal Auditors during bank processing hours
- Site security reviews performed by IDOR Internal Affairs office

The Contractor must use a quality review process to verify work is compliant with RFP requirements.

Contact with IDOR

The respondent may not use subcontractors to perform the duties as outlined in this RFP unless the subcontractor is approved, in advance, by the Treasurer and the Illinois Department of Revenue. All subcontractors will be bound by the same confidentiality and information safeguarding requirements as the Vendor. If your response requires a subcontractor, the respondent must disclose the duties performed by the subcontractor. Subcontractors will be required to submit State Certifications and Disclosure Forms A, B, C and D. The primary awarded vendor is responsible for all transactions and is the contact entity. All file transfers must take place directly between the awarded Vendor and IDOR. Any subcontractors used will not transmit files to or communicate directly with IDOR.

Days of Operation

The Contractor shall provide lockbox services six (6) days per week (Monday through Saturday), excluding banking holidays observed by the Federal Reserve Bank.

Imaging of Documents, Returns, and Payments

All imaging required in the RFP must be in compliance with the State Records Act. All digital surrogates produced will be in compliance with Section 4400.070 Digital Reproduction in the State Records Act.

Availability of Appropriations; Sufficiency of Funds.

This Agreement is contingent upon and subject to the availability of sufficient funds. The Department may terminate or suspend this Agreement, in whole or in part, without penalty or further payment being required, if (i) sufficient State funds have not been appropriated to the Department, (ii) the Governor or the Department reserves appropriated funds, or (iii) the Governor or the Department determines that appropriated funds may not be available for payment. The Department shall provide notice, in writing, to Contractor of any such funding failure and its election to terminate or suspend this Agreement as soon as practicable. Any suspension or termination pursuant to this Section will be effective upon Contractor's receipt of notice.

Selection of Designated Tax Documents

The Department has attempted to select tax specific applications which require minimal data capture. The selected groups of taxpayers have been instructed to remit their various designated tax returns (with and without remit) and payment (voucher coupon and check) to a designated post office box. The contractor will assume the pick-ups from the designated post office boxes.

Mail Requirements

Post Office Box

The following post office boxes and/or zip code specific addresses must be rented by the Financial Institution in the name of the Illinois Department of Revenue (“IDOR”) for the purpose of mail collection by the Financial Institution:

IL-1040-ES IL DEPARTMENT OF REVENUE
SPFLD IL 62736-0001

IL-505-I IL DEPARTMENT OF REVENUE
PO BOX 19005, SPRINGFIELD IL 62794-9005

IL-941 IL DEPARTMENT OF REVENUE
PO BOX 19052, SPRINGFIELD IL 62794-9052

IL-501 IL DEPARTMENT OF REVENUE
PO BOX 19447, SPRINGFIELD IL 62794-9447

ST-1 IL DEPARTMENT OF REVENUE
SPFLD IL 62736-0001

Mail Pick-Up and Receipt

On the days of operation, the Contractor shall perform these requirements regarding mail pick-up and receipt:

- Perform multiple daily pick-ups, by bonded courier, of mail received from the post office box. The Contractor shall provide certified proof to IDOR (upon request) that multiple mail pick-ups were made, including: dates, time of pick-ups, and estimated volume of mail received.
- Open and remove the contents of all mail received.
- Candle/inspect all opened/emptied envelopes for remaining checks or documents. All envelopes shall be retained for 45 days, from the received date. Envelopes retained with returns will be inspected to ensure all contents have been removed and processed accordingly.
- Establish and maintain the mail date received integrity.
- Certified Mail Delivery Receipts from the U.S. Post Office should be date stamped, filed and retained either physically or digitally imaged for a minimum of a two year period by each processing facility.
- Contractor must provide copies of the Certified Mail Delivery Receipts to IDOR upon request.

Exception Item Requirements

Exception Sort Procedure

All exception items that cannot be resolved on-line between IDOR and the Contractor must have envelopes and routing tags attached and must be forwarded to IDOR within eight hours after receipt of the document. In addition, all payments and related documents being returned to IDOR that are \$10,000 and over should be segregated, placed in a separate envelope, with a routing tag attached and must be marked clearly and boldly “BIG MONEY” or “≥ \$10,000”. Items for each tax type must be segregated as directed per sorts in the tax type sections (see each section in the specifications).

Exception Routing Tag

A routing tag is a color coded piece of paper which tells the date and day of the week that a document was received. Each day of the week has a different color routing tag. This routing tag is essential to IDOR in determining how long it takes an item to be processed and to ensure proper and timely posting to a taxpayer’s account.

The following items on the routing tag shall be filled out by the Contractor:

- Exception item
- Date received--entered as a Julian date
- Document type
- Document count
- Station number
- Note any unusual activity or special circumstances that require attention

Exception Item Log Control Sheet

The Contractor must complete an exception item log control sheet to accompany each day's exceptions that are sent to IDOR. Details for each tax type are provided in the document for the applicable tax type. Generally, for each tax type,

- the W/R Under \$10,000 line should include the total item count of all correspondence being submitted with remittance under \$10,000 including returns and protested payments but excluding any payments \$10,000 and over. This is to be a physical count of how many items are being submitted, not a dollar amount of all remittance. For example, if there are ten ST-1 unprocessable returns with remittance under \$10,000, then the number "10" would be placed in the W/R Under \$10,000 exception box for the item count.
- the W/O line should include the total item count of all correspondence being submitted without remittance. For Example, if there are six ST-1 unprocessable returns without remittance, then the number "6" would be placed in the W/O exception box for the item count.
- the Big Money \geq \$10,000 section should include an itemized listing of all payments being submitted that are \$10,000 and over and should be marked "Big Money" or " \geq \$10,000". This itemized list should include both the check number and dollar amount for each payment. The total number of checks should then be reported in the "Item Count" box and the total dollar amount of those checks should be included in the "Total Dollars" box. An example for each of the tax types and exceptions is shown below. Refer to the specific tax type for additional details.

Example: EXCEPTION ITEM LOG CONTROL SHEET

IL-501 : Exception Type

<u>W/R</u>	<u>Item Count</u>
<u>Under \$10,000 :</u>	7

<u>W/O :</u>	<u>Item Count</u>
	0

"Big Money" " \geq \$10,000" Itemized

Check No.	\$ Amount
13991	\$11,486
34825	\$12,500
11925	\$24,502

"Big Money" " \geq \$10,000" Totals

<u>Item Count</u>	<u>Total Dollars</u>
3	\$48,488

IL-941 : Exception Type

<u>W/R</u>	<u>Item Count</u>
<u>Under \$10,000 :</u>	0

<u>W/O :</u>	<u>Item Count</u>
	11

"Big Money" " \geq \$10,000" Itemized

Check No.	\$ Amount

"Big Money" " \geq \$10,000" Totals

<u>Item Count</u>	<u>Total Dollars</u>
0	0

Example: EXCEPTION ITEM LOG CONTROL SHEET (Continued)

IL-1040-ES : Exception Type

<u>W/R</u>	Item Count
<u>Under \$10,000 :</u>	8

<u>W/O :</u>	Item Count
	0

"Big Money" "≥\$10,000" Itemized

Check No.	\$ Amount
22347	\$13,000

"Big Money" "≥\$10,000" Totals

Item Count	Total Dollars
1	\$13,000

IL-505-I : Exception Type

<u>W/R</u>	Item Count
<u>Under \$10,000 :</u>	3

<u>W/O :</u>	Item Count
	0

"Big Money" "≥\$10,000" Itemized

Check No.	\$ Amount
22890	\$17,000
24006	\$14,000

"Big Money" "≥\$10,000" Totals

Item Count	Total Dollars
2	\$31,000

ST-1 : Exception Type

<u>W/R</u>	Item Count
<u>Under \$10,000 :</u>	10

<u>W/O :</u>	Item Count
	6

"Big Money" "≥\$10,000" Itemized

Check No.	\$ Amount

"Big Money" "≥\$10,000" Totals

Item Count	Total Dollars
0	0

ST-2 : Exception Type

<u>W/R</u>	Item Count
<u>Under \$10,000 :</u>	0

<u>W/O :</u>	Item Count
	11

"Big Money" "≥\$10,000" Itemized

Check No.	\$ Amount

"Big Money" "≥\$10,000" Totals

Item Count	Total Dollars
0	0

General Document and Payment Processing Procedures

Acceptable Payees:

The Contractor shall ensure that the remittance is made payable to IDOR. If the remittance is not made payable to IDOR the transaction (check and document) should not be processed, but instead routed to IDOR with other exception items.

The following are considered acceptable payee designations on remittances received with lockbox payments:

- Illinois Department of Revenue
- State Revenue Department
- Revenue
- (I) DOR
- State Treasurer
- State of Illinois
- Illinois/State Income Tax
- Illinois/State Tax Department
- Corporate Tax
- Director of Revenue
- Illinois/State Sales Tax
- Illinois Revenue Service
- Illinois Internal Revenue Service
- Illinois Department of Taxation

All foreign checks must be forwarded as an exception item to the IDOR.

Document Sorts and Batch Folder Requirements

Batch Folder Identification

The Contractor shall be required to sort all mail into like batches as prescribed by IDOR and place the documents into a batch folder.

Example of Batch Folder Identification

1. Batch Control No.
YYJJSSSBB

YY = Year
JJJ = Day (Julian Date)
SSS = Station Number
BB = Batch Number
2. Trans. Code
- Refer to individual tax application's section.
3. Batch Control Amount
- Enter total amount of batch.
4. Batch Count
- Enter the total number of documents in batch.
5. Log Sheet Number
- Refer to individual tax application's section.

NOTE: This is general information, more specific information on how batch folders are filled out is located in each tax application. These requirements are subject to change.

The Contractor shall generate and attach a bar code label to each live batch processed.

- For small batch folders, the label shall be attached horizontally, with the bar code at the top edge. The label shall be placed approximately 1/2 inch from the left edge.
- For large batch folders, the label shall be attached vertically, with the bar code at the right edge. The label shall be placed approximately 1 inch from the top edge.

The bar code label must be positioned correctly, wrinkle-free, and readable to ensure proper scanning by IDOR personnel. In addition, a small rubber band (1/16" wide) shall be placed around the outside of the batch folder.

Batch Folder Bar Code Label Requirements

Color of Label and Ink:	White label with black ink
Size of label:	3 1/2 inches by 5/8 inches
Bar code:	Code 39 style
Bar code size:	at least 1/4 of an inch
Information required on label:	Batch number (ex: 1506034301)

The department currently uses a Sato M-8400 printer to print bar code labels. There are many types of printers that print these labels. It is possible to use a Hewlett Packard LaserJet print code if the printer has a bar code card. Depending on the type of printer used to generate these bar code labels, the software and required bar code font should come with the printer. However, the department will provide the necessary coding information, should the Contractor need this. IDOR will approve the font and readability of the barcode during testing for the implementation of the contract.

Document Sorts

The Contractor must sort received documents and payments as specified in each tax type section of this RFP.

Time Frames for Deposits and Forms Processing

The Contractor shall perform the specified services within the following time frames:

All mail, tax documents, remittance and correspondence shall be processed and remittance deposited within eight (8) hours of receipt for IL-501, and IL-505-I (with the exception of IL-941, IL-1040-ES, and ST-1 documents which need to be processed and remittance deposited within 24 hours of receipt). Exception batches of correspondence, tax documents and remittances, and other tax documents that are not able to be processed (per IDOR sorting requirements) should be forwarded to IDOR within eight (8) working hours of receipt.

Within 24 hours of the day of the deposit, all of the following items shall be delivered to IDOR, with the exception of the ST-1/ST-2:

- All batches of processed documents and/or returns (in sequence order)
- Management, deposit, and statistical reports covering the respective deposit
- File transmissions
 - NOTE: Backup methods will be required in the event of a problem with the transmission (i.e. CD/Flash drive).
- Data control reports
- The Contractor, from a back-up library, shall be required to recover and generate a transmission CD/Flash drive within 24 hours from notification by IDOR (including delivery time to IDOR in Springfield) when IDOR finds the transmission to be unacceptable. This data must be accessible to IDOR for two (2) working days after the receipt of the transmission.
- ST-1/ST-2 returns must be delivered to IDOR after data entry is complete. Data entry of the ST-1/ST-2 returns must be complete within 3 days after deposit, which must be completed in 24 hours as mentioned above.

- Data entry of the ST-1/ST-2 return can be done by the Financial Institution or may be subcontracted. However, the subcontractor must be approved by IDOR and is subject to all requirements of the RFP.

IMPORTANT: The current ST-1/ST-2 process is two-part: 1) the payment is separated from the return and attachments and 2) the returns are separately data entered. The Department is seeking a solution to improve and streamline this into one process and this improved process must meet the 24-hour deposit timeframe and the 24-hour document return.

Error/Out of Balance Conditions

The Contractor must guarantee an error rate not to exceed one percent (1%) of the entire batch key entered and key verified. One or more errors on a return will result in the entire return being in error.

The Department will perform the error corrections and will reduce any outstanding invoices due to the data entry vendor by IDOR's cost of those corrections if the error rate exceeds 1% of the total batch. The Department will notify the vendor of the errors and cost before such action is taken.

If the entire transmission is found to be in error, the Department will notify the vendor immediately and the vendor is required to correct these errors within 24 hours of being notified at no additional cost to the State.

The Contractor should not transmit out of balance information.

Processing of Insufficient or Uncollected Funds

Checks returned because of insufficient or uncollected funds will be automatically redeposited by the Contractor without entry to Treasurer's account. Checks returned a second time for insufficient funds and all other returned checks (account closed, signature missing, etc.) will be debited in total against the account and routed to the State Treasurer. The State Treasurer will then send IDOR an adjustment for the taxpayer's account.

Station Numbers

Listed below are lockbox station numbers. These station numbers are subject to change.

LOCKBOX STATION NUMBERS – (ordered numerically by tax type)

STATION NUMBER	FORM
104	1040-ES W/R (LOCKBOX)
105	1040-ES W/R (LOCKBOX)
106	1040-ES W/R (LOCKBOX)
107	1040-ES W/R (LOCKBOX)
109	1040-ES Certified
287	1040-ES LOCKBOX
288	1040-ES LOCKBOX
289	1040-ES LOCKBOX
290	1040-ES LOCKBOX
291	1040-ES LOCKBOX
292	1040-ES LOCKBOX
293	1040-ES LOCKBOX
159	505-I LOCKBOX W/R
343	505-I Certified
206	501 LOCKBOX
207	501 LOCKBOX
208	501 LOCKBOX
209	501 LOCKBOX
210	501 LOCKBOX
211	501 LOCKBOX
212	501 LOCKBOX
213	501 LOCKBOX
214	501 LOCKBOX
215	501 LOCKBOX
807	501 LOCKBOX
808	501 LOCKBOX
810	501 LOCKBOX
811	501 LOCKBOX
226	941 LOCKBOX (w/remit, w/checkbox)
227	941 LOCKBOX (w/remit, w/o checkbox)
228	941 LOCKBOX
229	941 LOCKBOX
230	941 LOCKBOX
231	941 LOCKBOX
232	941 LOCKBOX (w/remit, w/checkbox, no scanline)
233	941 LOCKBOX (w/remit, w/o checkbox, no scanline)
234	941 LOCKBOX W/O (w/checkbox)

235	941 LOCKBOX W/O (w/o checkbox)
237	941 LOCKBOX W/O (w/checkbox, backup if needed)
809	941 LOCKBOX
812	941 LOCKBOX (w/checkbox)
813	941 LOCKBOX (w/o checkbox)
815 (pair with 826)	ST-1 PAYMENTS (Directed, Lockbox) – Coupon/Stub
826 (pair with 815)	ST-1 RETURNS W/R (Separated from remittance, Lockbox)
827 (pair with 845)	ST-1 RETURNS W/R (Separated from remittance, Lockbox)
828	ST-1 RETURNS W/R (Separated from remittance, Lockbox)
829	ST-1 RETURNS W/R (Separated from remittance, Lockbox)
839	ST-1 RETURNS W/O (Lockbox)
845 (pair with 827)	ST-1 PAYMENTS (Directed, Lockbox) – Coupon/Stub
911	ST-1 PAYMENTS NO RETURN (Directed, Lockbox) – Coupon/Stub (Stand-alone payments)
837 (pair with 923)	ST-2 RETURNS W/R (Separated from remittance, Lockbox)
840	ST-2 RETURNS W/O (Lockbox)
847 (pair with 924)	ST-2 RETURNS W/R (Separated from remittance, Lockbox)
848	ST-2 RETURNS W/R (Separated from remittance, Lockbox)
923 (pair with 837)	ST-2 PAYMENTS (Directed, Lockbox) – Coupon/Stub
924 (pair with 847)	ST-2 PAYMENTS (Directed, Lockbox) – Coupon/Stub

Document Locator Number (DLN)

The vendor must assign document locator numbers. See tax type specifications for more information.

Structure:

YYJJSSNNBBBBBBTTT

(YYJJJ = year and julian)

(SS = scanner job number)

(NN = scanner number, as assigned by IDOR after vendor selection)

(BBBBBBB = scanner batch number)

(TTT = transaction number within scanner batch)

Required Management Reports

The Contractor will create required IDOR management reports.

- The vendor must generate an email to IDOR reporting all files have been sent/acknowledgement received.

Example "IDOR Transmission Status Report"

TaxType	FileName	Status
IL1040ES		No Work Processed
IL941	#####_YYYYJJJ_XXXXXXX_#####.zip	Received Accepted Acknowledgement
IL501	#####_YYYYJJJ_XXXXXXX_#####.zip	Received Accepted Acknowledgement
IL1040ES	#####_YYYYJJJ_XXXXXXX_#####.zip	Received Accepted Acknowledgement
ST1_ST2	#####_YYYYJJJ_XXXXXXX_#####.zip	Received Accepted Acknowledgement
IL505		No Work Processed
Report_300	#####_YYYYJJJ_XXXXXXX_#####.zip	Received Accepted Acknowledgement

- The vendor must generate an email to IDOR reporting all batches.

Example "Batch Summary Report"

```

-----IL941-----
Revenue Batch Nbr
201515422701
Batch Total:          1 items          400.00

Revenue Batch Nbr
201515423301
Batch Total:          1 items          676.20

Revenue Batch Nbr
201515423401
Batch Total:          1 items           0.00

Revenue Batch Nbr
201515423501
Batch Total:         12 items           0.00

Revenue Batch Nbr
201515481301
Batch Total:          1 items           0.00

Revenue Batch Nbr
201515481302
Batch Total:          3 items           0.00

-----ST1-----
Revenue Batch Nbr  Secondary Batch Nbr
201515481501      201515482601
Batch Total:          10 items          3633.83

Revenue Batch Nbr  Secondary Batch Nbr
201515481502      201515482602
Batch Total:          4 items          1806.00

Revenue Batch Nbr  Secondary Batch Nbr
201515481503      201515482603
Batch Total:          4 items          2348.58

```


Revenue Batch Nbr	Secondary Batch Nbr	
201515481504	201515482604	
Batch Total:	1 items	575.00
Revenue Batch Nbr		
201515483901		
Batch Total:	3 items	0.00
Revenue Batch Nbr		
201515483902		
Batch Total:	2 items	0.00
Revenue Batch Nbr		
201515483903		
Batch Total:	1 items	0.00
Revenue Batch Nbr		
201515491101		
Batch Total:	2 items	70.59
-----IL501-----		
Revenue Batch Nbr		
201515420601		
Batch Total:	199 items	80604.45
Revenue Batch Nbr		
201515420602		
Batch Total:	199 items	59163.32
Revenue Batch Nbr		
201515420603		
Batch Total:	193 items	72134.88
Revenue Batch Nbr		
201515420604		
Batch Total:	64 items	21951.85
Revenue Batch Nbr		
201515481101		
Batch Total:	12 items	4177.42
Revenue Batch Nbr		
201515481102		
Batch Total:	22 items	9757.11
Revenue Batch Nbr		
201515481103		
Batch Total:	13 items	6451.51
Revenue Batch Nbr		
201515481104		
Batch Total:	133 items	54295.07
-----IL1040-----		
Revenue Batch Nbr		
201515410401		
Batch Total:	121 items	135609.00
Revenue Batch Nbr		
201515410901		

Batch Total:	193 items	467988.48
Revenue Batch Nbr 201515429301		
Batch Total:	36 items	33025.00
Revenue Batch Nbr 201515429302		
Batch Total:	19 items	11193.00
Revenue Batch Nbr 201515429303		
Batch Total:	1 items	700.00
Revenue Batch Nbr 201515429304		
Batch Total:	8 items	6352.00
Revenue Batch Nbr 201515429305		
Batch Total:	5 items	6430.00
Revenue Batch Nbr 201515429306		
Batch Total:	2 items	2120.00
Revenue Batch Nbr 201515429307		
Batch Total:	4 items	2097.00

- The Daily Summary Report (200 report) must detail document count, sub-total dollars, total dollars, and clearing account number by tax type. It also sub-totals by form type (prepared and transmitted daily). See tax type specifications for more information.
- The Daily Deposit Report (300 report) must detail the total document count and total check amount by form type and transaction code. This report also reflects the total documents and dollars processed for a particular day. Example is below.

Example 300 Report

(Clearing account numbers will be provided.)

DEPOSIT DATE: 05-20-15 FINANCIAL INSTITUTION NAME PAGE: 1
STATE OF ILLINOIS, DEPARTMENT OF REVENUE BANK ACCOUNT: xxxxxx

300-Report

FORM	TRAN CODE	DOCUMENT COUNT	CHECK AMOUNT
-----	-----	-----	-----
501 LOCKBOX	816	752	241,771.36
941 LOCKBOX	916	55	24,353.57
941 LOCKBOX W/O	917	181	0.00
IL-1040-ES	E10	134	125,645.19
IL-505	E14	6	16,542.92
ST-1 PAYMENTS	240	101	128,508.44
ST-1 RETURNS W/O	210	53	0.00
ST-2 PAYMENTS	240	14	21,514.03
ST-2 RETURNS W/O	210	22	0.00
		-----	-----
TOTAL		1318	558,335.51

TAX TYPE	DOCUMENT COUNT	SUB TOTAL DOLLARS	TOTAL DOLLARS	CLEARING ACCOUNT NUMBER
SALES TAX:				
ST-1 PAYMENTS	101	128,508.44		
ST-1 RETURNS W/O	53	0.00		
ST-2 PAYMENTS	14	21,514.03		
ST-2 RETURNS W/O	22	0.00		
TOTAL SALES TAX	190	150,022.47	150,022.47	#####
INCOME TAX:				
	0	0.00		
501 LOCKBOX	752	241,771.36		
941 LOCKBOX	55	24,353.57		
941 LOCKBOX W/O	181	0.00		
IL-1040-ES	134	125,645.19		
IL-505	6	16,542.92		
TOTAL INCOME TAX	1128	408,313.04	408,313.04	#####

Lockbox IL-501
(Revised 2015)

Introduction

The Income Tax Act may require the taxpayer to make a IL-501 withholding income tax payment.

The lockbox bank will process the payment coupons, image, data enter the information, transmit the file electronically, and perform miscellaneous related document handling per specifications.

OCR Document Specifications

The Department does not generally provide paper forms. Forms received are printed at the user's local printers and may vary in color, weight, and size. Some forms are generated from third-party software companies. These software companies are required to provide testing samples of a substitute official tax forms and payment coupons to the Department's Office of Publications Management for testing with lockbox, review, and approval.

IL-501 (scannable form)

- Generally, the coupon is printed on white paper from various local printers. The official size is 3.625 inches X 8.5 inches. (Since these coupons must be cut by the taxpayer, the size maybe somewhat irregular). Some will be torn due to perforations on the Department's preprint version (up to 3 coupons fit on a page).
- Generally, the scan line is printed in black ink and the font for the scan line is "OCR-A Std," size 10.
- Presently, the scan line is centered across the width of the page. The scan line must be at least .25 inches from the bottom edge of the form (when measuring from the bottom edge of the form to the bottom edge of the scan line characters) and no more than .375 inches from the bottom (no higher than .5 inches from the bottom edge).
- The scan line contains 15 characters. **The positions within the scan line are:**
 - 1 - 2 Tax Year (last two digits)
 - 3 - 11 FEIN
 - 12 -14 Sequence number
 - 15 FEIN/Sequence Number Check Digit (See detailed instructions below.)

FEIN/Sequence Number Check Digit Formula

The check digit is figured from the following calculations. (MOD 10)

Obtain Sum A: Beginning at the left, add every other digit starting with the second.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Sum A: $2 + 4 + 6 + 8 + 0 + 0 = 20$

Obtain Sum B in two steps. Step 1: Beginning with the left most digit, add every other digit twice and format the result as a two digit number. Step 2: Add each digit of the two digit result from Step 1 to obtain a one-digit number. Step 3: Add each of the Step 2 results to determine Sum B. See the following example.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Digit #	Step 1	Step 2
(1)	1 + 1 = 02	0 + 2 = 2
(3)	3 + 3 = 06	0 + 6 = 6
(5)	5 + 5 = 10	0 + 0 = 1
(7)	7 + 7 = 14	1 + 4 = 5
(9)	9 + 9 = 18	1 + 8 = 9
(11)	0 + 0 = 00	0 + 0 = 0

$$\text{Sum B} = 2 + 6 + 1 + 5 + 9 + 0 = 23$$

Obtain Sum C.

Add Sum A and Sum B to obtain Sum C. (Example above: Sum A 20 + Sum B 23 = Sum C 43)

If the unit position of Sum C is zero, no subtraction is necessary, zero is the check digit.

If the unit position of Sum C is not zero, subtract the unit position of Sum C from 10. In this example, 3 is the number in the unit position. $10 - 3 = 7$. **7 is the check digit for this example.**

Note: The coupon and scan line measurements are subject to change, though it is unlikely. If changes are made, the appropriate testing would be completed.

IL-501 (non-scannable form)

- Generally, the coupon is printed from various local printers and cut to size. The official size is 3.625 inches X 8.5 inches but will vary in size. (Since these coupons must be cut by the taxpayer, the size maybe somewhat irregular).
- Generally, the coupon is printed on white paper from various local printers. The weight and color of the paper may vary.

Note: The coupon is subject to change. If changes are made, the appropriate testing would be completed.

IL-501 Payments Only (without voucher)

Contractor shall prepare a surrogate coupon 2 ¾ X 8 ½ inches for all IL-501 lone payments.

Note: The Department has a software solution which will create the surrogate coupon with the required information. This software is Windows 7 compatible.

IL-501 Document and Remittance Processing

The Contractor shall be required to perform tax document and remittance processing using on-site, state-of-the-art equipment and techniques. Following are the specifications for the tax document and remittance processing:

- 1. Remittance Processing Systems (equipment) or state-of-the-art equipment shall be used to:
 - A. Create a transmission for all daily transactions processed. This transmission will include tax return and batch information that must be accessible to IDOR for two (2) working days after receipt of the transmission.

NOTE: Each document will be assigned a 13 digit number (referred to as a batch number or validation number) per IDOR specifications: (XX [year], XXX [received date expressed as a Julian Date], XXX [station number], XX [batch sequence number (values 01-99)], XXX [document number values 000-249) - to be used for transaction sequencing]). The check amount shall also be included on the document. All documents shall be placed in required batch folders, provided by IDOR, with required batch control reports. Batch size shall not exceed 250 documents.

- B. Scan the pre-coded IL-501 to capture:
 - o Account period ending year
 - o FEIN
 - o Sequence number
 - o Check digit

NOTE: Required information must be data-entered if non-scannable documents are used. Please see Data Capture Requirements.

FUTURE ENHANCEMENTS: May be required to read and capture information from a 1-D barcode.

- C. Audit trail each transaction (check[s] and document[s]) with Document Locator Number (DLN), capturing the data for inclusion in the file transmission. The DLN must be present on both physical documents and captured images; if images are captured before the documents are sprayed, the DLN can be annotated to the captured images. IDOR requests that the largest size font available be used, to improve readability in research situations.

Example:

YYJJSSNNBBBBBBTTT

(YYJJJ = year and julian)

(SS = scanner job number)

(NN = scanner number, as assigned by IDOR after vendor selection)

(BBBBBBB = scanner batch number)

(TTT = transaction number within scanner batch)

- D. Checks shall be encoded with the check amount. This check amount shall be captured for the transmission. The corresponding check amount shall be printed in the audit trail on all documents
- E. Check(s) shall be endorsed per IDOR/Treasurer endorsement requirements and reflect deposit date.
- F. We recognize that the Financial Institution awarded the contract will utilize Check 21 in their processing of the checks. The IDOR and Treasurer’s Office will work with the financial institution if any modifications to the endorsement or tracking numbers are necessary due to banking regulations.

2. Documents shall be placed in a batch folder along with an Itemized Listing:

The batch folder shall be labeled with the following:

- Batch Control number
- Transaction code
- Total batch dollar amount
- Document count
- Date received (stamped on batch folder)
- Bar code label attached at top left edge

The Itemized Listing shall detail each item in the batch:

- Transaction type
- Batch Control and Document number
- Account period ending
- FEIN
- Sequence number
- Check digit
- Remittance dollar amount
- Date received
- Error indicator
- Total entered and accumulated document counts
- Total entered and accumulated dollar amounts
- Total record count

There shall be no more than ninety-nine (99) batches per station number per day. If there are more than 99 batches, the next station number is used.

3. The Contractor shall be assigned specific station numbers by IDOR to use in batching documents. The contractor shall ensure accountability and continuity of batch numbering and control.
4. The Contractor shall create, per IDOR specifications, required data control reports to accompany the transmission.
5. The Contractor shall notify the Illinois State Treasurer's Office and IDOR with deposit totals by no later than 8:30 a.m. Central Standard Time the following morning or in the case of weekends or holidays, notification is to be made on the first workday following the deposit by the prescribed time. The notification for IDOR shall be the generation and transmission of the (300 Report). The notification for the State Treasurer's Office shall be the generation and transmission via electronic transmission or fax of the (300 Report).
6. The Contractor will create, at a minimum, the following required IDOR deposit management reports to accompany the transmission:
 - Daily Deposit Report (300 report) that details total document count and total check amount by form type and transaction code. This report also reflects the total documents and dollars processed for a particular day. Daily Summary Report details document count, sub-total dollars, total dollars, and clearing account number by tax type. It also sub-totals by form type (prepared and transmitted daily).

- Deposit Summary Report (200 report) that details batch control number, received date, document count, remittance amount, and credit amount by form type. This report should also list the total number of batches, total number of documents, and total deposit amount. The total amounts should balance to the Daily Deposit and Daily Summary Reports (prepared and transmitted daily).
- Itemized Listing that details all transactions by transaction type, batch and document number, account period ending, FEIN, sequence number, check digit, remittance dollar amount, date received, and error indicator. This report also shows total entered and accumulated document counts, total entered and accumulated dollar amounts, and total record count. The totals on this listing should balance to the Deposit Summary (prepared and transmitted daily). This listing is included in the batch folder.
- Report on clearance patterns for transactions processed (prepared on request).
- IDOR may request additional reports that would be prepared on a request basis.

Example 200 Report for the IL-501

REPORT DATE: 05-20-15 BANK SUMMARY 200-REPORT BY TAX TYPE
 DEPOSIT DATE: 05-20-15 FINANCIAL INSTITUTION NAME
 PAGE: 001
 JOB: IL501 TRAN CODE: 42 STATE OF ILLINOIS DEPARTMENT OF REVENUE
 BANK ACCOUNT: #####

CLEARING ACCOUNT: #####

BATCHID	RECEIVE DATE	DOCUMENT COUNT	REMITTANCE AMOUNT	CREDIT AMOUNT	SUBTOTAL BY STATION
---------	--------------	----------------	-------------------	---------------	---------------------

LOG BOOK PAGE: 514001

201514020601	05-20-15	104	34,434.77	0.00	
201514020602	05-20-15	200	57,870.33	0.00	
201514020603	05-20-15	199	50,160.78	0.00	
201514020604	05-20-15	68	22,791.11	0.00	
					165256.99

LOG BOOK PAGE: 514002

201514081101	05-20-15	14	4,057.60	0.00	
201514081102	05-20-15	11	4,800.36	0.00	
201514081103	05-20-15	32	14,208.63	0.00	
201514081104	05-20-15	9	3,317.20	0.00	
201514081105	05-20-15	1	146.80	0.00	
201514081106	05-20-15	19	6,943.15	0.00	
201514081107	05-20-15	4	735.99	0.00	
201514081108	05-20-15	2	1,519.98	0.00	
201514081109	05-20-15	89	40,784.66	0.00	

76514.37

TOTALS FOR FORM IL501

TOTAL BATCHES: 13
 TOTAL DOCUMENTS: 752
 DEPOSIT TOTAL: 241,771.3

Example Itemized Listing Report for the IL-501

501

Revenue Batch Nbr		APE	TaxpayerID	Tkt Num	Amount
DocNum	Sec Src BDN				
201515281101					
000	1515290609082386001	2015-2	[REDACTED]	082386	880.00
001	1515290609082386002	2015-2	[REDACTED]	082386	610.29
002	1515290609082386003	2015-2	[REDACTED]	082386	441.07
003	1515290609082386004	2015-2	[REDACTED]	082386	581.96
004	1515290609082386005	2015-2	[REDACTED]	082386	136.44
005	1515290609082386006	2015-2	[REDACTED]	082386	119.89
006	1515290609082386007	2015-2	[REDACTED]	082386	267.85
007	1515290609082386008	2015-2	[REDACTED]	082386	173.29
008	1515290609082386009	2015-2	[REDACTED]	082386	200.26
009	1515290609082386010	2015-1	[REDACTED]	082386	1273.72
010	1515290609082386011	2015-4	[REDACTED]	082386	2507.12
011	1515290609082386012	2015-1	[REDACTED]	082386	386.94
012	1515290609082386013	2015-1	[REDACTED]	082386	365.83
013	1515290609082386014	2015-2	[REDACTED]	082386	149.14
Batch Total:		14 items			8093.80

Data Capture Requirements IL-501/Keystrokes

IL-501 Monthly Withholding Income Tax Payment Form

Field Size/ Keystrokes	Data to be Captured	Instructions
3	APE MONTH QTR 1 - 3 - 1 4 - 6 - 2 7 - 9 - 3 10 - 12 - 4	Enter if shown, YYQ. Enter a change if shown. Enter "1"- "4" for the Quarter. Enter the quarter if the month is shown. Enter from the scan line if blank or partial. If blank and there is not a scan line enter current quarter.
9	FEIN	Enter if shown. ZERO FILL if blank, partial or too many.
3	Sequence Number	Enter if shown. ZERO FILL if blank or greater than 099. (Valid range is 000-099)
1	Check Digit	Enter if shown. Skip if blank, illegible or if the FEIN was changed.
9	Amount of Payment	Dollars and Cents. Skip if blank or zero.
5	* Date Received	Enter, if shown, YYJJJ. Skip if not present. It will be a julian date written on the form.

* This Segment is ONLY USED if the date received for this coupon is different than the Batch Received Date.

Edits

The edits must check the following:

1. Batch Control number is valid.
 - Batch Control number must remain the same throughout the batch.
 - Batch Control number consists of the year, Julian Date, station number, and batch sequence number.
 - Year must equal current year or previous year. Julian date = 001-366
2. Document number is valid.
 - Document may be 000-249.
 - Must be numeric, document numbers 000-099 must be left zeroed.
 - Documents must be in sequence.
3. FEIN and Sequence Number are valid.
 - MOD 10 check digit valid.
4. Transaction Type is valid.
 - Must remain the same throughout the batch.
 - Transaction Type 816 must have a payment amount.
 - Any money amount present must be left zeroed (right justified, no spaces).
 - The edits must balance on money amounts in the payment amount field and document count.
 - The edit prints out an Itemized Listing with the following detailed information:
 - Transaction type
 - Batch Control and Document number
 - Account period ending
 - FEIN
 - Sequence number
 - Check digit
 - Remittance dollar amount
 - Date received
 - Error indicator
 - Total entered and accumulated document counts
 - Total entered and accumulated dollar amounts
 - Total record count
 - The edit must show an "In Balance" result. Out of balance batches are never sent in the transmission.

Formula MOD 10

Obtain Sum A: Beginning at the left, add every other digit starting with the second.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Sum A: $2 + 4 + 6 + 8 + 0 + 0 = 20$

Obtain Sum B in two steps. Step 1: Beginning with the left most digit, add every other digit twice and format the result as a two digit number. Step 2: Add each digit of the two digit result from Step 1 to obtain a one-digit number. Step 3: Add each of the Step 2 results to determine Sum B. See example below.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Digit #	Step 1	Step 2
(1)	$1 + 1 = 02$	$0 + 2 = 2$
(3)	$3 + 3 = 06$	$0 + 6 = 6$
(5)	$5 + 5 = 10$	$0 + 0 = 1$
(7)	$7 + 7 = 14$	$1 + 4 = 5$
(9)	$9 + 9 = 18$	$1 + 8 = 9$
(11)	$0 + 0 = 00$	$0 + 0 = 0$

Sum B = $2 + 6 + 1 + 5 + 9 + 0 = 23$

Obtain Sum C.

Add Sum A and Sum B to obtain Sum C. (Example above: Sum A 20 + Sum B 23 = Sum C 43)

If the unit position of Sum C is zero, no subtraction is necessary, zero is the check digit.

If the unit position of Sum C is not zero, subtract the unit position of Sum C from 10. In this example, 3 is the number in the unit position. $10 - 3 = 7$. **7 is the check digit for this example.**

Batch Sorting Examples

DOCUMENT TYPE	CONDITION	DISPOSITION
IL-501	A. With Remittance, Single Document. 1. Fully Paid 2. Partially Paid	A. Contractor to process.
	B. With Remittance Multiples 1. Fully Paid 2. Partially Paid	B. 1. Contractor to process. 2. Route to IDOR
	C. Without Remittance	C. Route to IDOR.
	D. With Remittance Correspondence	D. Process remittance and route correspondence to IDOR.
	E. Without Remittance Correspondence	E. Route to IDOR.
	F. Multi (two or more IL-501 forms with one or more remittances)	F. Contractor shall process if the total amount due on all forms equals the total amount of the payments. Otherwise, route to IDOR.
	G. Damaged or incomplete tax form received with remittance	G. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR.
	H. Split (different form types for the same tax type)	H. Route to IDOR
Lone Checks	A. Unattached checks received without tax forms. Sort separately, maintain date received integrity and coding.	A. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR.
Non-IDOR Remittances	A. Remittances not made payable to IDOR or acceptable payee. Maintain date received integrity and coding.	A. Route transaction (check and document) to IDOR.

Exception Item Sorts

All exception items must have envelopes and routing tags attached and must be forwarded to IDOR. In addition, all payments and related documents being returned to IDOR that are \$10,000 and over should be segregated, placed in a separate envelope, with a routing tag attached and which must be marked clearly and boldly “BIG MONEY” or “≥ \$10,000”.

Lockbox IL-941

(Revised 2015)

Introduction

The Income Tax Act may require the taxpayer to file a IL-941, Illinois Withholding Income Tax return. A payment may be included with this return.

The lockbox bank will process the payment coupons, image, data enter the information, transmit the file electronically, and perform miscellaneous related document handling per specifications.

OCR Document Specifications

The Department does not generally provide paper forms, Forms received are printed at the user's local printers and may vary in color, weight, and size. Some forms are generated from software that companies. These software companies are required to provide testing samples of a substitute official tax forms and payment coupons to the Department's Office of Publications Management for testing with lockbox, review, and approval.

IL-941 (scannable form)

- Generally, the coupon is printed from various local printers. The official size is 8.5 X 11 inches.
- Generally, the scan line is printed in black ink and the font for the scan line is "OCR-A Std," size 10.
- The scan line is printed in soy-based black laser printed toner, and is in OCR-A laser font.
- Presently, the scan line is centered across the width of the page. The scan line must be at least .25 inches from the bottom edge of the form (when measuring from the bottom edge of the form to the bottom edge of the scan line characters) and no more than .375 inches from the bottom (no higher than .5 inches from the bottom edge).
- Scan line contains 16 characters at 10 characters per inch. These 16 characters include the Year (YY), Quarter (Q), FEIN, sequence number, and check digit.

Positions within the scan line:

1 - 2 Tax Year (last two digits)

3 Reporting Period (quarterly filers use 1, 2, 3, or 4 to correspond with the quarter being filed; annual filers use 4 for the annual return. A taxpayer should not file an annual return unless the Illinois Department of Revenue has notified the taxpayer of the requirement to file the annual return. Note: For a calendar year, do not file an annual return if quarterly returns have already been filed during the year.)

4 - 12 FEIN

13 - 15 Sequence number

16 FEIN and Sequence Number Check Digit (See the following detailed instructions .)

FEIN/Sequence Number Check Digit Formula

The check digit is figured from the following calculations. (MOD 10)

Obtain Sum A: Beginning at the left, add every other digit starting with the second.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Sum A: $2 + 4 + 6 + 8 + 0 + 0 = 20$

Obtain Sum B in two steps. Step 1: Beginning with the left most digit, add every other digit twice and format the result as a two digit number. Step 2: Add each digit of the two digit result from Step 1 to obtain a one-digit number. Step 3: Add each of the Step 2 results to determine Sum B. See example below.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Digit #	Step 1	Step 2
(1)	$1 + 1 = 02$	$0 + 2 = 2$
(3)	$3 + 3 = 06$	$0 + 6 = 6$
(5)	$5 + 5 = 10$	$0 + 0 = 1$
(7)	$7 + 7 = 14$	$1 + 4 = 5$
(9)	$9 + 9 = 18$	$1 + 8 = 9$
(11)	$0 + 0 = 00$	$0 + 0 = 0$

Sum B = $2 + 6 + 1 + 5 + 9 + 0 = 23$

Obtain Sum C.

Add Sum A and Sum B to obtain Sum C. (Example above: Sum A 20 + Sum B 23 = Sum C 43)

If the unit position of Sum C is zero, no subtraction is necessary, zero is the check digit.

If the unit position of Sum C is not zero, subtract the unit position of Sum C from 10. In this example, 3 is the number in the unit position. $10 - 3 = 7$. **7 is the check digit for this example.**

Note: The scan line measurements and contents are subject to change. If changes are made, the appropriate testing will be completed.

IL-941 (non-scannable form)

- Generally, the coupon is printed from various local printers.
- The official size is 8.5 X 11 inches.

Note: The coupon is subject to change. If changes are made, the appropriate testing would be completed.

IL-941 Payments Only (without return)

Contractor shall prepare a surrogate coupon measuring $2 \frac{3}{4}$ X $8 \frac{1}{2}$ inches for all IL-941 payments received without a return.

IL-941 Document and Remittance Processing

The Contractor shall be required to perform tax document and remittance processing using on-site, state-of-the-art equipment and techniques. Items with remittance and without remittance are assigned separate station numbers and must be batched separately. Following are the specifications for the tax document and remittance processing:

1. Remittance Processing Systems (equipment) or state-of-the-art equipment shall be used to:
 - A. Create a transmission for all daily transactions processed. This transmission will include tax return and batch information that must be accessible to IDOR for two (2) working days after receipt of the transmission.

NOTE: Each document will be assigned a 13 digit number (referred to as a batch number or validation number) per IDOR specifications: (XX [year], XXX [received date expressed as a Julian Date], XXX [station number], XX [batch sequence number (values 01-99)], XXX [document number - to be used for transaction sequencing (values 000-249)]) The check amount shall also be included on the document. All documents shall be placed in required batch folders, provided by IDOR, with required batch control reports. Batch size shall not exceed 250 documents.

- B. Scan the pre-coded IL-941 to capture:

- Account period ending year
- Quarter
- FEIN
- Sequence number
- Check digit

NOTE: Required information must be data-entered if non-scannable documents are used.

Please see Data Capture Requirements regarding any other data that may be required to be captured on both scannable and non-scannable forms.

FUTURE ENHANCEMENTS: May be required to read and capture information from a 1-D barcode.

- C. Audit trail each transaction (check[s] and document[s]) with Document Locator Number (DLN), capturing the data for inclusion in the file transmission. The DLN must be present on both physical documents and captured images; if images are captured before the documents are sprayed, the DLN can be annotated to the captured images. IDOR requests that the largest size font available be used, to improve readability in research situations.

Example:

YYJJSSNNBBBBBBTTT

(YYJJJ = year and julian)

(SS = scanner job number)

(NN = scanner number, as assigned by IDOR after vendor selection)

(BBBBBB = scanner batch number)

(TTT = transaction number within scanner batch)

- D. Checks shall be encoded with the check amount. This check amount shall be captured for the file transmission. The corresponding check amount shall be printed in the audit trail on all documents.

- E. Check(s) shall be endorsed per IDOR/Treasurer endorsement requirements and reflect deposit date.
- F. We recognize that the Financial Institution awarded the contract will utilize Check 21 in their processing of the checks. The IDOR and Treasurer's Office will work with the financial institution if any modifications to the endorsement or tracking numbers are necessary due to banking regulation
- G. If the "MARK IF YOU HAVE PERMANENTLY STOPPED WITHOLDING" box is marked or if the form doesn't contain a valid type signature, this information must be captured for the file transmission.

2. Documents shall be placed in a batch folder along with an Itemized Listing:

A. The batch folder shall be labeled with the following:

- Batch control number
- With (W/R) or Without Remittance (W/O)
- Transaction code
- Total batch dollar amount
- Document count
- Date received (stamped on batch folder)
- Bar code label attached at top left edge

B. The Itemized Listing shall detail each item in the batch:

- Transaction type
- Batch and Document number
- FEIN
- Sequence number
- Check digit
- Account period ending
- Line 1 - Total wages
- Line 2 - Tax withheld
- Line 6- Payments and Credits
- Line 8 - Overpayment
- Remittance dollar amount
- Error indicator
- Total entered and accumulated document counts
- Total entered and accumulated dollar amounts
- Total record count

C. There shall be no more than ninety-nine (99) batches per station number per day. If there are more than 99 batches, the next station number is used.

3. The Contractor shall be assigned specific station numbers by IDOR to use in batching documents. The contractor shall ensure accountability and continuity of batch numbering and control.
4. The Contractor shall create, per IDOR specifications, required data control reports to accompany the file transmission.
5. The Contractor shall notify the Illinois State Treasurer's Office and IDOR with deposit totals by no later than 8:30 a.m. Central Standard Time the following morning or in the case of weekends or holidays, notification is to be made on the first workday following the deposit by the prescribed time. The notification for IDOR shall be the generation and transmission of the (300 Report). The notification for the State Treasurer's Office shall be the generation and transmission via electronic transmission or fax of the (300 Report).
6. The Contractor will create, at a minimum, the following required IDOR deposit management reports to accompany the file transmission:
 - Daily Deposit Report (300 report) that details total document count and total check amount by form type and transaction code. This report also reflects the total documents and dollars processed for a particular day. The Daily Summary Report that details document count, sub-total dollars, total dollars, and clearing account number by tax type. It also sub-totals by form type (prepared and transmitted daily).
 - Deposit Summary Report (200 report) that details batch control number, received date, document count, remittance amount, and credit amount by form type. This report should also list the total number of batches, total number of documents, and total deposit amount. The total amounts should balance to the Daily Deposit and Daily Summary Reports. (prepared and transmitted daily).
 - Itemized Listing that details all transactions by transaction type, batch control number and document number, FEIN, sequence number, check digit, account period ending, line 1 - total wages, line 2 - tax withheld, line 6 – payments and credits, line 8 - overpayment, remittance dollar amount, and error indicator. This report also shows total entered and accumulated document counts, total entered and accumulated dollar amounts, and total record count. The totals on this listing should balance to the Deposit Summary (prepared and transmitted daily). This listing is included in the batch folder.
 - Report on clearance patterns for transactions processed (prepared on request).
 - IDOR may request additional reports that would be prepared on a request basis.

Example 200 Report for the IL-941

REPORT DATE: 05-20-15
 DEPOSIT DATE: 05-20-15
 JOB: IL941 TRAN CODE: 42
 BANK ACCOUNT: #####
 CLEARING ACCOUNT: #####

BANK SUMMARY 200-REPORT BY TAX TYPE
 FINANCIAL INSTITUTION NAME PAGE: 001
 STATE OF ILLINOIS DEPARTMENT OF REVENUE

BATCHID	RECEIVE DATE	DOCUMENT COUNT	REMITTANCE AMOUNT	CREDIT AMOUNT	SUBTOTAL BY STATION
LOG BOOK PAGE: 514001					
201514022601	05-20-15	1	112.50	0.00	112.50
LOG BOOK PAGE: 514002					
201514022701	05-20-15	50	22,302.58	0.00	22302.58
LOG BOOK PAGE: 514003					
201514023301	05-20-15	4	1,938.49	0.00	1938.49
LOG BOOK PAGE: 514004					
201514023401	05-19-15	6	0.00	0.00	
201514023402	05-18-15	2	0.00	0.00	
LOG BOOK PAGE: 514005					
201514023501	05-19-15	148	0.00	0.00	
LOG BOOK PAGE: 514006					
201514081301	05-19-15	20	0.00	0.00	
201514081302	05-18-15	5	0.00	0.00	



TOTALS FOR FORM IL941

TOTAL BATCHES: 8
 TOTAL DOCUMENTS: 236

DEPOSIT TOTAL: 24,353.57

Example Itemized Listing Report for the IL-941

941WR

Revenue Batch Nbr						
DocNum	Sec Src BDN	APE	TaxpayerID	Tkt Num	Amount	
201515223301						
000	1515290609082389001	2014-4		082389	182.64	
001	1515290609082389002	2014-3		082389	3071.05	
Batch Total:		2 items			3253.69	

Data Capture Requirements IL-941/Keystrokes

IL-941 Quarterly Withholding Income Tax Return

Field Size / Keystrokes	Data to be Captured	Description
9	FEIN	MUST ENTER. MUST BE EXACTLY 9 DIGITS. ZERO FILL IF BLANK OR PARTIAL.
3	SEQ NUMBER	MUST ENTER. THREE DIGITS AFTER FEIN, OTHERWISE "000"
2	APE YY	MUST ENTER. USE YEAR OF FORM OR CHANGE IF SHOWN.
1	APE Q	ENTER, IF SHOWN, QUARTER. 1-4 QUARTER OR 5 FOR ANNUAL
60	BUSINESS NAME	MUST ENTER AS SHOWN. IF BLANK, KEY A SPACE TO BYPASS.
1	FIRST RETURN	ENTER "1" IF BOX IS MARKED ON A LONG FORM.
1	NAME CHANGE	ENTER "1" IF BOX IS MARKED ON A LONG FORM.
1	ADDRESS CHG	ENTER "1" IF BOX IS MARKED OR IF A CHANGE IS INDICATED. EX: Address has been struckout and re-written.
35	C/O NAME	ENTER ONLY IF FIRST RETURN OR ADDRESS CHANGE IS INDICATED. ENTER STRAIGHT ACROSS. DO NOT INCLUDE THE C/O SYMBOLS OR LANGUAGE SUCH AS: %, C/O, OR 'IN CARE OF'.
35	ADDRESS LN 1	ENTER ONLY IF FIRST RETURN OR ADDRESS CHANGE IS INDICATED. ENTER IF SHOWN. PO BOXES SHOULD BE FORMATTED AS "PO BOX" THE ONLY PUNCTUATION ALLOWED IS THE "/" FOR ½ IF THE ADDRESS IS TOO LONG, USE LINE 2 IF THERE IS A STREET ADDRESS AND A PO BOX, THE PO BOX SHOULD BE DROPPED TO THE MAILING ADDRESS 2 FIELD.

35 ADDRESS LN 2 ENTER ONLY IF FIRST RETURN OR ADDRESS CHANGE IS INDICATED.
 ENTER IF NEEDED. IF A SUITE HAS BEEN BROUGHT DOWN TO LINE 2,
 INCLUDE THE WORD AND THE SUITE NUMBER EX: SUITE 782
 IF THERE IS A STREET ADDRESS AND A PO BOX, THE PO BOX SHOULD
 BE BROUGHT DOWN TO THE MAILING ADDRESS 2 FIELD

20 CITY ENTER ONLY IF FIRST RETURN OR ADDRESS CHANGE IS INDICATED.
 ENTER IF SHOWN, SKIP IF BLANK.

2 STATE ENTER ONLY IF FIRST RETURN OR ADDRESS CHANGE IS INDICATED.
 ENTER IF SHOWN, SKIP IF BLANK.

5 ZIP ENTER ONLY IF FIRST RETURN OR ADDRESS CHANGE IS INDICATED.
 ENTER IF SHOWN, SKIP IF BLANK OR PARTIAL.

---FOREIGN ADDRESSES---

*MAILING ADDR 1
 FIELD STREET ADDRESS*

*MAILING ADDR 2
 FIELD CITY & 2-LETTER PROVINCE/TERRITORY CODE
 EX: QUEBEC ON*

*CITY
 FIELD COUNTRY AND THE ZIP CODE
 EX: CANADA L3R 9K7*

*STATE
 FIELD ALWAYS "FN"
 ALWAYS ZERO*

ZIP CODE FIELD FILL

7 NUMBER OF W2'S ENTER IF SHOWN, SKIP IF BLANK.

1 PERMANENTLY STOP WITHHOLDING ENTER "1" IF BOX IS MARKED.

8 STOP DATE ENTER IF SHOWN MMDDCCYY.

13 AMOUNT LINES 1-8 ENTER IF SHOWN, SKIP IF BLANK. DOLLARS AND CENTS.
 PICK UP ZEROES IF PRESENT ON THE LINE.
 KEY NEGATIVE AMOUNTS AS POSITIVE.

- 13 OFFICIAL USE W/R - MUST ENTER. ROCKERED AMOUNT. DOLLARS AND CENTS.
W/O - SKIP.
- 19 FREE FORM ENTER IF SHOWN, SKIP IF BLANK. RUN ALL CODES TOGETHER.
"NS" = IF THERE ARE NO SIGNATURES
"RR" = DISASTER RELIEF WRITTEN IN RED AT TOP.
EX: HURRICANE KATRINA
"DR" = IF DATE IS PRESENT ON DR LINE.
FORMATTED "DR"YYJJ EX: DR14365

Edits

The edits must check the following:

1. Batch control number is valid.
 - Batch control number must remain the same throughout the batch.
 - Batch control number consists of the year, Julian Date, station number, and batch sequence number.
 - Year must equal current year or previous year. Julian date = 001-366
2. Document number is valid.
 - Document may be 000-249.
 - Must be numeric, document numbers 000-099 must be left zeroed.
 - Documents must be in sequence.
3. FEIN and Sequence Number are valid.
 - MOD 10 check digit valid.
4. Transaction Type is valid.
 - Must remain the same throughout the batch.
5. Transaction Type 916 and 917 must have a payment amount. (917=000000000)
6. Any money amount present must be left zeroed (right justified, no spaces).

The edits must balance on money amounts in the payment amount field and document count.

The edit prints out an Itemized Listing with the following detailed information:

- Transaction type
- Batch Control and Document number
- FEIN
- Sequence number
- Check digit
- Account period ending
- Line 1 - Total wages
- Line 2 - Tax withheld
- Line 6- Payments and Credits
- Line 8 - Overpayment
- Remittance dollar amount
- Error indicator
- Total entered and accumulated document counts
- Total entered and accumulated dollar amounts
- Total record count

The edit must show an "In Balance" result. Out of balance batches are never sent in the file transmission.

Formula MOD 10

Obtain Sum A: Beginning at the left, add every other digit starting with the second.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Sum A: $2 + 4 + 6 + 8 + 0 + 0 = 20$

Obtain Sum B in two steps. Step 1: Beginning with the left most digit, add every other digit twice and format the result as a two digit number. Step 2: Add each digit of the two digit result from Step 1 to obtain a one-digit number. Step 3: Add each of the Step 2 results to determine Sum B. See example below.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Digit #	Step 1	Step 2
(1)	$1 + 1 = 02$	$0 + 2 = 2$
(3)	$3 + 3 = 06$	$0 + 6 = 6$
(5)	$5 + 5 = 10$	$0 + 0 = 1$
(7)	$7 + 7 = 14$	$1 + 4 = 5$
(9)	$9 + 9 = 18$	$1 + 8 = 9$
(11)	$0 + 0 = 00$	$0 + 0 = 0$

Sum B = $2 + 6 + 1 + 5 + 9 + 0 = 23$

Obtain Sum C.

Add Sum A and Sum B to obtain Sum C. (Example above: Sum A 20 + Sum B 23 = Sum C 43)

If the unit position of Sum C is zero, no subtraction is necessary, zero is the check digit.

If the unit position of Sum C is not zero, subtract the unit position of Sum C from 10. In this example, 3 is the number in the unit position. $10 - 3 = 7$. **7 is the check digit for this example.**

Batch Sorting Examples

DOCUMENT TYPE	CONDITION	DISPOSITION
IL-941	A. With Remittance, Single Document. 1. Fully Paid 2. Partially Paid	A. Contractor to process.
	B. With Remittance Multiples 1. Fully Paid 2. Partially Paid	B. 1. Contractor to process. 2. Route to IDOR.
	C. Without Remittance	C. Contractor to process.
	D. With Remittance Correspondence	D. Route correspondence to IDOR.
	E. Without Remittance Correspondence	E. Route correspondence to IDOR.
	F. Multi (two or more IL-941 forms with one or more remittances)	F. Contractor shall process if the total amount due on all forms equals the total of all payment amounts. Otherwise, route to IDOR.
	G. Damaged or incomplete tax form received with remittance	G. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR.
	H. Split (different form types for the same tax type)	H. Route to IDOR
Lone Checks	A. Unattached checks received without tax forms. Sort separately, maintain date received integrity and coding.	A. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR .
Non-IDOR Remittances	A. Remittances not made payable to IDOR or acceptable payee. Maintain date received integrity and coding.	A. Route transaction (check and document) to IDOR.

Exception Item Sorts

All exception items must have envelopes and routing tags attached and must be forwarded to IDOR. In addition, all payments and related documents being returned to IDOR that are \$10,000 and over should be segregated, placed in a separate envelope, with a routing tag attached and which must be marked clearly and boldly “BIG MONEY” or “≥ \$10,000”.

Lockbox IL-1040-ES

(Revised 2015)

Introduction

The Income Tax may require the taxpayer to make an IL-1040-ES income tax estimated payment.

The lockbox bank will process the payment coupons, image, data enter the information, transmit the file electronically, and perform miscellaneous related document handling per specifications.

OCR Document Specifications

The Department does not generally provide paper forms, Forms received are printed at the user's local printers and may vary in color, weight, and size. Some forms are generated from software that companies. These software companies are required to provide testing samples of a substitute official tax forms and payment coupons to the Department's Office of Publications Management for testing with lockbox, review, and approval.

Note: The coupon and scan line measurements are subject to change, though it is unlikely. If changes are made, the appropriate testing would be completed.

IL-1040-ES (scannable form)

- Generally, the coupon is printed on white paper from various local printers. The official size is 3.625 inches X 8.5 inches. (Since these coupons must be cut by the taxpayer, the size maybe somewhat irregular).
- The scan line is printed in black ink.. The font for the scan line is "OCR-A Std", size 10.
- Presently, the scan line is centered across the width of the page. The scan line must be at least .25 inches from the bottom edge of the form (when measuring from the bottom edge of the form to the bottom edge of the scan line characters) and no more than .375 inches from the bottom (no higher than .5 inches from the bottom edge).

Scan line contains 39 positions as described below. **Positions within the scan line:**

- 1 Voucher Number is always 1
- 2 Space
- 3 - 11 Primary's SSN
- 12 Space
- 13 Primary SSN Check Digit (See formula below.)
- 14 Space
- 15 - 22 Numeric Post (See formula on next page.)
- 23 Space
- 24 - 32 Spouse's SSN
- 33 Space
- 34 Spouse SSN Check Digit (See formula below.)
- 35 Space
- 36 - 39 Account Period Ending (APE). Fill with the last month and year of the tax year being paid (mmyy).
Example: April 2015 is 1215.

SSN Check Digit Formula (MOD 10)

Obtain the SSN Check Digit in four steps. Step 1: Beginning at the left most digit, multiply each digit of the SSN alternating by 2 and then 1 and format the result as a two-digit number. Step 2: Add each digit of the two-digit result from Step 1 to obtain a one-digit number. Step 3: Add each of the Step 2 results to obtain a total, then determine the unit (ones) position of the total. Step 4: If the result of Step 3 is zero, then zero is the check digit. Otherwise, subtract the result of Step 3 from 10. The result is the check digit.

EXAMPLE: SSN = 0 0 0 3 4 7 6 3 1

Step 1:	0	0	0	3	4	7	6	3	1
	X 2	1	2	1	2	1	2	1	2
	= 0	0	0	3	8	7	12	3	2

Step 2: Add any two digit number in the products together to obtain one digit. ($12 = 1 + 2 = 3$)

Step 3: $0 + 0 + 0 + 3 + 8 + 7 + 3 + 3 + 2 = 26$. The unit position is 6.

Step 4: Subtract the unit position of the sum of the products from 10. $10 - 6 = 4$. **4 is the check digit.**

Numeric Post Formula

Determine the numeric post from the first four letters of taxpayer's last name. The numeric post is calculated by numbering the alphabet from 01 - 26 beginning with the letter A as 01, B as 02, and so on.

Numeric post examples and special rules:

For a last name Jonee = JONE = the numeric post is 10151405

For a last name that is less than four characters, fill each ending space with 00.

Last name of Coe = COE = the numeric post is 03150500

For a last name containing an apostrophe or hyphen, omit the punctuation.

Last name of O'Connor = OCON = the numeric post is 15031514

For a last name containing a space, omit the space.

Last name of De Von = DEVO = the numeric post is 04052215

IL-1040-ES (non-scannable form)

- Generally, the coupon is printed on white paper from various local printers. The weight and color of the paper may vary.
- Coupon is 3 5/8 X 8 1/2 inches (Since these coupons must be cut by the taxpayer, the size maybe somewhat irregular).

Note: The coupon is subject to change. If changes are made, the appropriate testing would be completed.

IL-1040-ES Payments Only (without return or voucher)

Contractor shall prepare a surrogate coupon for all IL-1040-ES payments. The blank surrogate coupons are 2 3/4 X 8 1/2 inches.

IL-1040-ES Document and Remittance Processing

The Contractor shall be required to perform tax document and remittance processing using on-site, state-of-the-art equipment and techniques. Following are the specifications for the tax document and remittance processing:

1. Remittance Processing Systems (equipment) or state-of-the-art equipment shall be used to:
 - A. Create a transmission for all daily transactions processed. This transmission will include tax return and batch information that must be accessible to IDOR for two (2) working days after receipt of the transmission.

NOTE: Each document will be assigned a 13 digit number (referred to as a batch number or validation number) per IDOR specifications: (XX [year], XXX [received date expressed as a Julian Date], XXX [station number], XX [batch sequence number (values 01-99)], XXX [document number values 000-249) - to be used for transaction sequencing]). The check amount shall also be included on the document. All documents shall be placed in required batch folders, provided by IDOR, with required batch control reports. Batch size shall not exceed 250 documents.

- B. Scan the pre-coded IL-1040-ES to capture:

- Voucher number
- SSN
- Check digit
- Numeric Post
- Spouse SSN
- Numeric Spouse Post
- Check digit
- APE

NOTE: Required information must be data-entered if non-scannable documents are used. Please see Data Capture Requirements.

FUTURE ENHANCEMENTS: May be required to read and capture information from a 1-D barcode.

- C. Audit trail each transaction (check[s] and document[s]) with Document Locator Number (DLN), capturing the data for inclusion in the file transmission. The DLN must be present on both physical documents and captured images; if images are captured before the documents are sprayed, the DLN can be annotated to the captured images. IDOR requests that the largest size font available be used, to improve readability in research situations.

Example:

YYJJSSNNBBBBBBTTT

(YYJJJ = year and julian)

(SS = scanner job number)

(NN = scanner number, as assigned by IDOR after vendor selection)

(BBBBBBB = scanner batch number)

(TTT = transaction number within scanner batch)

- D. Checks shall be encoded with the check amount. This check amount shall be captured for the file transmission. The corresponding check amount shall be printed in the audit trail on all documents.

- E. Check(s) shall be endorsed per IDOR/Treasurer endorsement requirements and reflect deposit date.
- F. We recognize that the Financial Institution awarded the contract will utilize Check 21 in their processing of the checks. The IDOR and Treasurer's Office will work with the financial institution if any modifications to the endorsement or tracking numbers are necessary due to banking regulation.

2. Documents shall be placed in a batch folder along with an Itemized Listing:

A. The batch folder shall be labeled with the following:

- Batch Control number
- Transaction code
- Total batch dollar amount
- Document count
- Date received (stamped on batch folder)
- Bar code label attached at top left edge

B. The Itemized Listing shall detail each item in the batch:

- Batch Control and Document number
- Transaction code
- Voucher number
- APE
- SSN
- Check digit
- Post
- Official use amount
- Estimated tax
- Payment amount
- Date received
- Error indicator
- Total entered and accumulated dollar amounts
- Total entered and accumulated document counts

C. There shall be no more than ninety-nine (99) batches per station number per day. If there are more than 99 batches, the next station number is used.

NOTE: Log sheet numbers are no longer required for this tax application on batch folders. Fill data field(s) with "8's" when log sheet number is required.

- 3. The Contractor shall be assigned specific station numbers by IDOR to use in batching documents. The contractor shall ensure accountability and continuity of batch numbering and control.
- 4. The Contractor shall create, per IDOR specifications, required data control reports to accompany the file transmission.

5. The Contractor shall notify the Illinois State Treasurer's Office and IDOR with deposit totals by no later than 8:30 a.m. Central Standard Time the following morning or in the case of weekends or holidays, notification is to be made on the first workday following the deposit by the prescribed time. The notification for IDOR shall be the generation and file transmission of the (300 Report). The notification for the State Treasurer's Office shall be the generation and transmission via electronic transmission or fax of the (300 Report).
6. The Contractor will create, at a minimum, the following required IDOR deposit management reports to accompany the file transmission:
 - Daily Deposit Report (300 report) that details total document count and total check amount by form type and transaction code. This report also reflects the total documents and dollars processed for a particular day. The Daily Summary Report that details document count, sub-total dollars, total dollars, and clearing account number by tax type. It also sub-totals by form type (prepared and transmitted daily).
 - Deposit Summary Report (200 report) that details batch control number, received date, document count, remittance amount, and credit amount by form type. This report should also list the total number of batches, total number of documents, and total deposit amount. The total amounts should balance to the Daily Deposit and Daily Summary Reports (prepared and transmitted daily).
 - Itemized Listing that details all transactions by batch and document number, transaction code, voucher number, APE, SSN, check digit, post, official use amount, estimated tax, payment amount, date received, and error indicator. This report also shows total entered and accumulated dollar amounts and total entered and accumulated document counts, and should balance to the Deposit Summary shown (prepared and transmitted daily). This listing is included in the batch folder.
 - Report on clearance patterns for transactions processed (prepared on request).
 - IDOR may request additional reports that would be prepared on a request basis.

Example 200 Report for the IL-1040-ES

REPORT DATE: 05-20-15
 DEPOSIT DATE: 05-20-15
 PAGE: 001
 JOB: IL1040ES TRAN CODE: 42
 BANK ACCOUNT: #####

BANK SUMMARY 200-REPORT BY TAX TYPE
 FINANCIAL INSTITUTION NAME

STATE OF ILLINOIS DEPARTMENT OF REVENUE

CLEARING ACCOUNT: #####

BATCHID	RECEIVE DATE	DOCUMENT COUNT	REMITTANCE AMOUNT	CREDIT AMOUNT	SUBTOTAL BY STATION
LOG BOOK PAGE: 514001					
201514010901	05-19-15	100	76,299.00	0.00	
76299.00					
LOG BOOK PAGE: 514002					
201514029301	05-20-15	12	13,301.00	0.00	
201514029302	05-20-15	6	27,055.19	0.00	
201514029303	05-20-15	2	340.00	0.00	
201514029304	05-20-15	1	700.00	0.00	
201514029305	05-20-15	3	553.00	0.00	
201514029306	05-20-15	5	6,017.00	0.00	
201514029307	05-20-15	5	1,380.00	0.00	
					49346.19
TOTALS FOR FORM IL1040ES		TOTAL BATCHES: 8			
		TOTAL DOCUMENTS: 134			
		DEPOSIT TOTAL: 125,645.19			

Example Itemized Listing Report for the IL-1040-ES

1040ES

Revenue Batch Nbr						
DocNum	Sec Src BDN	APE	TaxpayerID	Tkt Num	Amount	
201515229303						
000	1515290609082385001	2015-12-31	[REDACTED]	082385	3170.00	
001	1515290609082385002	2015-12-31	[REDACTED]	082385	500.00	
002	1515290609082385003	2015-12-31	[REDACTED]	082385	7500.00	
003	1515290609082385004	2014-12-31	[REDACTED]	082385	50.00	
004	1515290609082385005	2015-12-31	[REDACTED]	082385	72.00	
Batch Total:		5 items			11292.00	

Data Capture Requirements IL-1040-ES/Keystrokes

1040ES Estimated Income Tax Declaration for Individuals

Field Size / Keystrokes	Data to be Captured	Description
9	SNN	ENTER IF SHOWN. SKIP IF BLANK, PARTIAL, OR TOO MANY DIGITS. IF THERE IS A FEIN AND TAXPAYER NAME IS TRUST, TAKE THIS TO A SUPERVISOR.
1	CHECK DIGIT	ENTER IF SHOWN. SKIP IF BLANK OR IF SSN HAS BEEN CHANGED.
4	POST	ENTER THE FIRST 4 LETTERS OF PRIMARY TAXPAYER LAST NAME. IF LAST NAME HAS A SPACE THEN RUN TOGETHER. IF LESS THAN FOUR LETTERS, LEAVE SPACES AT THE END.
4	APE	MUST ENTER MMY. Enter "12" AND THE YEAR OF FORM IF BLANK. IF NO YEAR OF FORM, THE APE IS DECEMBER OF PREVIOUS YEAR.
5	DATE RECVD	ENTER IF WRITTEN ON FORM AS "DR"YYJJ. SKIP IF BLANK.
13	OFFICIAL USE	MUST ENTER ROCKERED AMOUNT. DOLLARS AND CENTS.

Edits

The edits must check the following:

1. Batch Control number is valid.
 - Batch Control number must remain the same throughout the batch.
 - Batch Control number consists of the year, Julian Date, station number, and batch sequence number.
 - Year must equal current year or previous year. Julian Date = 001-366
 - If a variance occurs in the APE from the scan line to the form, forward to IDOR as an exception.
2. Document number is valid.
 - Document may be 000-249.
 - Must be numeric, document numbers 000-099 must be left zeroed.
 - Documents must be in sequence.
3. SSN and Post are valid. The Post is the first four characters of the last name with no embedded spaces or special characters. The Post must be at least two characters in length.
 - MOD 10 check digit valid.
4. Transaction Type is valid.
 - Must remain the same throughout the batch.
5. Transaction Type E-10 must have a payment amount.
6. Any money amount present must be left zeroed (right justified, no spaces).

The edits must balance on money amounts in the payment amount field and document count.

The edit prints out an Itemized Listing with the following detailed information:

- Batch Control and Document number
- Transaction code
- Voucher number
- APE
- SSN
- Check digit
- Post
- Official use amount
- Estimated tax
- Payment amount
- Date received
- Error indicator
- Total entered and accumulated dollar amounts
- Total entered and accumulated document counts

The edit must show an "In Balance" result. Out of balance batches are never sent in the file transmission.

Formula MOD 10

Illinois Department of Revenue MOD 10 Check Digit

EXAMPLE: Social Security Number - 000-34-7631

STEP 1 Multiply the SSN by weighting factor:

0	X	2	0
0	X	1	0
0	X	2	0
3	X	1	3
4	X	2	8
7	X	1	7
6	X	2	12
3	X	1	3
1	X	2	2

Note: If the multiplication results in a two digit number, add the digits together.
For example: if the result is 12, add $1 + 2 = 3$

STEP 2 Add the resulting numbers together:

$$0+0+0+3+8+7+3+3+2 = \mathbf{26}$$

STEP 3 Divide the sum by 10:

$$26 / 10 = \mathbf{2 \text{ with a remainder of } 6}$$

STEP 4 If the remainder is 0, the check digit is 0. If the remainder is any other number, subtract the remainder from 10:

$$10 - 6 = 4$$

The check digit is 4.

Batch Sorting Examples

DOCUMENT TYPE	CONDITION	DISPOSITION
IL-1040-ES	A. With Remittance, Single Document. 1. Fully Paid 2. Partially Paid	A. Contractor to process.
	B. With Remittance Multiples 1. Fully Paid 2. Partially Paid	B. 1. Contractor to process. 2. Route to IDOR.
	C. Without Remittance	C. Route to IDOR.
	D. With Remittance Correspondence	D. Route correspondence to IDOR.
	E. Without Remittance Correspondence	E. Route to IDOR.
	F. Multi (two or more IL-1040-ES forms with one or more remittances)	F. Contractor shall process if the total amount due on all forms equals the total amount of all the payment(s). Otherwise, route to IDOR.
	G. Split (different form types for the same tax type)	G. Route to IDOR.
IL-1040-ES Certified Mail	A. Certified Mail must be batched and processed under a separate station number.	A. Contractor must process certified mail adhering to the conditions stated above. Exception items must be routed to IDOR with the envelope attached.
Lone Checks	A. Unattached checks received without tax forms. Sort separately, maintain date received integrity and coding.	A. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR.
Non-IDOR Remittances	A. Remittances not made payable to IDOR or acceptable payee. Maintain date received integrity and coding.	A. Route transaction (check and document) to IDOR.

Exception Item Sorts

All exception items must have envelopes and routing tags attached and must be forwarded to IDOR. In addition, all payments and related documents being returned to IDOR that are \$10,000 and over should be segregated, placed in a separate envelope, with a routing tag attached and which must be marked clearly and boldly “BIG MONEY” or “≥ \$10,000”.

Lockbox IL-505-I

(Revised 2015)

Introduction

The Income Tax may require the taxpayer to make a IL-505-I income tax extension payment.

The lockbox bank will process the payment coupons, image, data enter the information, transmit the file electronically, and perform miscellaneous related document handling per specifications.

OCR Document Specifications

The Department does not generally provide paper forms, Forms received are printed at the user's local printers and may vary in color, weight, and size. Some forms are generated from software that companies. These software companies are required to provide testing samples of a substitute official tax forms and payment coupons to the Department's Office of Publications Management for testing with lockbox, review, and approval.

IL-505-I (Scannable Form Only)

- Generally, the coupon is printed on white paper from various local printers. The official size is 3.625 inches X 8.5 inches. (Since these coupons must be cut by the taxpayer, the size maybe somewhat irregular).
- The scan line is printed in black ink.. The font for the scan line is "OCR-A Std", size 10.
- Presently, the scan line is centered on the form (between the left and right edge) and must fall between .25 and .5 inches from the bottom edge of the form.
- The scan line contains 39 positions as described below. **Positions within the scan line:**
 - 1 Voucher Number is always 5
 - 2 Space
 - 3 - 11 Primary's SSN
 - 12 Space
 - 13 Primary SSN Check Digit (See formula on the following page.)
 - 14 Space
 - 15 - 22 Numeric Post (See formula below.)
 - 23 Space
 - 24 - 32 Spouse's SSN
 - 33 Space
 - 34 Spouse SSN Check Digit (See formula below following page.)
 - 35 Space
 - 36 - 39 Account Period Ending (APE). Fill with the last month and year of the tax year being paid (mmyy). Example: December 2014 is 1214.

Numeric Post Formula

Determine the numeric post from the first four letters of taxpayer’s last name. The numeric post is calculated by numbering the alphabet from 01 - 26 beginning with the letter A as 01, B as 02, and so on.

Numeric post examples and special rules:

For a last name Jonee = JONE = the numeric post is 10151405

For a last name that is less than four characters, fill each ending space with 00.

Last name of Coe = COE = the numeric post is 03150500

For a last name containing an apostrophe or hyphen, omit the punctuation.

Last name of O’Connor = OCON = the numeric post is 15031514

For a last name containing a space, omit the space.

Last name of De Von = DEVO = the numeric post is 04052215

SSN Check Digit Formula

The check digit is figured from the following calculations. (MOD 10)

EXAMPLE: SSN = 0 0 0 3 4 7 6 3 1

Step 1: Beginning at the left most digit, multiply each digit of the SSN alternating by 2 and then 1.

	0	0	0	3	4	7	6	3	1
X	2	1	2	1	2	1	2	1	2
=	0	0	0	3	8	7	12	3	2

Step 2: Add any two-digit number in the products together to obtain one digit. (The total of the two digit 12 is 3.)

Step 3: Add the Step 1 products together substituting the one-digit number found in Step 2 for the two-digit number.

$$0 + 0 + 0 + 3 + 8 + 7 + 3 + 3 + 2 = 26.$$

Step 4: Determine the unit (ones) position of the result of Step 3. The unit position of 26 is 6.

Step 5: If the result of Step 3 is zero, then zero is the check digit. Otherwise, subtract the result of Step 4 from 10. The result is the check digit. $10 - 6 = 4$. **4 is the check digit.**

IL-505-I (Non-Scannable Form Only)

- Generally, the coupon is printed on white paper from various local printers. The weight and color of the paper may vary.
- Coupon is 3 5/8 X 8 1/2 inches (Since these coupons must be cut by the taxpayer, the size maybe somewhat irregular).

Note: The coupon is subject to change. If changes are made, the appropriate testing would be completed.

IL-505-I Payments Only (without voucher)

Contractor shall prepare a surrogate coupon for all IL-505-I payments. The blank surrogate coupons are 2 ¾ X 8 ½ inches.

IL-505-I Document and Remittance Processing

The Contractor shall be required to perform tax document and remittance processing using on-site, state-of-the-art equipment and techniques. Following are the specifications for the tax document and remittance processing:

1. Remittance Processing Systems (equipment) or state-of-the-art equipment shall be used to:
 - A. Create a transmission for all daily transactions processed. This transmission will include tax return and batch information that must be accessible to IDOR for two (2) working days after receipt of the transmission.

NOTE: Each document will be assigned a 13 digit number (referred to as a batch number or validation number) per IDOR specifications: (XX [year], XXX [received date expressed as a Julian Date], XXX [station number], XX [batch sequence number (values 01-99)], XXX [document number values 000-249) - to be used for transaction sequencing]). The check amount shall also be included on the document. All documents shall be placed in required batch folders, provided by IDOR, with required batch control reports. Batch size shall not exceed 250 documents.

- B. Scan the precoded IL-505-I to capture:

- Batch and Document number
- Transaction code
- APE
- SSN
- Post
- Official use amount
- Date received

NOTE: Required information must be data-entered if non-scannable documents are used. Please see Data Capture Requirements.

FUTURE ENHANCEMENTS: May be required to read and capture information from a 1-D barcode.

- C. Audit trail each transaction (check[s] and document[s]) with Document Locator Number (DLN), capturing the data for inclusion in the file transmission. The DLN must be present on both physical documents and captured images; if images are captured before the documents are sprayed, the DLN can be annotated to the captured images. IDOR requests that the largest size font available be used, to improve readability in research situations.

Example:

YYJJSSNNBBBBBBTTT

(YYJJJ = year and julian)

(SS = scanner job number)

(NN = scanner number, as assigned by IDOR after vendor selection)

(BBBBBBB = scanner batch number)

(TTT = transaction number within scanner batch)

- D. Checks shall be encoded with the check amount. This check amount shall be captured for the file transmission. The corresponding check amount shall be printed in the audit trail on all documents.
 - E. Check(s) shall be endorsed per IDOR/Treasurer endorsement requirements and reflect deposit date.

F. We recognize that the Financial Institution awarded the contract will utilize Check 21 in their processing of the checks. The IDOR and Treasurer's Office will work with the financial institution if any modifications to the endorsement or tracking numbers are necessary due to banking regulation.

2. Documents shall be placed in a batch folder along with an Itemized Listing:

A. The batch folder shall be labeled with the following:

- Batch Control number
- Transaction code
- Total batch dollar amount
- Document count
- Date received (stamped on batch folder)
- Bar code label attached at top left edge

B. The Itemized Listing shall detail each item in the batch:

- Batch Control and Document number
- Transaction code
- APE
- SSN
- Post
- Official use amount
- Date received
- Total entered and accumulated dollar amounts
- Total entered and accumulated document counts

C. There shall be no more than ninety-nine (99) batches per station number per day. If there are more than 99 batches, the next station number is used.

3. The Contractor shall be assigned specific station numbers by IDOR to use in batching documents. The contractor shall ensure accountability and continuity of batch numbering and control.
4. The Contractor shall create, per IDOR specifications, required data control reports to accompany the file transmission.
5. The Contractor shall notify the Illinois State Treasurer's Office and IDOR with deposit totals by no later than 8:30 a.m. Central Standard Time the following morning or in the case of weekends or holidays, notification is to be made on the first workday following the deposit by the prescribed time. The notification for IDOR shall be the generation and file transmission of the (300 Report). The notification for the State Treasurer's Office shall be the generation and transmission via electronic transmission or fax of the (300 Report).
6. The Contractor will create, at a minimum, the following required IDOR deposit management reports to accompany the file transmission:
- Daily Deposit Report (300 report) that details total document count and total check amount by form type and transaction code. This report also reflects the total documents and dollars processed for a particular

day. The Daily Summary Report that details document count, sub-total dollars, total dollars, and clearing account number by tax type. It also sub-totals by form type (prepared and transmitted daily).

- Deposit Summary Report (200 report) that details batch control number, received date, document count, remittance amount, and credit amount by form type. Station numbers are sub-totaled, and this report should also list the total number of batches, total number of documents, and total deposit amount. The total amounts should balance to the Daily Deposit and Daily Summary Reports (prepared and transmitted daily). Itemized Listing that details all transactions by batch and document number, transaction code, APE, SSN, post, official use amount, and date received. This report also shows total entered and accumulated dollar amounts and total entered and accumulated document counts, and should balance to the Deposit Summary shown (prepared and transmitted daily). This listing is included in the batch folder.
- Report on clearance patterns for transactions processed (prepared on request).
- IDOR may request additional reports that would be prepared on a request basis.

Example 200 Report for the IL-505-I

REPORT DATE: 05-20-15 BANK SUMMARY 200-REPORT BY TAX TYPE
 DEPOSIT DATE: 05-20-15 FINANCIAL INSTITUTION NAME
 PAGE: 001
 JOB: IL505 TRAN CODE: 42 STATE OF ILLINOIS DEPARTMENT OF
 REVENUE BANK ACCOUNT: #####

CLEARING ACCOUNT: #####

BATCHID	RECEIVE DATE	DOCUMENT COUNT	REMITTANCE AMOUNT	CREDIT AMOUNT	SUBTOTAL BY STATION
LOG BOOK PAGE: 514001					
201514015901	05-19-15	3	8,685.00		0.00
201514015902	05-19-15	1	3,500.00		0.00
201514015903	05-18-15	1	3,500.00		0.00
					15685.00
LOG BOOK PAGE: 514002					
201514034301	05-20-15	1	857.92		0.00
TOTALS FOR FORM IL505					857.92
			TOTAL BATCHES: 4		
			TOTAL DOCUMENTS: 6		
			DEPOSIT TOTAL: 16,542.92		

Example Itemized Listing for the IL-505-I

505-I

Revenue Batch Nbr							
DocNum	Sec	Src	BDN	APB	TaxpayerID	Tkt Num	Amount
201515215901							
000	1515290609082391001			2014-12-31	[REDACTED]	082391	5000.00
001	1515290609082391002			2014-12-31	[REDACTED]	082391	1564.00
002	1515290609082391003			2014-12-31	[REDACTED]	082391	1359.00
003	1515290609082391004			2014-12-31	[REDACTED]	082391	5000.00
004	1515290609082391005			2014-12-31	[REDACTED]	082391	2000.00
005	1515290609082391006			2014-12-31	[REDACTED]	082391	2000.00
006	1515290609082391007			2014-12-31	[REDACTED]	082391	2000.00
007	1515290609082391008			2014-12-31	[REDACTED]	082391	746.00
008	1515290609082391009			2014-12-31	[REDACTED]	082391	1900.00
009	1515290609082391010			2014-12-31	[REDACTED]	082391	50000.00
010	1515290609082391011			2014-12-31	[REDACTED]	082391	2650.00
011	1515290609082391012			2014-12-31	[REDACTED]	082391	1000.00
012	1515290609082391013			2014-12-31	[REDACTED]	082391	35000.00
Batch Total:				13 items			110219.00

Data Capture Requirements IL-505-I/Keystrokes

5051 Application of Extension of Time to File (Payment voucher)

Field Size / Keystrokes	Data to be Captured	Description
4	APE	MUST ENTER MMY. Enter "12" AND THE YEAR OF FORM IF BLANK.
9	SNN	ENTER IF SHOWN. SKIP IF BLANK, PARTIAL, OR TOO MANY DIGITS. MAY BEGIN WITH ALPHA "A".
4	POST	ENTER THE FIRST 4 LETTERS OF PRIMARY TAXPAYER LAST NAME.
9	OFFICIAL USE	MUST ENTER. DOLLARS AND CENTS. ENTER THE ROCKERED AMOUNT.
5	DATE RECEIVED	IF A RECEIVED DATE IS WRITTEN ON THE FORM IN JULIAN FORMAT YYJJJ

Edits

The edits must check the following:

1. Batch Control number is valid.
 - Batch Control number must remain the same throughout the batch.
 - Batch Control number consists of the year, Julian Date, station number, and batch sequence number.
 - Year must equal current year or previous year. Julian Date = 001-366
2. Document number is valid.
 - Document may be 000-249.
 - Must be numeric, document numbers 000-099 must be left zeroed.
 - Documents must be in sequence.
3. Social Security Number and Post are valid. The Post is the first four digits of the last name with no embedded spaces or special characters. The Post must be at least two digits in length.
4. Transaction Type is valid.
 - Must remain the same throughout the batch.
5. Transaction Type must be E-14.
6. Any money amount present must be left zeroed (right justified, no spaces).

The edits must balance on money amounts in the payment amount field and document count.

The edit prints out an Itemized Listing with the following detailed information:

- Batch Control and Document number
- Transaction code
- APE
- SSN
- Post
- Official use amount
- Date received
- Total entered and accumulated dollar amounts
- Total entered and accumulated document counts

The edit must show an "In Balance" result. Out of balance batches are never sent in the file transmission.

Formula MOD 10

Illinois Department of Revenue MOD 10 Check Digit

EXAMPLE: Social Security Number - 000-34-7631

STEP 1 Multiply the SSN by weighting factor:

0	X	2	0
0	X	1	0
0	X	2	0
3	X	1	3
4	X	2	8
7	X	1	7
6	X	2	12
3	X	1	3
1	X	2	2

Note: If the multiplication results in a two digit number, add the digits together.
For example: if the result is 12, add $1 + 2 = 3$

STEP 2 Add the resulting numbers together: $0+0+0+3+8+7+3+3+2 = \mathbf{26}$

STEP 3 Divide the sum by 10: $26 / 10 = \mathbf{2 \text{ with a remainder of } 6}$

STEP 4 If the remainder is 0, the check digit is 0. If the remainder is any other number, subtract the remainder from 10:

$$10 - 6 = 4$$

The check digit is 4.

Batch Sorting Examples

DOCUMENT TYPE	CONDITION	DISPOSITION
IL-505-I	A. With Remittance, Single Document. 1. Fully Paid 2. Partially Paid	A. Contractor to process.
	B. With Remittance Multiples 1. Fully Paid 2. Partially Paid	B. 1. Contractor to process. 2. Route to IDOR.
	C. Without Remittance	C. Route to IDOR.
	D. With Remittance Correspondence	D. Route correspondence to IDOR.
	E. Without Remittance Correspondence	E. Route to IDOR.
	F. Multi (two or more IL-505-I forms with one or more remittances)	F. Contractor shall process if the total amount due on all forms equals the total amount of the payments. Otherwise, route to IDOR.
	G. Split (different form types for the same tax type)	G. Route to IDOR.
IL-505-I Certified Mail	A. Certified Mail must be batched and processed under a separate station number.	A. Contractor must process certified mail adhering to the conditions stated above. Exception items must be routed to IDOR with the envelope attached.
Lone Checks	A. Unattached checks received without tax forms. Sort separately, maintain date received integrity and coding.	A. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR.
Non-IDOR Remittances	A. Remittances not made payable to IDOR or acceptable payee. Maintain date received integrity and coding.	A. Route transaction (check and document) to IDOR.

Exception Item Sorts

All exception items must have envelopes and routing tags attached and must be forwarded to IDOR. In addition, all payments and related documents being returned to IDOR that are \$10,000 and over should be segregated, placed in a separate envelope, with a routing tag attached and which must be marked clearly and boldly “BIG MONEY” or “≥ \$10,000”.

Lockbox ST-1/ST-2

(Revised 2015)

Introduction

The Retailer's Occupational Tax requires the taxpayer to file a ST-1 Tax Return, and for those taxpayers with multiple sites a ST-1 Return and ST-2 Multiple Site Form(s) must be submitted.

The lockbox bank will process the payment coupons, image the returns, data enter the information, transmit the file electronically, and perform miscellaneous related document handling per specifications. Envelopes for all ST-1s are to be attached to and remain with the return. Envelopes must be completely emptied of all contents and this must be verified as part of the vendor's quality review.

The vendor may subcontract out the data entry of the sales tax return. However, transmissions of the sales tax return data to the Department of Revenue must be sent by the Vendor/Financial Institution awarded the contract or must be approved by IDOR. **Reminder:** All work on this contract must be performed in the United States.

General ST-1 & ST-2 Information

- An ST-1 with one or more ST-2's attached will be assigned to an ST-2 type station number.
- The monthly return due date is the 20th of the month or the first working day after the 20th, should that day fall on a weekend or a holiday. January, April, July, and October contain due dates for quarterly filers (also due on the 20th) as well as monthly filers. January also contains the due date for annual filers. Most of the returns filed are due monthly.
- The timing of the due date greatly impacts the pattern of receipts.
- Mail volumes can fluctuate based on taxpayer compliance with statutory due dates.

Note: The volume of returns on the months where quarterly returns are also due is normally larger than when the monthly returns are due. January is the peak processing month. Please see attached chart in the "Projected Volumes" section with actual and projected/estimated volumes.

Note: The current ST-1/ST-2 process has two parts. 1.) The payment is processed and deposited by the current lockbox bank. The deposit is required to be made within 24 hours of receipt. The Department receives the payment and deposit information from the bank along with the images of the check and the return and/or payment voucher. 2.) The paper ST-1/ST-2 forms are batched and prepared for data entry. The batched forms are sent to a subcontractor who performs the line-by-line data capture functions. The Department receives a data transmission of the batched returns/line-by-line details from the subcontractor. The physical batches are returned to the Department. The data capture, file transmission, and document return portion is to be completed within three days from the date of deposit. The Department is seeking a solution to improve and streamline this process and any bids for a streamlined process must meet the minimum requirements specified in this RFP.

OCR Document Specifications

The Department does not generally provide paper forms, Forms received are printed at the user's local printers and may vary in color, weight, and size. Some forms are generated from software that companies. These software companies are required to provide testing samples of a substitute official tax forms and payment coupons to the Department's Office of Publications Management for testing with lockbox, review, and approval.

Note: The form, coupon, and scan line measurements are subject to change, though it is unlikely. If changes are made, the appropriate testing would be completed.

ST-1 (scannable form)

- The form is printed on white paper from various local printers. This form has information on the front and back sides.
- Document is 8 1/2 X 11 inches. Coupon is 2 3/4 X 8 1/2 inches.
- The scan line is printed in soy-based black laser printed toner, and is in OCR-A laser font.
- Presently, the scan line is centered across the page and located between .25 inches and .5 inches from the bottom edge of the form on the front page.
- Scan line contains 23 characters sub-divided into two (2) fields at 10 characters per inch. These 22 characters include the form identification number (5 digits), APE (4 digits), tax practitioner identification number (4 digits), check digit (1 digit - based on form code, APE, PCID), Space (1 digit) and IBT number (8 digits).

ST-1 (non-scannable stock form or containing non-standard scan line)

- The form is printed on white paper from various local printers. This form has information on the front and back sides.
- Document is 8 1/2 X 11 inches.

ST-1 coupon/voucher (non-scannable or containing non-standard scan line)

- The coupon is printed on white paper from various local printers. Document is a non-standard size. Coupon is 2 3/4 X 8 1/2 inches.

ST-1 Payments Only (without return or voucher)

Contractor shall prepare a surrogate coupon for all ST-1 payments that do not have a corresponding return or voucher. The blank surrogate coupons are 2 3/4 X 8 1/2 inches.

Other Form Examples that the Lockbox may receive related to the ST-1 returns

ST-1

ST-1 Single Location (SL), No ST-2 Schedule Attached
ST-1 "Stock Form", No Coupon Attached
ST-1 IBT Number Applied For (Exception Item)
ST-1 Amended or Corrected Return (Exception Item)
ST-1 Payments made through Electronic Funds Transfer
ST-1 Accelerated Filer
ST-1-V Payment Coupon
ST-1 Web Payment Voucher

ST-2

ST-2 Multiple Site Form (Attached to ST-1 Form)

PST-2

PST-2 Prepaid Sales Tax Statement of Tax Paid (If attached to ST-1)

NOTE: The following forms may be included along with the ST-1/ST-2 Returns/PST-2s. If included, process the ST-1/ST-2 and route the attachment as follows. This list includes some, but not all, examples.

Forms

REG-1 Illinois Business Registration - (Exception Item)
PST-1 Prepaid Sales Tax Return - (Exception Item)
PST-2 Prepaid Sales Tax Return - (Exception Item – if not attached to ST-1)
ST-1-X Amended Sales and Use Tax Return - (Exception Item)
ST-4 Metropolitan Pier & Exposition Authority Food & Beverage Tax Return -
(Exception Item)
ST-8 Tire User Fee Return - (Exception Item)

Letters

Notice of Missing Information (Exception Item)
10 Day Demand Letter - (Exception Item)
Taxpayer Statement of Account - (Exception Item only if split)
Notice of Assessment for Form ST-1 - (Exception Item)

ST-1/ST-2 Document and Remittance Processing

The Contractor shall be required to perform tax document and remittance processing using on-site, state-of-the-art equipment and techniques. Items with remittance and without remittance are assigned separate station numbers and must be batched separately. If a PST-2 is attached, the PST-2 must be data entered, imaged, and transmitted as a portion of the ST-1 return.

Note: The current ST-1/ST-2 process is two-part: 1) the payment is separated from the return and attachments and 2) the returns are separately data entered. The Department is seeking a solution to improve and streamline this into one process and this improved process must meet the specified timeframes.

Following are the specifications for the tax document and remittance processing:

1. Remittance Processing Systems (equipment) or state-of-the-art equipment shall be used to:

Create a transmission for all daily transactions processed. This transmission will include tax return and batch information that must be accessible to IDOR for two (2) working days after receipt of the transmission.

2. ST-1 & ST-2 Payment Coupons and Checks

Current lockbox deposits the payment into the designated state's bank account and provides IDOR a ZIP archive containing a data file for each payment record of that day's deposit and image files for the corresponding checks and ST-1 coupons or returns. Once that is completed, the physical paper return is placed in batch folders and sent to a third party subcontractor to perform line-by-line data capture of the ST-1 / ST-2 forms. The subcontractor transmits the data file to IDOR of the ST-1/ST-2 information and returns the paper documents back to the Department. This must occur within 3 days after the deposit.

- A. During the sorting and separating of the STs, the Contractor shall compare the APE date on the coupon with that of the return to ensure they are the same APE date. If there are any changes made to the APE date on the coupon or the return, but not both, change the non-altered APE to match the altered APE. If the date is questionable, the Contractor shall return the documents to the Exception Processing Unit at IDOR.
- B. The Contractor shall prepare a surrogate coupon for all with remittance ST-1 non-scannable stock forms or lone checks. (Refer to the ST-1/ST-2 Returns section for information on processing of the returns.) Payment coupons and checks received without the return shall be processed following the same guidelines as specified above.
- C. The scan and non-scan log sheets shall be prepared for the payment coupon, which will include the received date and batch number. Each coupon will be assigned a 13 position batch number/ validation number per IDOR specifications: (XX [year], XXX [received/processing date expressed as a Julian Date], XXX [station number], XX [batch sequence number], XXX [document number - to be used for transaction sequencing]). The check amount shall also be included on the document.
- D. All coupons shall be batched accordingly. The received date shall be placed on the side of the batch folder. Information from this folder shall be entered onto the image system: received date, processing date, station number, batch sequence number, beginning document number. Batch size shall not exceed 250 coupons.

- E. The **Itemized Listing** detailing each item in the batch shall be placed in the batch folder with all coupons:
Batch Control and Document numbers
- IBT number/Account Number
 - Form type
 - Payment type
 - Official use amount
 - APE
 - Tax system code
 - Source ID
 - Total entered and accumulated dollar amounts
 - Total entered and accumulated document counts
 - Total record count
- F. The **Batch Summary Sheet** is generated by the Contractor and is stored for future reference detailing each item in the batch:
- Batch Control number
 - With remittance (W/R)
 - Document count
 - Total batch dollar amount
 - Date received
- G. All coupons shall be returned to IDOR.
- H. The coupon will contain the same validation number as the check. The return will not contain the same validation number.
- I. Coupon and check information shall be captured, entered and verified and transmitted to the Department. Scan the pre-coded ST-1 to capture:
- Form Identification number (Read-only field)
 - APE
 - Tax Practitioner ID number (Read-only field)
 - Check digit based on form number
 - Account/IBT number

NOTE: Required information must be data-entered if non-scannable documents are used. Please see Data Capture Requirements regarding any other data that may be required to be captured.

FUTURE ENHANCEMENTS: May be required to read and capture information from a 1-D barcode.

- J. Audit trail each transaction (check[s] and document[s]) with Document Locator Number (DLN), capturing the data for inclusion in the file transmission. The DLN must be present on both physical documents and captured images; if images are captured before the documents are sprayed, the DLN can be annotated to the captured images. IDOR requests that the largest size font available be used, to improve readability in research situations.

Example:

YYJJSSNNBBBBBBTTT

(YYJJJ = year and julian)

(SS = scanner job number)

(NN = scanner number, as assigned by IDOR after vendor selection)

(BBBBBBB = scanner batch number)

(TTT = transaction number within scanner batch)

- K. Items rejected due to bad capture or image shall be rebatched (maintaining the integrity of the received date) and processed no later than the next day. Items that are unprocessable shall be returned to the Exception Processing Unit at IDOR (indicate received date).
- L. Check(s) shall be encoded with the check amount. This check amount shall be captured for the file transmission. The corresponding check amount shall be printed in the audit trail on all coupons.
- M. Check(s) shall be endorsed per IDOR/Treasurer endorsement requirements and reflect deposit date.
- N. We recognize that the Financial Institution awarded the contract will utilize Check 21 in their processing of the checks. The IDOR and Treasurer's Office will work with the financial institution if any modifications to the endorsement or tracking numbers are necessary due to banking regulation.

3. ST-1 Returns & ST-2 Multiple Site Forms (and PST-2 if applicable)

- A. ST-1, ST-2, and any PST-2 attachments will need to be imaged according to the Illinois Department of Revenue's requirements before they are forwarded to the designated Data Entry vendors. (See Data Entry Requirements & Procedures.)
- B. All ST-1 and ST-2 returns shall be placed in required batch folders, provided by IDOR. Batch size shall not exceed 100 documents for ST-1 returns. Batch size shall not exceed 25 documents for ST-1 Returns with ST-2 Multiple Site Forms attached, due to the number of attachments. (Some batches of ST-1/ST-2 returns may only have 1 return in a batch.)
Note: A ST-1 with more than 25 ST-2's attached must be placed in a single batch, regardless of the number of ST-2's attached.

The batch folder shall be labeled with the following:

Batch Control number

- Document type
- Date received (stamped on the batch folder)
- Transaction code (210)
- Document count
- Log book page number
- Total batch dollar amount
- Bar code label attached on appropriate side of batch folder

- C. Each return will be assigned a sequence number in the batch. The batch folder will be labeled with a 10 position number (batch control number) per IDOR specifications: (XX [year], XXX [received/processing date expressed as a Julian Date], XXX [station number], XX [batch sequence number]).
4. Batch control log transmittals and daily control reports shall be completed with the received date and batch numbers. Copies of the logsheets shall be forwarded to IDOR's Data Entry Section.
NOTE: In most cases, the received date and processing date will be the same. In cases where it is different, the Batch Control File will reflect the received date for returns in the batch.
5. The Contractor will create the following required **Data Entry Reports:**
- A. Keystroke Calculation Report detailing number of keystrokes. This report shall be faxed to the IDOR Data Entry Section.
 - B. Batch Control Log Transmittal detailing number of batches/documents. This report is faxed to IDOR Data Entry Section and original sent to Data Entry with the batch work.
 - C. Daily Control Report detailing the log pages and work submitted to the vendors. This report is sent to Data Entry so they can verify and compare this against the actual work received. A copy is also faxed to the IDOR Data Entry Section
6. The Contractor shall be assigned specific station numbers by IDOR to use in batching documents. The contractor shall ensure accountability and continuity of batch numbering and control.
7. The Contractor shall create, per IDOR specifications, required data control reports to accompany the transmission.
8. The Contractor shall notify the Illinois State Treasurer's Office and IDOR with deposit totals by no later than 8:30 a.m. Central Standard Time the following morning or in the case of weekends or holidays, notification is to be made on the first workday following the deposit by the prescribed time. The notification for IDOR shall be the generation and file transmission of the (300 Report). The notification for the State Treasurer's Office shall be the generation and transmission via electronic transmission or fax of the (300 Report).
9. The Contractor will create, at a minimum, the following required IDOR Deposit Management Reports to accompany the file transmission:
- A. Daily Deposit Report (300 report) that details total document count and total check amount by form type and transaction code. This report also reflects the total documents and dollars processed for a particular day. The Daily Summary Report details document count, sub-total dollars, total dollars, and clearing account number by tax type. It also sub-totals by form type (prepared and transmitted daily).
 - B. Deposit Summary Report by Tax Type (200 report) that details batch number, received date, document count, remittance amount, and credit amount by form type. This report should also list the total number of batches, total number of documents, and total deposit amount. The total amounts should balance to the Daily Deposit and Daily Summary Reports (prepared and transmitted daily).
 - C. Itemized Listing that details all transactions by batch and document number, IBT number, form type, payment type, official use amount, APE, tax system code, and source ID. This report also shows total entered and accumulated dollar amounts, total entered and accumulated document counts, and total record count. The report should balance to the Deposit Summary Report. This listing is included with the coupon batches (prepared and transmitted daily).
 - D. Report on clearance patterns for transactions processed (prepared on request).

E. IDOR may request additional reports that would be prepared on a request basis.

Example 200 Report for the ST-1/ST-2

REPORT DATE: 05-20-15 BANK SUMMARY 200-REPORT BY TAX TYPE
 DEPOSIT DATE: 05-20-15 FINANCIAL INSTITUTION NAME
 PAGE: 001
 JOB: ST1_ST2 TRAN CODE: 42 STATE OF ILLINOIS DEPARTMENT OF REVENUE
 BANK ACCOUNT: #####
 CLEARING ACCOUNT: #####

BATCHID	RECEIVE DATE	DOCUMENT COUNT	REMITTANCE AMOUNT	CREDIT AMOUNT	SUBTOTAL BY STATION
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LOG BOOK PAGE: 514001

201514081501	05-19-15	76	91,086.10	0.00	
201514081502	05-18-15	2	4,943.00	0.00	
201514081503	05-18-15	1	1,105.00	0.00	
201514081504	05-16-15	2	20,082.52	0.00	
201514081505	05-16-15	6	2,983.51	0.00	
201514081506	05-20-15	2	192.82	0.00	
201514081507	05-14-15	2	1,025.00	0.00	
201514081508	05-11-15	1	714.49	0.00	
201514082601	05-19-15	76	0.00	0.00	
201514082602	05-18-15	2	0.00	0.00	
201514082603	05-18-15	1	0.00	0.00	
201514082604	05-16-15	2	0.00	0.00	
201514082605	05-16-15	6	0.00	0.00	
201514082606	05-20-15	2	0.00	0.00	
201514082607	05-14-15	2	0.00	0.00	
201514082608	05-11-15	1	0.00	0.00	
					122132.44

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201514083901	05-19-15	39	0.00	0.00	
201514083902	05-18-15	2	0.00	0.00	
201514083903	05-18-15	2	0.00	0.00	
201514083904	05-16-15	5	0.00	0.00	
201514083905	05-16-15	1	0.00	0.00	
201514083906	05-15-15	3	0.00	0.00	
201514083907	05-14-15	1	0.00	0.00	

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201514084001	05-19-15	21	0.00	0.00	
201514084002	05-16-15	1	0.00	0.00	

LOG BOOK PAGE: 514004

201514091101	05-19-15	4	3,541.00	0.00	
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201514091102	05-16-15	5	2,835.00	0.00	6376.00
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201514092301	05-19-15	13	17,312.00	0.00	
201514092302	05-18-15	1	4,202.03	0.00	
201514083701	05-19-15	13	0.00	0.00	
201514083702	05-18-15	1	0.00	0.00	21514.03

Example Itemized Listing Report for the ST-1 payment

ST-1 pymt vclik

Revenue Batch Nbr	DocNum	Sec	Src	BDN	APE	TaxpayerID	Tkt Num	Amount	
201515291101									
000	1515290609082387001				2015-04-30		082387	103.86	
001	1515290609082387002				2015-03-31		082387	389.00	
Batch Total:								2 items	492.86

Example Itemized Listing Report for the ST-1

ST-1-

Revenue Batch Nbr	DocNum	Sec	Src	BDN	Secondary Batch Nbr	APE	TaxpayerID	Tkt Num	Amount	
201514281512					201514282612					
000	1514290609082122001				2015-04-30			082122	3393.00	
Batch Total:									1 items	3393.00

Example Itemized Listing Report for the ST-1/ST-2
 Four types: ST1WOLVN, ST1WRLVN, ST2WOLVN, ST2WRLVN

TOTALS FOR FORM ST1_ST2	PAYMENT BATCHES:	12
	PAYMENT DOCUMENTS:	115
	RETURN BATCHES:	19

St1_hashedit	ILLINOIS DEPARTMENT OF REVENUE
DATE: 06/01/15	TIME: 08:54:55
FILENAME: ST1WOLVN \1514683905	STS-ST1/ST2 HASH & EDIT LIST
USERID: FPJS	PAGE: 0001
BATCH#: 1514683905	SERVER: Captival

REC	ACTION				RECORD				OFFICIAL	
NBR	CODE	DOC#	TRAN	SEQ	CODE	IBT#	FORM	REV	USE AMT	- - - - -
- -	E R R O R		C O D E S	- - - -	- - - -	- - - -				
0001	A	000	210	1	0000	XXXXXXXX	003	05	000000000000	
0002	A	001	210	1	0000	XXXXXXXX	003	05	000000000000	
0003	A	002	210	1	0000	XXXXXXXX	003	05	000000000000	
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0007	A	006	210	1	0000	XXXXXXXX	003	05	000000000000	
0008	A	006	140	1	7000			0		
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0010	A	007	210	1	0000	XXXXXXXX	003	05	000000000000	
0011	A	007	140	1	7000			0		
0012	A	008	210	1	0000	XXXXXXXX	003	05	000000000000	
0013	A	009	210	1	0000	XXXXXXXX	003	05	000000000000	
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0015	A	011	210	1	0000	XXXXXXXX	003	05	000000000000	
0016	A	011	140	1	7000			0		
0017	A	012	210	1	0000	XXXXXXXX	003	05	000000000000	
0018	A	013	210	1	0000	XXXXXXXX	003	05	000000000000	
0019	A	014	210	1	0000	XXXXXXXX	003	05	000000000000	
0020	A	014	140	1	7000			0		
0021	A	014	140	1	7001			0		
0022	A	015	210	1	0000	XXXXXXXX	003	05	000000000000	
0023	A	015	140	1	7000			0		
0024	A	015	140	1	7001			0		
0025	A	016	210	1	0000	XXXXXXXX	003	05	000000000000	
0026	A	016	140	1	7000			0		
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0028	A	018	210	1	0000	XXXXXXXX	003	05	000000000000	
0029	A	019	210	1	0000	XXXXXXXX	003	05	000000000000	
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0031	A	021	210	1	0000	XXXXXXXX	003	05	000000000000	
0032	A	022	210	1	0000	XXXXXXXX	003	05	000000000000	
0033	A	023	210	1	0000	XXXXXXXX	003	05	000000000000	
0034	A	024	210	1	0000	XXXXXXXX	003	05	000000000000	
0035	A	024	210	2	0000	XXXXXXXX	003	05		
0036	A	024	140	1	7000			0		
0037	A	025	210	1	0000	XXXXXXXX	003	05	000000000000	
0038	A	025	210	2	0000	XXXXXXXX	003	05		
0039	A	025	140	1	7000			0		

0040	A	026	210	1	0000	XXXXXXXXXX	003	05	000000000000
0041	A	026	210	2	0000	XXXXXXXXXX	003	05	
0042	A	026	140	1	7000			0	
0043	A	027	210	1	0000	XXXXXXXXXX	003	05	000000000000
0044	A	027	210	2	0000	XXXXXXXXXX	003	05	
0045	A	027	140	1	7000			0	
0046	A	028	210	1	0000	XXXXXXXXXX	003	05	000000000000
0047	A	029	210	1	0000	XXXXXXXXXX	003	05	000000000000
0048	A	030	210	1	0000	XXXXXXXXXX	003	05	000000000000
0049	A	030	210	2	0000	XXXXXXXXXX	003	05	
0050	A	030	140	1	7000			0	
0051	A	031	210	1	0000	XXXXXXXXXX	003	05	000000000000
0052	A	032	210	1	0000	XXXXXXXXXX	003	05	000000000000
0053	A	033	210	1	0000	XXXXXXXXXX	003	05	000000000000
0054	A	034	210	1	0000	XXXXXXXXXX	003	05	000000000000

Stl_hashedit
 DATE: 06/01/15 TIME: 08:54:55
 FILENAME: ST1WOLVN\1514683905
 USERID: FPJS PAGE: 0002
 BATCH#: 1514683905 SERVER: Captival

ILLINOIS DEPARTMENT OF REVENUE
 STS-ST1/ST2 HASH & EDIT LIST

REC	ACTION	NBR	CODE	DOC#	TRAN	SEQ	RECORD	CODE	IBT#	FORM	REV	OFFICIAL	USE	AMT
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0056	A	036	210	1	0000	XXXXXXXXXX	003	05	000000000000					
0057	A	037	210	1	0000	XXXXXXXXXX	003	05	000000000000					
0058	A	038	210	1	0000	XXXXXXXXXX	003	05	000000000000					
0059	A	039	210	1	0000	XXXXXXXXXX	003	05	000000000000					
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0070	A	048	210	1	0000	XXXXXXXXXX	003	05	000000000000					
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0073	A	051	210	1	0000	XXXXXXXXXX	003	05	000000000000					
0074	A	052	210	1	0000	XXXXXXXXXX	003	05	000000000000					
0075	A	052	210	2	0000	XXXXXXXXXX	003	05						
0076	A	052	140	1	7000			0						
0077	A	052	140	1	7001			0						
0078	A	053	210	1	0000	XXXXXXXXXX	003	05	000000000000					
0079	A	054	210	1	0000	XXXXXXXXXX	003	05	000000000000					
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0086	A	057	210	2	0000	XXXXXXXXXX	003	05						

0087	A	057	140	1	7000				0	
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0089	A	059	210	1	0000	XXXXXXXXXX	003	05	0000000000000	
0090	A	060	210	1	0000	XXXXXXXXXX	003	05	0000000000000	
0091	A	061	210	1	0000	XXXXXXXXXX	003	05	0000000000000	
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0093	A	061	140	1	7000				0	
0094	A	062	210	1	0000	XXXXXXXXXX	003	05	0000000000000	
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0101	A	067	210	2	0000	XXXXXXXXXX	003	05		
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0107	A	071	210	1	0000	XXXXXXXXXX	003	05	0000000000000	
0108	A	072	210	1	0000	XXXXXXXXXX	003	05	0000000000000	

St1_hashedit
DATE: 06/01/15 TIME: 08:54:55
FILENAME: ST1WOLVN\1514683905
USERID: FPJS PAGE: 0003
BATCH#: 1514683905

ILLINOIS DEPARTMENT OF REVENUE
STS-ST1/ST2 HASH & EDIT LIST
SERVER: Captival

REC ACTION	NBR	CODE	DOC#	TRAN	SEQ	RECORD CODE	IBT#	FORM	REV	OFFICIAL USE AMT	
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0110	A	073	140	1	7000				0		
0111	A	074	210	1	0000	XXXXXXXXXX		003	05	0000000000000	
0112	A	075	210	1	0000	XXXXXXXXXX		003	05	0000000000000	
0113	A	076	210	1	0000	XXXXXXXXXX		003	05	0000000000000	
0114	A	077	210	1	0000	XXXXXXXXXX		003	05	0000000000000	
0115	A	078	210	1	0000	XXXXXXXXXX		003	05	0000000000000	
0116	A	079	210	1	0000	XXXXXXXXXX		003	05	0000000000000	

BATCH IN BALANCE ACCUMULATED AMT: 0000000000000 ACCUMULATED DOC
CT: 080 TOTAL RECORDS READ: 00116
NO ERRORS ENTERED AMT: 0000000000000 ENTERED DOC CNT:
080

St1_hashedit
DATE: 06/01/15 TIME: 09:10:00
FILENAME: ST1WRLVN\1514782624
USERID: FPJS PAGE: 0001
BATCH#: 1514782624

ILLINOIS DEPARTMENT OF REVENUE
STS-ST1/ST2 HASH & EDIT LIST
SERVER: Captival

REC ACTION	NBR	CODE	DOC#	TRAN	SEQ	RECORD CODE	IBT#	FORM	REV	OFFICIAL USE AMT	
- - E R R O R C O D E S - - - - -											

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0002	A	001	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0003	A	002	210	1	0000	XXXXXXXXXX	003	05	0000000000000
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0025	A	024	210	1	0000	XXXXXXXXXX	003	03	0000000000000
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0029	A	028	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0030	A	029	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0031	A	030	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0032	A	031	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0033	A	032	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0034	A	033	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0035	A	034	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0036	A	035	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0037	A	036	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0038	A	037	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0039	A	038	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0040	A	039	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0041	A	040	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0042	A	041	210	1	0000	XXXXXXXXXX	003	03	0000000000000
0043	A	042	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0044	A	043	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0045	A	044	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0046	A	045	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0047	A	046	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0048	A	047	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0049	A	048	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0050	A	049	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0051	A	050	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0052	A	051	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0053	A	052	210	1	0000	XXXXXXXXXX	003	05	0000000000000
0054	A	053	210	1	0000	02923701	003	05	0000000000000

St1_hashedit
DATE: 06/01/15

TIME: 09:10:00

ILLINOIS DEPARTMENT OF REVENUE

FILENAME: ST1WRLVN\1514782624
 USERID: FPJS PAGE: 0002
 BATCH#: 1514782624

STS-ST1/ST2 HASH & EDIT LIST

SERVER: Captival

REC	ACTION	NBR	CODE	DOC#	TRAN	SEQ	RECORD	CODE	IBT#	FORM	REV	OFFICIAL	USE	AMT
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0055	A	054	210	1	0000	XXXXXXXX	003	05	000000000000					
0056	A	055	210	1	0000	XXXXXXXX	003	05	000000000000					
0057	A	056	210	1	0000	XXXXXXXX	003	05	000000000000					
0058	A	057	210	1	0000	XXXXXXXX	003	05	000000000000					
0059	A	058	210	1	0000	XXXXXXXX	003	05	000000000000					
0060	A	059	210	1	0000	XXXXXXXX	003	05	000000000000					
0061	A	060	210	1	0000	XXXXXXXX	003	05	000000000000					
0062	A	061	210	1	0000	XXXXXXXX	003	05	000000000000					
0063	A	062	210	1	0000	XXXXXXXX	003	05	000000000000					
0064	A	063	210	1	0000	XXXXXXXX	003	05	000000000000					
0065	A	064	210	1	0000	XXXXXXXX	003	05	000000000000					
0066	A	065	210	1	0000	XXXXXXXX	003	05	000000000000					
0067	A	066	210	1	0000	XXXXXXXX	003	05	000000000000					
0068	A	067	210	1	0000	XXXXXXXX	003	05	000000000000					
0069	A	068	210	1	0000	XXXXXXXX	003	05	000000000000					
0070	A	069	210	1	0000	XXXXXXXX	003	05	000000000000					
0071	A	070	210	1	0000	XXXXXXXX	003	05	000000000000					
0072	A	071	210	1	0000	XXXXXXXX	003	05	000000000000					
0073	A	072	210	1	0000	XXXXXXXX	003	05	000000000000					
0074	A	073	210	1	0000	XXXXXXXX	003	05	000000000000					
0075	A	074	210	1	0000	XXXXXXXX	003	05	000000000000					
0076	A	075	210	1	0000	XXXXXXXX	003	05	000000000000					
0077	A	076	210	1	0000	XXXXXXXX	003	05	000000000000					
0078	A	077	210	1	0000	XXXXXXXX	003	05	000000000000					
0079	A	078	210	1	0000	XXXXXXXX	003	05	000000000000					
0080	A	079	210	1	0000	XXXXXXXX	003	05	000000000000					
0081	A	080	210	1	0000	XXXXXXXX	003	05	000000000000					
0082	A	081	210	1	0000	XXXXXXXX	003	05	000000000000					
0083	A	082	210	1	0000	XXXXXXXX	003	05	000000000000					
0084	A	083	210	1	0000	XXXXXXXX	003	05	000000000000					
0085	A	084	210	1	0000	XXXXXXXX	003	05	000000000000					

BATCH IN BALANCE ACCUMULATED AMT: 000000000000 ACCUMULATED DOC
 CT: 085 TOTAL RECORDS READ: 00085
 NO ERRORS ENTERED AMT: 000000000000 ENTERED DOC CNT:
 085

St1_hashedit ILLINOIS DEPARTMENT OF REVENUE
 DATE: 06/01/15 TIME: 09:16:24
 FILENAME: ST2WOLVN\1514784004 STS-ST1/ST2 HASH & EDIT LIST
 USERID: FPJS PAGE: 0001
 BATCH#: 1514784004 SERVER: Captival

REC	ACTION	NBR	CODE	DOC#	TRAN	SEQ	RECORD	CODE	IBT#	FORM	REV	OFFICIAL	USE	AMT
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0001	A	000	210	1	0000	XXXXXXXX	003	05	000000000000					
0002	A	000	210	2	0000	XXXXXXXX	003	05						

0022	A	007	220	1	0009		009	01	
0023	A	007	220	1	0010		009	01	
0024	A	007	220	1	0011		009	01	
0025	A	007	220	1	0012		009	01	
0026	A	007	220	1	0013		009	01	
0027	A	007	220	1	0014		009	01	
0028	A	007	220	1	0015		009	01	
0029	A	007	220	1	0016		009	01	
0030	A	008	210	1	0000	XXXXXXXX	003	05	0000000000000
0031	A	008	220	1	0000		009	01	
0032	A	008	220	1	0001		009	01	
0033	A	009	210	1	0000	XXXXXXXX	003	05	0000000000000
0034	A	009	220	1	0000		009	01	
0035	A	010	210	1	0000	XXXXXXXX	003	05	0000000000000
0036	A	010	220	1	0000		009	01	
0037	A	011	210	1	0000	XXXXXXXX	003	05	0000000000000
0038	A	011	220	1	0000		009	01	
0039	A	012	210	1	0000	XXXXXXXX	003	05	0000000000000
0040	A	012	220	1	0000		009	01	
0041	A	013	210	1	0000	XXXXXXXX	003	05	0000000000000
0042	A	013	220	1	0000		009	01	
0043	A	013	220	1	0001		009	01	
0044	A	014	210	1	0000	XXXXXXXX	003	05	0000000000000
0045	A	014	220	1	0000		009	01	
0046	A	014	220	1	0001		009	01	
0047	A	014	220	1	0002		009	01	
0048	A	014	220	1	0003		009	01	

BATCH IN BALANCE	ACCUMULATED AMT:	0000000000000	ACCUMULATED DOC
CT: 015	TOTAL RECORDS READ: 00048		
NO ERRORS	ENTERED AMT:	0000000000000	ENTERED DOC CNT:
015			

Data Capture Requirements ST-1/ST-2/PST-2 Schedule/Keystrokes

Note: Data entry of the ST-1/ST-2 returns must be completed no later than 3 days from the deposit date.

Field Size / Keystrokes	Data to be Captured	Description
3	TRANS CODE	MUST ENTER. "210" = ST-1 RETURN "220" = ST-2 SCHEDULE "140" = PST-2 SCHEDULE
ST-1 RETURN		
2	REV NUMBER	MUST ENTER. FROM UPPER RIGHT OR: "01" HAS LINES 1-28 "03" HAS LINES 1-25 "05" HAS TITLE "E911", LINES 1-25, AND SCHEDULE A & B
8	ACCOUNT ID	ENTER IF SHOWN. SKIP IF BLANK OR PARTIAL, PROGRAM SHOULD PLUG ZEROES.
4	APE	ENTER, IF SHOWN, MMY. SKIP IF BLANK.
41	APE PER CONT	ENTER, IF SHOWN, FOR TAX PERIODS GREATER THAN ONE MONTH. A COMMA OR DASH MUST BE IN THE FIRST POSITION. DASHES INDICATE A SPAN OF DATES. COMMAS SEPERATE INDIVIDUAL MONTHS. DATES MUST BE IN ASCENDING ORDER WITH ONLY COMMAS OR DASHES INBETWEEN. DO NOT SPACE INBETWEEN DATES. EXAMPLE: 2014 (ANNUAL) ENTER: APE:0114 EXAMPLE: JAN 2013 THRU MARCH 2013 (QUARTERLY) ENTER: APE:0113 EXAMPLE: DEC 2012, FEB-APR 2013, JUN ENTER: APE:1212
1	E/S DATE IND	ENTER IF SHOWN, SKIP IF BLANK.
6	E/S DATE	ENTER, IF SHOWN, MMDDYY. SKIP IF BLANK.
20	FREE FORM	ENTER IF CIRCLED. SKIP IF BLANK. ENTER "NS" IF BOTH PREPARER & TAXPAYER SIGNATURES MISSING
13	OFFICIAL USE	W/R - MUST ENTER. ROCKERED AMOUNT. DOLLARS AND CENTS. W/O - SKIPPED
13	TOTAL LIQUOR	ENTER IF SHOWN, DOLLARS AND CENTS.
3	TOTAL RECEIPT DEL	MUST ENTER DELIMITER "001"
13	TOTAL RECEIPT AMT	MUST ENTER, DOLLARS AND CENTS. MAY BE NEGATIVE. IF LINE 1 IS BLANK, ZERO FILL.

16 each	AMOUNT LINES ON ST1 and SCHED A/B	ENTER IF SHOWN, SKIP IF BLANK. MAY BE NEGATIVE. DELIMITERS EQUAL LINE NUMBERS AND ARE THREE POSITIONS. AMOUNTS ARE DOLLARS & CENTS AND ARE THIRTEEN POSITIONS. REV 1: 1-28 REV 3: 1-15 REV 5: 1-25, A4-A13, B1-B10
---------	--	--

ST-2 SCHEDULE

8	LOCATION CODE	ENTER IF SHOWN, SKIP IF BLANK. PROGRAM SHOULD PLUGS ZEROES. MUST BE FORMATTED EXACTLY ###-####-#, OTHERWISE SKIP
3	SITE	ENTER IF SHOWN, SKIP IF BLANK. PROGRAM SHOULD PLUGS ZEROES. MUST BE EXACTLY 3 DIGITS AFTER LOCATION CODE, OTHERWISE SKIP

16 each	DEL & AMT FIELDS	DELIMITERS EQUAL LINE NUMBERS AND ARE THREE POSITIONS. AMOUNTS ARE DOLLARS & CENTS AND ARE THIRTEEN POSITIONS. VALID DELIMITERS: 04A, 04B, 05A, 05B, 08A, 08B
---------	---------------------	--

PST-2 SCHEDULE

1	COPY INDICATOR	ENTER IF SHOWN "A"- "D". ENTER "A" IF BLANK. THIS IS ON UPPER RIGHT OF FORM. DO NOT ENTER DUPLICATES.
8	RESELLERS IBT	ENTER IF SHOWN. SKIP IF BLANK OR PARTIAL, PROGRAM SHOULD PLUG ZEROES.
4	PERIOD COVERED	ENTER IF SHOWN, MMY. SKIP IF BLANK. PROGRAM SHOULD PLUG ZEROES.
9	LINE 8A	ENTER IF SHOWN, ROUND TO NEAREST WHOLE GALLON. ENTER NEGATIVES AS POSITIVE. PRGRAM SHOULD PLUG ZEROES.
11	LINE 8B	ENTER IF SHOWN, DOLLARS AND CENTS. ENTER POSITIVE IF NEGATIVE. PROGRAM SHOULD PLUG ZEROES.
9	LINE 9A	ENTER IF SHOWN, ROUND TO NEAREST WHOLE GALLON. ENTER NEGATIVES AS POSITIVE. PROGRAM SHOULD PLUG ZEROES.
11	LINE 9B	ENTER IF SHOWN, DOLLARS AND CENTS. ENTER POSITIVE IF NEGATIVE. PROGRAM SHOULD PLUG ZEROES.

9 LINE 10 ENTER IF SHOWN, DOLLARS AND CENTS. ENTER POSITIVE IF
NEGATIVE. PROGRAM SHOULD PLUG ZEROES.

1 POINT OF
DELIVERY ENTER A "1" IF ADDRESS IS OUT OF STATE.
OUTSIDE IL?

Batch Sorting Examples

DOCUMENT TYPE	CONDITION	DISPOSITION
ST-1/ST-2	A. With Remittance, Single Document. 1. Fully Paid 2. Partially Paid	A. Contractor to process. Validate coupon(s) and check(s) and process. Validate and batch returns separately.
	B. With Remittance Multiples – More than one check with one document, or one or more checks and several documents of like tax types. 1. Fully Paid 2. Partially Paid	B. See Disposition 1A - 1. Contractor to process. 2. Route to IDOR.
	C. Without Remittance – Batch Separately	C. Contractor to place return in batch folder. The coupon should not be detached from the return.
	D. Simple Correspondence – With Remittance	D. See Disposition 1A. Note: Attach correspondence to return. If correspondence is more complex – Route to IDOR
	E. Simple Correspondence – Without Remittance	E. See Disposition 1A. Note: Attach correspondence to return. If correspondence is more complex – Route to IDOR
	F. Multi (two or more unlike forms with one remittance)	F. Contractor shall process if the total amount due on all forms equals the total amount of the payments. Otherwise, route entire transaction to IDOR.
	G. Tax Protest Letter	G. Bundle separately and place in an envelope clearly & boldly labeled “ PROTEST ITEM ”. Route entire transaction, including remittance, to IDOR.
	H. Amended Returns	H. Route entire transaction to IDOR.
	I. ST-1 Payment Voucher & Check Only	I. Contractor to Process
	J. Splits (different form types for the same tax type)	J. Route to IDOR
Lone Checks	A. Unattached checks received without tax forms. Sort separately, maintain date received integrity and coding.	A. Contractor to provide an online exceptions decision/processing system. If unable to rectify, route to IDOR.

Non-IDOR Remittances	A. Remittances not made payable to IDOR or acceptable payee. Maintain date received integrity and coding.	A. Route transaction (check and document) to IDOR.
Attachments	A. The following are acceptable attachments: PST-2, Credit Letter, and Taxpayer Statement	A. Contractor to process ST-1/ST-2 return and leave attachments, if check covers ST-1/ST-2 only. If just one check for all forms – Route to IDOR.
ST-1 Web payment voucher	A. 1. With Remit 2. Without Remit	A. 1. Contractor to process 2. Route to IDOR

Exception Item Sorts

The Department would like the items sorted and labeled by the following: ST-1 unprocessable returns with remittance, ST-1 unprocessable returns without remittance, ST-2 unprocessable returns with remittance, and ST-2 unprocessable returns without remittance. Protested payments shall be bundled separately and labeled “Protested Payments”. In addition, all items that are \$10,000 and over should be marked “Big Money” or “≥\$10,000”. All other miscellaneous correspondence and any other tax forms should be bundled separately. Send these and all other exception items to: IDOR Forms Process Section: Miscellaneous Exception Items. A routing tag with the received date shall be placed on each bundle of exception items.

Envelope Processing

All envelopes are retained and imaged. The envelope should be attached to the back of the corresponding return after processing and placed in the batch folder.

Certified Mail Processing

- Certified mail is not batched separately.
- All certified mail must have the envelope date (postmark date) recorded in the source code area of the return (top right hand corner). The envelope date will need to be captured for the file transmission (by the Data Entry vendor).
- All certified mail receipts (green cards received from the U.S. Post Office) are stamped and returned to the U.S. Post Office. Copies of the delivery receipts from the U.S. Post Office shall be forwarded to IDOR daily.

Procedures for Preparing the Return Batches

Creating Log Page Numbers for the Batch Control Log Transmittal

The Contractor shall be required to create log page numbers for all the batches. The requirements are as follows:

1. No more than 25 batches per log page number. The log page number consists of six digits. The first digit will be an assigned number by IDOR. The remaining five digits will be a sequential set of numbers.
Example: IDOR assigns 9 as the first digit (900001, 900002, 900003...)
2. Log pages must contain the same type of work, Julian date, and station number per log page number.
3. Make three sets of the Batch Control Log Transmittal to be sent to IDOR.

Place in envelope and label as follows:

- ATTN: D.E.
- ATTN: R.M.D.
- ATTN: PROD. CNTL./REV. ACCT.

4. Fields required on log page.

A. Heading information:

- Log page number
- Julian date
- Calendar date
- Vendor
- Job
 - ST1WOLVN
 - ST1WRLVN
 - ST2WOLVN
 - ST2WRLVN
- Transaction code (constant 210)

B. Detailed information per batch (for Vendor and IDOR use):

- Date received
- Batch number (station # + sequence #)
- Document count

C. Totals

- Document count

Calculating Keystrokes

The Contractor shall be required to calculate the total amount of work that was received on current Julian day. The following steps should be taken:

1. For each of the various types of work, multiply the number of documents being sent by the average number of keystrokes for that job. The kesystrokes listed below are the billable keystrokes for the ST-1/2 returns and may be changed at the sole option of the Department.

<u>JOB</u>	<u>KEYSTROKES</u>
ST1WOLVN	189
ST1WRLVN	261
ST2WOLVN	686
ST2WRLVN	881

2. Copy this information on the keystroke calculation form and fax to the contact person at IDOR, daily.

Preparing the Work for Data Entry & Shipment to IDOR

If the Contractor chooses to subcontract the Data Entry portion of the contract to another party, these are the current controls in place and should be used as a guide when submitting the work.

The Contractor shall prepare the work for data entry of the documents. This shall be performed daily. The following steps should be taken:

1. Place Vendor's name on heading of log page by SYS/VEN. See "Sample log page" at the end of this section.
2. Prepare a daily control report.
 - A. Work needs to be by type and in batch number order.
 - B. Fields required on report.
 1. Heading information
 - Date started
 - Date due back
 - Vendor's name
 2. Detailed information per type of work
 - Job
 - Batch name
 - Batch count
 - Document count
 - Log page
 - Date returned (IDOR use only)
 - Comments (IDOR use only)
 3. Total information per type of work.
 - Batch Name
 - Batch Subtotal

- Document Subtotal
- Keystrokes Subtotal

4. Grand total

- Job Type(s)
- Total Batches Due
- Documents
- Keystrokes

5. Number of boxes

6. Released From Lockbox for data entry by:

- Preparer's name
- Date

7. Received by data entry:

- Receiver's name
- Time
- Date

3. Boxing of the work.

- A. The boxes need to be labeled with the address of where the work is to be returned after the returns have been data entered.

RETURN TO: ILLINOIS DEPARTMENT OF REVENUE
 WILLARD ICE BUILDING
 101 W. JEFFERSON ST
 SPRINGFIELD, IL 62702
 DATA ENTRY CONTROL

- B. The batches must be in order and by type in the box. DO NOT split a Batch Control Log Transmittal in different boxes.
- C. The Batch Control Log Transmittal should be put in front of the first batch of that log in the box, after verifying that all batches are accounted for.
- D. A copy of the daily control report is to be placed in the first box of the shipment.
- E. The boxes must be securely taped.
- F. Deliver the signed original daily control report and the required sets of log pages to the contact person at IDOR. If IDOR is scheduled to do any of the work, this needs to be delivered. This delivery needs to be sent no later than 8:00 A.M. the following morning. See "Daily Control Report" example.

Note: Lockbox should keep a copy of the daily control report.

Example Daily Control Report

DAILY CONTROL REPORT

VENDOR: ACD

DATE SENT OUT: 6/12/2015

DATE DUE BACK: _____

FORM TYPE	BATCH NAME	BATCH CNT	DOC CNT	LOGPAGE	DATE RCVD	TRANS DTE
ST1wrlvn	1516282601-05	5	184	516201		
TOTAL		5	184			
ST1wolvn	1516283901-04	4	61	516202		
TOTAL		4	61			
ST2wolvn	1516284001-01	1	10	516203		
TOTAL		1	10			
ST2wrlvn	1516283701-01	1	5	516205		
TOTAL		1	5			
ALL FORM TYPES						
TOTAL	BATCH CNT	11	DOCUMENTS	260		

NUMBER OF BOXES: 1

RELEASED FROM BANK LOCKBOX BY: _____ DATE: 6/12/2015

RECEIVED BY: _____ DATE: _____

Example log page

LOG BOOK PG	516201	JULIAN DATE	15162	FORM TYPE	ST1wrlvn	SYS/VENDOR	ACD
CALENDAR DATE		DATE				TRANS CODE	210
DATA ENT OPER	VER OPER	BALANCE	DATE RECVD	JULIAN DATE	STATION NUM	BATCH #	DOC COUNT
			15162	15162	826	01	90
			15162	15162	826	02	80
			15162	15162	826	03	2
			15162	15162	826	04	5
			15162	15162	826	05	7

TOTAL DOCUMENTS 184

LOG BOOK PG	516202	JULIAN DATE	15162	FORM TYPE	ST1wolvn	SYS/VENDOR	ACD
CALENDAR DATE		DATE				TRANS CODE	210
DATA ENT OPER	VER OPER	BALANCE	DATE RECVD	JULIAN DATE	STATION NUM	BATCH #	DOC COUNT
			15162	15162	839	01	53
			15162	15162	839	02	2
			15162	15162	839	03	3
			15162	15162	839	04	3

TOTAL DOCUMENTS 61

LOG BOOK PG	516203	JULIAN DATE	15162	FORM TYPE	ST2wolvn	SYS/VENDOR	ACD
CALENDAR DATE		DATE				TRANS CODE	220
DATA ENT OPER	VER OPER	BALANCE	DATE RECVD	JULIAN DATE	STATION NUM	BATCH #	DOC COUNT
			15162	15162	840	01	10

TOTAL DOCUMENTS 10

LOG BOOK PG	516205	JULIAN DATE	15162	FORM TYPE	ST2wrlvn	SYS/VENDOR	ACD
CALENDAR DATE		DATE				TRANS CODE	220
DATA ENT OPER	VER OPER	BALANCE	DATE RECVD	JULIAN DATE	STATION NUM	BATCH #	DOC COUNT
			15162	15162	837	01	5

TOTAL DOCUMENTS 5

Edits

The edits must check the following:

1. Batch number is valid.
 - Batch Control number must remain the same throughout the batch.
 - Batch Control number consists of the year, Julian Date, station number, and batch sequence number.

Year must equal current year or previous year Julian Date = 001-366
2. Document number is valid.
 - Document may be 000-249.
 - 100 ST-1s
 - 25 ST-2s
 - 250 ST-1 coupons
 - Must numeric, document numbers 000-099 must be left zeroed.
 - Documents must be in sequence.
3. Account ID/IBT Number (up to 8 digits) and (APE, PCID, Form Code ID) are valid.
 - MOD 11 check digit is valid.
 - Note:** Mod 11 check digit routine is used for both parts of the scan line.
4. Transaction Type is valid.
 - ST-1/ST-2 returns (210) & ST-1/ST-2 coupons (240)
 - The transaction type with remittance or without remittance must remain the same throughout the batch.
 - Note:** ST-1 & ST-2 coupons without remittance are not to be processed.
5. Any money amount present must be left zeroed (right justified, no spaces).
6. The edits must balance on money amounts in the payment amount field and document count.
7. The edit prints out an Itemized Listing with the following detailed information:
 - Batch Control and Document number
 - Account ID
 - Form type
 - Payment type
 - Official use amount
 - APE
 - Tax system code
 - Source ID
 - Total entered and accumulated dollar amounts
 - Total entered and accumulated document counts
 - Total record count
8. The edit must show an "In Balance" result. Out of balance batches are never sent in the transmission.

Lockbox Imaging and Communication Specifications

2015

IL-501

IL-941

IL-1040-ES

IL-505-I

ST-1/ST-2

Lockbox Instructions Overview

The purpose of this document is to communicate to the Lockbox how to construct and transmit data and image files to the Illinois Department of Revenue (IDOR). At this time, the following types of tax forms are included in the imaging project.

- ST-1 payment only (Station 911)
- ST-1 /ST-2 return and payment (with returns batched and sent to be data entered)
- IL-1040-ES payment
- IL-501 payment
- IL-941 return and payment
- IL-505-I payment

Note: All imaging required in the RFP must be in compliance with the State Records Act. All digital surrogates produced will be in compliance with Section 4400.070 Digital Reproduction in the State Records Act.

Constructing and Sending Transmission Files

Transmission Types and Components

A transmission file is a ZIP archive that contains a single data file, and may also contain multiple TIFF image files, and one or more report files. Each ZIP file will contain processing for a single tax form type; data and images for different form types may not be combined together in the same transmission file.

A transmission file could contain an entire day's processing for a particular form type, but sending multiple files for a given form type on the same day is also allowed, and in fact may be required in certain situations: because the ZIP64 format extensions are not yet supported, the number of entries in the **ZIP file must not be greater than 65,535 and the total file size must not exceed 4 GB.**

The Department's Images On Demand (IOD) system classifies transmissions into several different types. Initially, the lockbox will use a combination of "original" and "revised" transmissions to communicate to the Department of Revenue. The transmission of data for a particular set of documents will be associated with a transmission identifier, which is part of the transmission file name (see file naming conventions). Normally, the lockbox will send an original transmission, which is the first transmission under a given transmission identifier.

If the file does not pass the edit and balancing checks done by IDOR's Electronic Funds System (EFS), the EFS contact person will work with the lockbox to resolve the issue and a replacement file will be created. This replacement file should be created with the same IOD file name as the previous transmission, and will therefore still be considered by IOD as an "original" transmission.

Once the transmission file passes the EFS edit and balancing checks, it will be passed on to IOD. If the file does not pass the IOD edit and balancing checks, the lockbox may be requested to send a revised transmission file. Additionally, if it is determined that errors exist in the original transmission after IOD has accepted the file, the

re-transmission of the file will need to be in the form of a revised transmission. In these cases, IOD staff will work with the EFS staff to resolve these issues and communicate a plan for re-submitting a corrected file. When a revised transmission is sent, the substitute transmission file will have a modified IOD file name, following the file naming conventions for transmission files.

File Specifications

Specifications - Data File

The transmission ZIP file will always contain one data file (original or revised). The data file will

- be in a flat text file format following the record and field requirements.
- have the same name as the transmission ZIP file (apart from the file extension), following the file naming conventions for transmission files.
- have a .TXT extension.

Specifications - Image File

The transmission ZIP file may contain multiple image files associated with the data file. Images should be submitted as follows:

- In TIFF format
- As a multipart TIFF file or as part of an image set for a single document.
- Image file names can be anything the lockbox chooses, as long as they adhere to the following standards:
 - The name must be 50 characters long or less (including the extension).
 - The name must not contain any spaces.
 - The file must have a .TIF or .TIFF extension.
 - The name must correspond to the name referenced in the data file.

Note: Any leading or trailing spaces found in the image file name field within the data files image record will be stripped.

Specifications - Daily Report File

The transmission ZIP file may contain multiple report files associated with the data file. Reports should be submitted as follows:

- In text format
- Submitted as a separate file from the data file
- Named according to EFS standards. Note: EFS will work with the lockbox to supply the file name. The name must correspond to the name referenced in the report record within the data file.
- Contain the same layout and data as the examples included.
- See Daily Report File Examples for a complete listing of possible report file layouts.

File Naming Conventions for Transmission Files

Original and Revised Transmission Files

The ZIP file will be named with the transmission identifier plus the revision number plus the update number followed by the .ZIP extension. The transmission file name should not contain spaces. The name will be constructed of the following parts in sequence:

- Transmission identifier will be equal to:
 - The IOD assigned lockbox abbreviation followed by an underscore
 - Julian date (7 digits) followed by an underscore
 - Lockbox's unique identifier for the file followed by an underscore. The lockbox's unique identifier for the file will be an incremental number representing how many transmissions have come from the lockbox that day or some other predetermined unique identifier, like document type plus incremental number. This would have to be agreed upon at the time of the file design between the bank and IDOR. This will indicate which order the transmission files will be processed in. The bank's unique identifier cannot contain spaces.
 - Revision number will be equal to "R" + revision number as NNN (3 digits). For original transmission files, the three digit number will be "000". Revised transmission files will have a revision number incremented by one compared to the previous transmission sent under the same transmission identifier.
 - Update number will be equal to "U000".

Examples:

Type of File	ZIP file name
Original transmission from Lockbox bank using the revenue batch number as the unique identifier.	LBXXX_2004276_63201_R000U000.ZIP
Test transmission from Lockbox bank using the revenue batch number as the unique identifier.	LBXXX-TEST_2004276_63201_R000U000.ZIP
Revised transmission file from Lockbox bank for first transmission file for the day using the form and an incremental number as the unique identifier.	LBXXX_2005276_IL9410001_R001U000.ZIP
Revised test transmission file from Lockbox bank for first transmission file for the day using the form and an incremental number as the unique identifier.	LBXXX-TEST_2005276_IL9410001_R001U000.ZIP

Note: If, for any reason, multiple abbreviations are required, they will consist of the abbreviations listed above followed by a sequence number, for example: LBXXX1, LBXXX2, LBXXX3.

Sending Transmission Files - Utility Transfer Program / HttpsPost User Guide

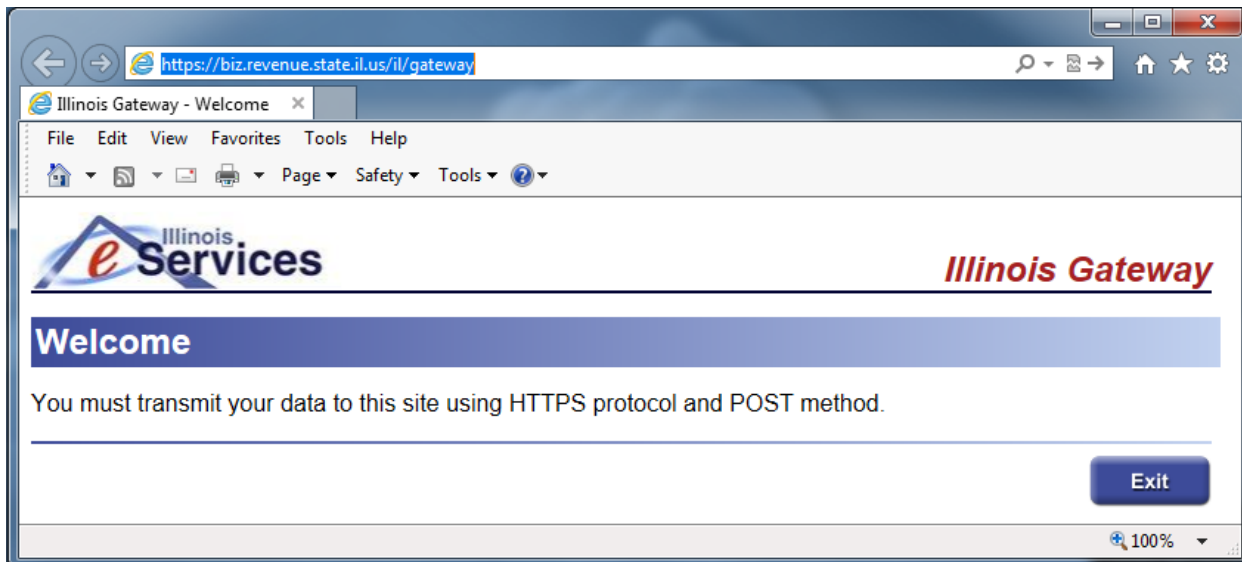
Description

The HttpsPost utility program transfers files to and from the Illinois Department of Revenue's (IDOR) Gateway via the internet using Secure Socket Layer (SSL) technology. The utility runs as a 32-bit application under Microsoft Windows XP, Windows Server 2003, Windows Vista, Windows Server 2008, Windows 7 and Windows 8. The program supports both a graphical user interface (GUI) mode of operation as well as a command line mode suitable for batch processing.

The program requires a connection to the internet and makes use of Windows' built-in Winsock and certificate management software. These items must have already been installed and set up correctly before attempting to run the program. The best approach is to test the computer setup and internet connectivity first by trying to connect to the IDOR Gateway through a web browser. The web address has the following URL:

`https://biz.revenue.state.il.us/il/gateway`

For example, browsing to this URL with Internet Explorer, one should see a web page similar to the illustration below. In addition to testing the computer's network connectivity, seeing this page also proves that the SSL certificate exchange has been successful and your computer system recognizes our site as being authentic. Issues involving SSL site certificate exchange must be resolved by emailing rev.ecstech@illinois.gov.



Installation

Installation consists of simply copying the executable file, HttpsPost.exe, to an **empty** directory or folder.

Program Use

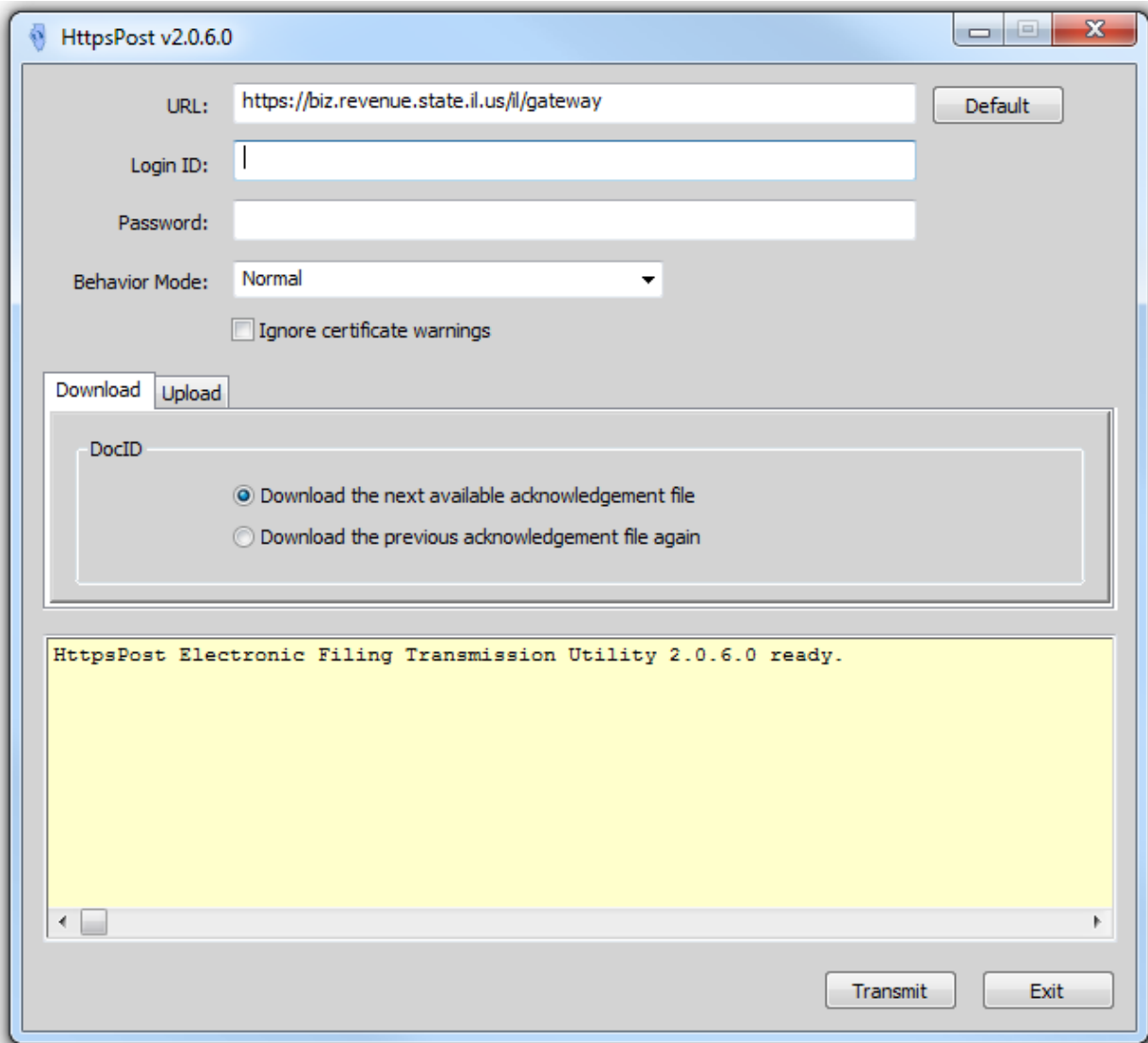
For convenience in launching the application in its GUI mode, place shortcuts to the executable on the desktop or in the Windows start menu. Simply launching the executable without command line arguments starts the application in its GUI mode.

During operation, the program creates two files in the current working directory. One is named `HttpsPost.log`, which is a text file of logging information showing some messages regarding the HTTP session. This log file provides session record keeping and may be helpful for debugging. The file is overwritten each time a new HTTP connection is made so that it contains only the log of the last full session completed.

The other file, named `Response.ack`, contains the body of the HTTP response data returned to the application from the IDOR Gateway. This file will contain all acknowledgements sent by the server during the connection.

Whenever a new connection or new transmission is made, the content of the `Response.ack` file is completely erased and all new response data are recorded here in its place. Therefore, before initiating a new transmission, be sure to rename the `Response.ack` file, or move the `Response.ack` file to another directory where it will not be overwritten.

After launching the `HttpsPost` program in its GUI mode, one should see a window similar to the illustration below.



The input field labeled "Logon ID" should contain the user's five-character login ID (ETIN) that was assigned by IDOR. The input field labeled "Password" should contain the user's password. The drop-down list labeled

“Behavior Mode” should remain set to its default setting of “Normal” for most users. The other behavior mode settings will be explained later in this document. The “Ignore certificate warnings” check box will allow you to automatically ignore digital certificate warnings. This should only be checked for troubleshooting connection failures resulting from errors involving digital certificate exchange during SSL handshaking. One of the tabs labeled “Download” and “Upload” should be selected to indicate whether the user wants to download an acknowledgement file from the gateway or upload a file to the gateway. If the Download tab is selected, the user must select one of the options labeled “Download the next available acknowledgement file” and “Download the previous acknowledgement file again”. If the Upload tab is selected, the input field labeled "DocID" may be used at the discretion of the user. It should generally contain any character string that conveys meaning to the user uniquely related to the file that will be uploaded. Any alphanumeric sequence, including leaving the input field blank, may be used here with the exception of two reserved values. The reserved values are "NewAck" and "LastAck", neither of which is case sensitive. The "NewAck" and "LastAck" values have special meanings to the IDOR Gateway for transmitting acknowledgements as will be discussed later.

At the end of a transmission, whatever character string value was in the "DocID" input field will be echoed back to the transmitter as part of an acknowledgement-one receipt for the transmission as the `TransmissionIDNumber`. Hence, the "DocID" value may be useful to the user as a way of associating an acknowledgement-one receipt to its transmitted file. At the end of every successful file transmission the server returns this acknowledgement-one as proof of receipt of transmission. The acknowledgement-one receipt will appear in the `Response.ack` file similar to the following text:

```
Illinois Department of Revenue Acknowledgement One
1. ETIN = 12345
2. TransmissionIDNumber = doc1
3. TransmissionTimeStamp = 10/07/2013 12:30:33 PM
4. FileSize = 436352
5. SysFileName = T1234520131007123033829.280
```

No transmission should ever be considered successful unless an acknowledgement-one receipt is received.

The input field labeled "Filename" should contain the full path to the file the user intends to upload to the IDOR Gateway. Click on the "Browse" button to use a dialog window to navigate interactively to this file. Finally, click on the "Transmit" button to begin the transmission.

If the Download tab is selected, for downloading an acknowledgement file, then one of the two, special, reserved values will automatically be supplied for the "DocID" of the transmission. Selecting the “Download the next available acknowledgement file” option will automatically use the DocID of "NewAck", not case sensitive, to download the next available new acknowledgement file waiting to be retrieved. In case some error prevents an acknowledgement file from downloading successfully, then select the “Download the previous acknowledgement file again” option which will automatically use the DocID of "LastAck", also not case sensitive, to request that the last acknowledgement file downloaded be resent. The "Download the previous acknowledgement file again" option may be used repeatedly. However, once the "Download the next available acknowledgement file" option is used again, the previously downloaded acknowledgement file will no longer be available. The acknowledgement file downloaded using the "Download the next available acknowledgement file" option becomes the file available for retransmission in a subsequent use of the "Download the previous acknowledgement file again" option. The presence of either of the two special values, either “NewAck” or “LastAck”, is what triggers the IDOR Gateway to send an acknowledgement file. When one of these values is

present in the DocID transmission request, the gateway immediately responds with the contents of the acknowledgement file and no file will be uploaded to the IDOR Gateway even if the “Filename” input field is filled in.

A single transmission request cannot both upload a file and download an acknowledgement file.

Command Line Operation

Adding command line arguments automatically switches the HttpsPost program into its command line mode of operation. In this mode, the program will display the user interface during transmission, but no interaction with the user interface will be possible. The values of each input field will be supplied by the command line parameters. If command line parameters are supplied, the program requires between a minimum of four parameters, up to a maximum of eight parameters, each separated by a space. If a parameter contains embedded space characters, use double quotation characters before and after the parameter. The command line has the following form where [] indicate optional parameters and | separates a list of acceptable values for a parameter:

```
HttpsPost.exe <url | /Default> <loginid> <password> <docid | NEWACK | LASTACK>
[<filename>] [</ProxyUser:user>] [</ProxyPassword:password>] [</BehaviorMode:NORMAL |
FSET105 | FSET44>] [</IgnoreCerts>]
```

Where:

<url | /Default> = The URL of the site or /Default will always go to “https://biz.revenue.state.il.us/il/gateway”.

<loginid> = The user’s 5 digit login ID (ETIN).

<password> = The user’s password.

<docid | NEWACK | LASTACK> = Since the GUI options are not available in command line mode, the DocID must be specified with either one of the special values NEWACK or LASTACK described above to download an acknowledgement file, or any other value to upload the file specified as the <filename> parameter.

<filename> = Optional parameter containing the full path filename of the file to be uploaded. This is only used if the docid parameter contains a value other than NEWACK or LASTACK.

</ProxyUser:user> = Optional parameter containing /ProxyUser: followed with the user’s proxy server login name. This is only used if Windows is configured to use a proxy server when connecting via the internet and only if the proxy server requires user authentication for such connectivity.

</ProxyPassword:password> = Optional parameter containing /ProxyPassword: followed with the user’s proxy server password. This is only used if Windows is configured to use a proxy server when connecting via the internet and only if the proxy server requires user authentication for such connectivity.

</BehaviorMode:NORMAL | FSET105 | FSET44> = Optional parameter containing /BehaviorMode: followed with one of the following values NORMAL, FSET105, or FSET44. The uses for this parameter will be explained later in this document.

</IgnoreCerts> = Optional parameter containing /IgnoreCerts. This parameter is used to ignore digital certificate warnings that can occur for several reasons including encountering a digital certificate that was issued

by an unrecognized Certificate Authority, a digital certificate whose name does not match the name of the server, expired digital certificates, etc.

In command line mode, the HttpsPost program returns error level 0 upon successful completion, returns error level 1 if an error occurs while sending data or error level 2 if an error occurs while receiving data. Below is a sample Windows batch file that demonstrates uploading a file, and using the error level to determine success or failure of the transmission:

```
@setlocal

start /w HttpsPost /default myetin mypassword mytransid c:\my\folder\file.txt
@if errorlevel 2 @goto badreceive
@if errorlevel 1 @goto badsend
@if errorlevel 0 @goto okay

@echo Unknown errorlevel %errorlevel%
@goto done

:okay
@echo OKAY
@goto done

:badsend
@echo SEND FAILED
@goto done

:badreceive
@echo RECEIVE FAILED
@goto done

:done
@echo.
@endlocal
```

Technical Information

The IDOR Gateway is available to use seven days a week except between the times of 11:30 pm to 3:00 am Central Time. This system down-time is required to allow for scheduled system maintenance.

Content-Length Header

File transfers are verified through the use of the `Content-Length` HTTP header. Every file transmission request to the IDOR Gateway must contain a `Content-Length` header specifying the number of bytes in the body of the message that will be transmitted. The IDOR Gateway verifies that all bytes were received by comparing the received file size with this header value. Discrepancies result in the transmission being rejected.

Likewise, a `Content-Length` header precedes all HTTP response data returned by the IDOR Gateway. This header specifies the number of bytes that will be transmitted in the body of the HTTP response. The HttpsPost program automatically checks this header and compares it to the received file size. If the two values do not match, the program will display an error message with a note of explanation. If you encounter a transmission error while receiving acknowledgements, the best error handling practice is to wait a few minutes, then request retransmission of the acknowledgement file using the “LastAck” value in the “DocID” command line parameter or choose the “Download the previous acknowledgement file again” option of the HttpsPost window.

Users who prefer to use their own software to send and receive files to the IDOR Gateway must supply a `Content-Length` header for file uploads, and their software is responsible for verifying file receipt by checking the file size against the value of the `Content-Length` header of the IDOR Gateway response.

Behavior Mode and Headers

When transmitting with “Behavior Mode” set to “Normal”, the value of the “DocID” field of the `HttpPost` program is passed to the IDOR Gateway as the value of the extended HTTP request header `X-Transmit-ID`, and the `Content-Type` HTTP header will contain the value `text/plain`. Users who write their own software must supply these headers in their HTTP requests and set the values appropriately. As described previously, acknowledgements will be returned whenever the `X-Transmit-ID` header contains the value “NewAck” or “LastAck”. These two reserved values are not case sensitive. Also, any other value for this header will cause the IDOR Gateway server to expect to receive a file from the user. After the file transfer, the value of the extended header will be returned in the acknowledgement-one response as a convenient form of document tracking for the user. The use of the extended header for document tracking is optional and remains at the discretion of the user.

The following shows an example of a complete http post transmission including all HTTP MIME headers:

```
POST /il/gateway HTTP/1.1
Host: biz.revenue.state.il.us
Authorization: Basic MDAwMDA6cGFzc3dvcmQ= (Base64 encoded)
Accept: text/plain, text/html, text/xml
User-Agent: (optional header)
X-Transmit-ID: DOC1
Content-Type: text/plain
Content-Length: 99
```

```
*****
The transmitted file goes here.
*****
```

Below is the complete HTTP response to the above transmission:

```
HTTP/1.1 200 OK
X-Powered-By: Servlet/3.0
HttpPostVersion: 2.0.4.0
Pragma: no-cache
Cache-Control: no-cache
Expires: Wed, 30 Oct 2013 19:35:45 GMT
Last-Modified: Wed, 30 Oct 2013 19:35:45 GMT
Content-Type: text/plain
Content-Length: 231
Content-Language: en-US
Date: Wed, 30 Oct 2013 19:35:45 GMT
Server: WebSphere Application Server/8.5
```

```
Illinois Department of Revenue Acknowledgement One
1. ETIN = 00000
2. TransmissionIDNumber = DOC1
3. TransmissionTimeStamp = 10/30/2013 02:35:45 PM
4. FileSize = 99
5. SysFileName = T0000020131030143545704.303
```

When transmitting with “Behavior Mode” set to “FSET105”, when downloading, the value of the “DocID” field of the `HttpPost` program is passed to the IDOR Gateway as the value of the extended HTTP request header `x-`

eFileRequestCode, and the Content-Type HTTP header will contain the value "Multipart/Related; type=text/xml". Users who write their own software must supply these headers in their HTTP requests and set the values appropriately. Similar to normal Behavior Mode, acknowledgements will be returned whenever the X-eFileRequestCode header contains the value "ILAck" or "ILLastAck". These two reserved values are not case sensitive. When uploading, set the value of this header to "ILSend" to cause the IDOR Gateway server to expect to receive a file formatted as a multipart request body containing XML formatted in compliance with the FSET 1.05 electronic filing specifications. Note that the "ILSend" value is exclusive to "Behavior Mode" "FSET105", and should not be used for other "Behavior Mode" settings. In addition, when uploading, the "DocID" value is not used when operating in "Behavior Mode" "FSET105" as the transmission ID is determined by the IDOR Gateway by parsing the value of the TransmissionId element in the SOAP envelope of the file being uploaded. After the file transfer, the value of the TransmissionId element in the SOAP envelope will be returned in the acknowledgement-one response as a convenient form of document tracking for the user, and the acknowledgement-one response will be formatted as XML using the Content-Type header value "text/xml". The HttpsPost program will automatically translate from "NewAck" and "LastAck" command line parameter values to "ILAck" and "ILLastAck", and will also automatically use the X-eFileRequestCode header instead of the X-Transmit-ID header when "Behavior Mode" is specified as "FSET105".

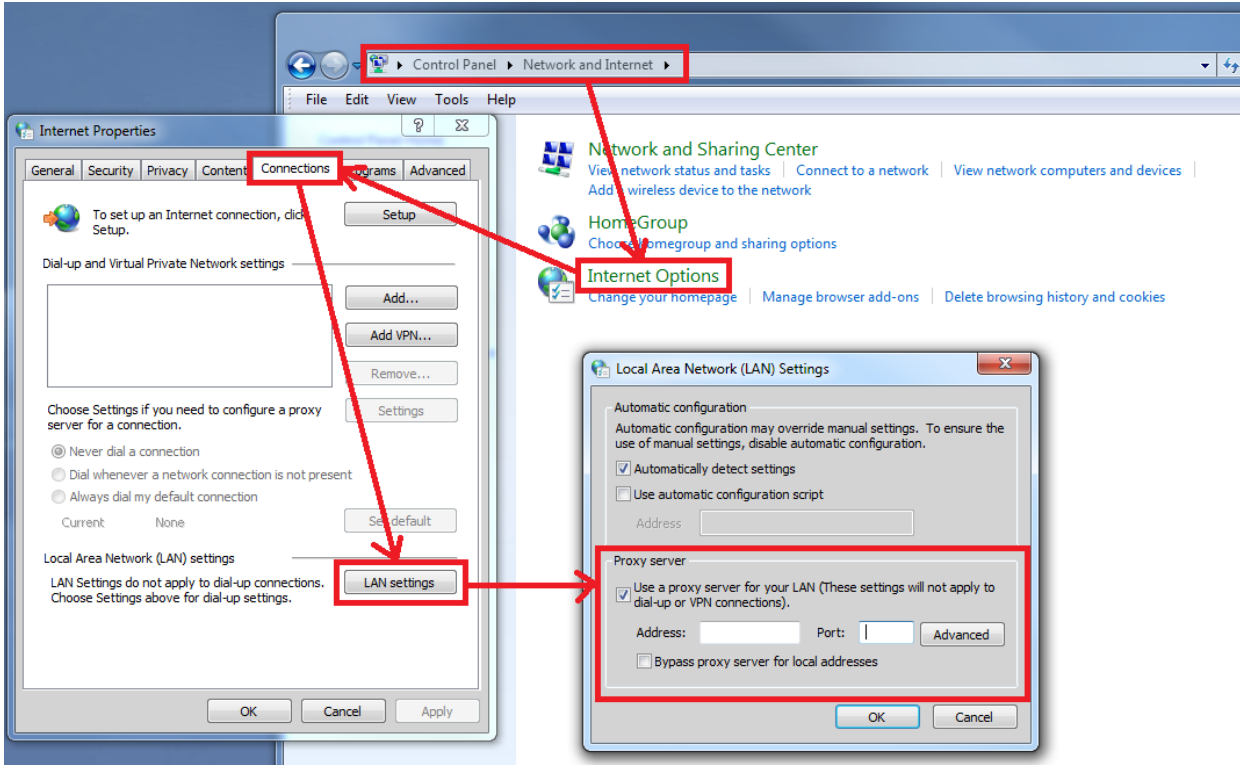
When transmitting with "Behavior Mode" set to "FSET44", the value of the "DocID" field of the HttpsPost program is passed to the IDOR Gateway as the value of the extended HTTP request header X-eFileRequestCode, and the Content-Type HTTP header will contain the value "text/xml". Users who write their own software must supply these headers in their HTTP requests and set the values appropriately. Similar to normal Behavior Mode, acknowledgements will be returned whenever the X-eFileRequestCode header contains the value "ILAck" or "ILLastAck". These two reserved values are not case sensitive. Setting the value of this header to any other value will cause the IDOR Gateway server to expect to receive a file formatted as a request body containing XML formatted in compliance with the FSET 4.4 electronic filing specifications. After the file transfer, the value of the extended header will be returned in the acknowledgement-one response as a convenient form of document tracking for the user, and the acknowledgement-one response will be formatted as XML using the Content-Type header value "text/xml". The use of the extended header for document tracking is optional and remains at the discretion of the user. The HttpsPost program will automatically translate from "NewAck" and "LastAck" command line parameter values to "ILAck" and "ILLastAck", and will also automatically use the X-eFileRequestCode header instead of the X-Transmit-ID header when "Behavior Mode" is specified as "FSET44".

Below is a sample acknowledgement one response for a FSET105 or FSET44 file upload (Note: the sample below has been reformatted for readability in this document):

```
<?xml version="1.0" encoding="utf-8"?>
<soapenv:Envelope xmlns:soapenv="http://schemas.xmlsoap.org/soap/envelope/"
  xmlns:soapenc="http://schemas.xmlsoap.org/soap/encoding/"
  xmlns:xsd="http://www.w3.org/2001/XMLSchema"
  xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance">
  <soapenv:Body>
    <ResponseIdentifier>Illinois Department of Revenue Acknowledgement One</ResponseIdentifier>
    <Etin>00000</Etin>
    <TransmissionId>DOC1</TransmissionId>
    <TransmissionFormType>FSET Return</TransmissionFormType>
    <TransmissionTimeStamp>2013-10-30T15:27:04-06:00</TransmissionTimeStamp>
    <TransmissionFileSize>2780</TransmissionFileSize>
    <SystemFileName>T0000020131030152704336.303</SystemFileName>
  </soapenv:Body>
</soapenv:Envelope>
```

Using a Proxy Server

The HttpsPost program will now automatically detect and utilize a proxy server when establishing an internet connection to the IDOR Gateway, provided that the proxy server settings have been properly configured using the Windows control panel. The illustration below shows the steps necessary to configure Windows 7 to utilize a proxy server:



Some proxy servers will require user authentication prior to establishing an internet connection. When the HttpsPost program is running in GUI mode and the proxy server requires authentication, a dialog box will automatically display in which the user can enter the user and password information for the proxy server authentication. When the HttpsPost program is running in command line mode and the proxy server requires authentication, the proxy server user and password information must be supplied using the `/ProxyUser:` and `/ProxyPassword:` command line parameters. Note that the proxy user and password are usually assigned by your network administrator. These should not be confused with your IDOR Gateway login ID (ETIN) and password which are assigned by the Illinois Department of Revenue.

IDOR Acknowledgment of Transmission Files

An acknowledgment file will be produced by EFS informing the lockbox the status of their transmission. The lockbox must pick up this file, verify it, and take action if the file was rejected (had errors).

How to Read Acknowledgment File

The five data elements listed below under "First Five Elements Returned" will be the first five data elements of each acknowledgment record returned.

IDOR required records would be returned in order sent starting with the Transmission Header Record and occurring for every IDOR required record for the entire file. For IDOR required records, the record sent will be returned as it was transmitted with the five acknowledgment data elements added to the beginning of the transmitted record and IDOR calculated counts added to the end of the transmitted record as one record. Acknowledgment records are structured as follows:

- first 5 data elements,
- transmitter counts as sent, and
- IDOR calculated counts for all IDOR required records for the overall transmission.

Optional records, such as a Form Data record, will not be returned as transmitted in the acknowledgment file. Only the five acknowledgment data elements will be returned for a record if there is an error. Multiple acknowledgment records of this type could be returned for an optional transmitted record if it has more than one error.

Every error will be a transmission reject. Error codes appear in the acknowledgment when the transmission is rejected. Correct errors accordingly and resend the transmission as soon as possible.

Acknowledgement File Record Errors

See Acknowledgment Error Key for a complete listing of possible errors communicated in the acknowledgement file.

Acknowledgement Transmission Header Record

If the whole transmission balances, EFS will return the transmission record; there will be spaces in the error code, field 030, then the transmitter counts and the calculated IDOR counts.

If the transmission doesn't balance, there will be an 800 error code in field 030, then the transmitter counts and the calculated IDOR counts. If the transmission is rejected for something other than out of balance at the Transmission header record level, it will have an 850 error code in field 030, transmitter counts and the IDOR calculated counts.

Required IDOR Header Records

If an IDOR required record has errors, then an error record will be generated, starting with the first record in error in the file. It would be formatted as follows:

- the five data elements first.
- For example "02040000023800050" is reporting that the 23rd line in the file is a Transaction header record and has a 800 error code (out of balance) for sequence 050 which is NUMBER OF IMAGES FOR THE TRANSACTION,
- transmitter counts, and
- IDOR calculated counts.

For detailed edits, IDOR's acknowledgment will repeat the acknowledgment error further down in the file with an R in field 030 and the transmitter record sent to us.

See the following layouts for more information about required IDOR header records:

- Acknowledgement Transmission Header layout
- Acknowledgement Deposit Header layout
- Acknowledgement Batch Header layout
- Acknowledgement Transaction Header layout

Optional IDOR Records

Optional record errors will follow IDOR required header record errors. If an optional record contains an error, then five data elements will be all that is returned for that record. For example, if a Form Data record has an error 025 INVALID DATE, the acknowledgment return record would be formatted as such: 04050100010025120. This reports that the 10th line in the file is a Form Data record and has a 025 error code for sequence number 120. There is one acknowledgment record for every error for optional IDOR records. Multiple acknowledgment records of this type could be returned if it has more than one error.

Acknowledgement Transmission Trailer

The transmission trailer will be the last record returned in the Acknowledgment file. See the Acknowledgement Transmission Trailer layout for more information.

Error Recovery/Problems/Backups

Vendors must be able to recreate either an entire transmission or particular batches upon request. When errors are found, the batches must be corrected and re-transmitted within 24 hours.

If you are having a problem that seems to be caused by hardware or software failure on our end, call Terry Dill during normal working hours. (Phone numbers and hours are listed in the next section.)

If the problem can't be solved within a reasonable amount of time, you may be required to send the data to us by courier on magnetic media or compact disk. This should be in the same format as the Electronic Data Transmissions without encryption and/or PKZIP.

Contact Information for Transmissions

Communication questions, hardware or software failures on our end:

ELECTRONIC COMMERCE SUPPORT

7:30 A.M. – 4:00 P.M., MONDAY THRU FRIDAY, EXCEPT FOR LEGAL HOLIDAYS

Terry Dill (https transmission problems) – (217) 782-3791

Helena Maranville – (217) 785-7374

Darren Hackett (backup) – (217) 782-1136

How to Read the IDOR Acknowledgement – Record Layouts

First Five Elements Returned

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	RECORD ID.
010	RECORD TYPE	4	3	6	N	RECORD TYPE.
020	NUMBER OF RECORD IN FILE	5	7	11	N	NUMBER OF RECORD IN FILE.
030	ERROR CODE	3	12	14	N	NNN = ACK ERROR CODE DEFINED BY IDOR.
040	SEQUENCE NUMBER	3	15	17	N	SEQUENCE FIELD NUMBER IN ERROR.

Acknowledgement Transmission Header Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "// "
010	RECORD TYPE	4	3	6	N	CONSTANT "0100"
020	CONFIGURATION FILE NAME	20	7	26	A/N	REPEATED FROM TRANSMISSION HEADER
030	IOD DATA FILE NAME	50	27	76	A/N	REPEATED FROM TRANSMISSION HEADER
040	IDOR APPLIED AMOUNT TOTAL	18	77	94	A/N	REPEATED FROM TRANSMISSION HEADER

045	FORM APPLIED AMOUNT TOTAL	18	95	112	A/N	REPEATED FROM TRANSMISSION HEADER
050	NUMBER OF PAYMENTS IN TRANSMISSION	10	113	122	N	REPEATED FROM TRANSMISSION HEADER
060	NUMBER OF IMAGES FOR TRANSMISSION	10	123	132	N	REPEATED FROM TRANSMISSION HEADER
065	NUMBER OF 4M'S IN TRANSMISSION	10	133	142	N	REPEATED FROM TRANSMISSION HEADER
070	NUMBER OF FORMS IN TRANSMISSION	10	143	152	N	REPEATED FROM TRANSMISSION HEADER
080	NUMBER OF BATCHES FOR TRANSMISSION	10	153	162	N	REPEATED FROM TRANSMISSION HEADER
090	NUMBER OF DEPOSITS FOR TRANSMISSION	10	163	172	N	REPEATED FROM TRANSMISSION HEADER
100	IDOR APPLIED AMOUNT TOTAL	18	173	190	A/N	CALCULATED IDOR APPLIED AMOUNT TOTAL
110	FORM APPLIED AMOUNT TOTAL	18	191	208	A/N	CALCULATED FORM APPLIED AMOUNT TOTAL
120	IDOR COUNT OF PAYMENTS IN TRANSMISSION	10	209	218	N	IDOR CALCULATED PAYMENTS IN TRANSMISSION
130	IDOR COUNT OF IMAGES FOR TRANSMISSION	10	219	228	N	IDOR CALCULATED IMAGES FOR TRANSMISSION
135	IDOR COUNT OF 4M'S IN TRANSMISSION	10	229	238	N	IDOR CALCULATED 4M'S FOR TRANSMISSION
140	IDOR COUNT OF FORMS IN TRANSMISSION	10	239	248	N	IDOR CALCULATED FORMS IN TRANSMISSION
150	IDOR COUNT OF BATCHES FOR TRANSMISSION	10	249	258	N	IDOR CALCULATED BATCHES FOR TRANSMISSION
160	IDOR COUNT OF DEPOSITS FOR TRANSMISSION	10	259	268	N	IDOR CALCULATED DEPOSITS FOR TRANSMISSION
170	PROCESS TYPE	1	269	269	A/N	"T" = TEST "P" = PRODUCTION
180	TRANSMISSION STATUS	1	270	270	A/N	"A" = ACCEPTED or "R" = REJECTED or "E" = ACCEPTED WITH ERRORS
190	RESERVED	6	271	276	A/N	RESERVED

Acknowledgement Deposit Header Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "01"
010	RECORD TYPE	4	3	6	N	CONSTANT "9000"
020	LOCKBOX NUMBER	4	7	10	A/N	REPEATED FROM DEPOSIT HEADER
030	DEPOSIT DATE	8	11	18	N	REPEATED FROM DEPOSIT HEADER
	DEPOSIT DATE CC	2				
	DEPOSIT DATE YY	2				
	DEPOSIT DATE MM	2				
	DEPOSIT DATE DD	2				
040	LOG BOOK PAGE NO	6	19	24	N	REPEATED FROM DEPOSIT HEADER
050	FINANCIAL INSTITUTE ID	2	25	26	A/N	REPEATED FROM DEPOSIT HEADER
060	RESERVED	9	27	35	A/N	REPEATED FROM DEPOSIT HEADER
070	ACCOUNT NUMBER QUALIFIER CODE	2	36	37	A/N	REPEATED FROM DEPOSIT HEADER
080	RESERVED	17	38	54	A/N	REPEATED FROM DEPOSIT HEADER
090	IDOR APPLIED AMOUNT TOTAL	17	55	71	A/N	REPEATED FROM DEPOSIT HEADER
095	FORM APPLIED AMOUNT TOTAL	17	72	88	A/N	REPEATED FROM DEPOSIT HEADER
100	TOTAL NUMBER OF BATCHES	10	89	98	N	REPEATED FROM DEPOSIT HEADER
110	TOTAL NUMBER OF DOCUMENTS	14	99	112	N	REPEATED FROM DEPOSIT

						HEADER
120	TOTAL NUMBER OF IMAGES	14	113	126	N	REPEATED FROM DEPOSIT HEADER
130	TOTAL NUMBER OF PAYMENTS	14	127	140	N	REPEATED FROM DEPOSIT HEADER
135	TOTAL NUMBER OF 4M'S	10	141	150	N	REPEATED FROM DEPOSIT HEADER
140	IDOR APPLIED AMOUNT TOTAL	17	151	167	A/N	CALCULATED IDOR APPLIED AMOUNT TOTAL
145	FORM APPLIED AMOUNT TOTAL	17	168	184	A/N	CALCULATED FORM APPLIED AMOUNT TOTAL
150	IDOR COUNT NUMBER OF BATCHES	10	185	194	N	IDOR CALCULATED NUMBER OF BATCHES
160	IDOR COUNT NUMBER OF DOCUMENTS	14	195	208	N	IDOR CALCULATED NUMBER OF DOCUMENTS
170	IDOR COUNT NUMBER OF IMAGES	14	209	222	N	IDOR CALCULATED NUMBER OF IMAGES
180	IDOR COUNT NUMBER OF PAYMENTS	14	223	236	N	IDOR CALCULATED NUMBER OF PAYMENTS
190	IDOR COUNT NUMBER OF 4M'S	10	237	246	N	IDOR CALCULATED NUMBER OF 4M'S

Acknowledgement Batch Header Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "03"
						CONSTANT "0300"
010	RECORD TYPE	4	3	6	N	0300 = REVENUE BATCH 0310-0399 = SOURCE BATCHES
020	IDOR APPLIED AMOUNT TOTAL	14	7	20	A/N	REPEATED FROM BATCH HEADER
025	FORM APPLIED AMOUNT TOTAL	14	21	34	A/N	REPEATED FROM BATCH HEADER
030	TOTAL NUMBER OF FORMS FOR BATCH	3	35	37	N	REPEATED FROM BATCH HEADER
035	TOTAL NUMBER OF 4M'S IN BATCH	10	38	47	N	REPEATED FROM BATCH HEADER
040	BATCH DATE RECEIVED	8	46	55	N	REPEATED FROM BATCH HEADER

	BATCH DATE RECEIVED CC	2				
	BATCH DATE RECEIVED YY	2				
	BATCH DATE RECEIVED MM	2				
	BATCH DATE RECEIVED DD	2				
050	REVENUE BATCH NUMBER	12	56	67	A/N	REPEATED FROM BATCH HEADER
060	RESERVED	70	68	137	A/N	REPEATED FROM BATCH HEADER
070	BATCH TYPE CODE	2	138	139	A/N	REPEATED FROM BATCH HEADER
080	IDOR APPLIED AMOUNT TOTAL	14	140	153	A/N	CALCULATED IDOR APPLIED AMOUNT TOTAL
085	FORM APPLIED AMOUNT TOTAL	14	154	167	A/N	CALCULATED FORM APPLIED AMOUNT TOTAL
090	IDOR COUNT NUMBER OF FORMS FOR BATCH	3	168	170	N	IDOR CALCULATED NUMBER OF FORMS FOR BATCH
095	IDOR COUNT NUMBER OF 4M'S FOR BATCH	10	171	180	N	IDOR CALCULATED NUMBER OF 4M'S FOR BATCH
100	RESERVED	20	181	200	A/N	RESERVED

Acknowledgement Transaction Header Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "02"
010	RECORD TYPE	4	3	6	N	CONSTANT "0400"
020	TRANSACTION ID	26	7	32	A/N	REPEATED FROM TRANSACTION HEADER
030	IDOR APPLIED AMOUNT TOTAL	14	33	46	A/N	REPEATED FROM TRANSACTION HEADER
035	FORM APPLIED AMOUNT TOTAL	14	47	60	A/N	REPEATED FROM TRANSACTION HEADER
040	NUMBER OF PAYMENTS IN TRANSACTION	5	61	65	N	REPEATED FROM TRANSACTION HEADER
050	NUMBER OF IMAGES FOR TRANSACTION	10	66	75	N	REPEATED FROM TRANSACTION HEADER
060	NUMBER OF FORMS IN TRANSACTION	5	76	80	N	REPEATED FROM TRANSACTION HEADER
065	NUMBER OF 4M'S IN TRANSACTION	10	81	90	N	REPEATED FROM TRANSACTION HEADER
070	IDOR APPLIED AMOUNT TOTAL	14	91	104	A/N	CALCULATED IDOR APPLIED AMOUNT TOTAL
080	FORM APPLIED AMOUNT TOTAL	14	105	118	A/N	CALCULATED FORM APPLIED AMOUNT TOTAL
090	IDOR COUNT NUMBER OF PAYMENTS IN TRANSACTION	5	119	123	N	IDOR CALCULATED NUMBER OF PAYMENTS IN TRANSACTION
110	IDOR COUNT NUMBER OF IMAGES FOR TRANSACTION	10	124	133	N	IDOR CALCULATED NUMBER OF IMAGES FOR TRANSACTION
120	IDOR COUNT NUMBER OF FORMS IN TRANSACTION	5	134	138	N	IDOR CALCULATED NUMBER OF FORMS IN TRANSACTION
130	IDOR COUNT NUMBER OF 4M'S	10	139	148	N	IDOR CALCULATED NUMBER OF 4M'S IN TRANSACTION

IN TRANSACTION						
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Acknowledgement Transmission Trailer Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "08"
010	RECORD TYPE	4	3	6	N	CONSTANT "0101"

Acknowledgement Error Key

ERROR CODES	ERROR VALUES
013	NON-NUMERIC DATA FOUND IN NUMERIC DATA ITEM.
025	INVALID DATE OR INVALID APE FORMAT
030	INVALID RECORD ID. MUST BE "/", "01 ", "02", "03", "04", "4A", "4M", "05", "06", "07", OR "08".
040	INVALID IDOR FORM NUMBER. (FIELD 090 - FORM DATA RECORD.)
050	INVALID TAXPAYER ID; NO POST AND/OR FAILED CHECK DIGIT.
060	INVALID IMAGE SEQUENCE NUMBER OR IMAGE SEQUENCE NUMBER OUT OF SEQUENCE.
070	INVALID IOD RECORD TYPE. (FIELD 010 - ALL RECORDS.)
080	INVALID CONFIGURATION FILE SPECIFIED IN THE TRANSMISSION HEADER RECORD. BLANK FOR FLAT FILE OR DOES NOT MATCH DATABASE FOR THE SOURCE.
090	INVALID DATA FILE SPECIFIED. (FIELD 030 - TRANSMISSION HEADER RECORD.) BLANK, NOT UPPERCASE OR DOES NOT MATCH THE .ZIP FILE.
100	INVALID PAYMENT METHOD CODE (FIELD 030 - PAYMENT DATA RECORD).
110	INVALID PAYMENT AMOUNT ON PAYMENT RECORD. IF PRESENT AMOUNT MUST BE > 0.
120	INVALID DATA TYPE; FILENAME CAN HAVE LEFT LEADING SPACES, RIGHT TRAILING SPACE BUT NO EMBEDDED SPACES.
210	REVENUE DOCUMENT NUMBER OUT OF SEQUENCE.
220	INVALID ABA NUMBER ENCOUNTERED.
230	INVALID DEPOSIT ACCT ENCOUNTERED.
235	INVALID CHECK NUMBER ENCOUNTERED.

240	WITHOUT REMIT BATCH WITH INVALID MONEY.
250	WITH REMIT BATCH WITH NO MONEY.
260	INVALID STATION NUMBER ENCOUNTERED AND/OR INVALID SEQUENCE NUMBER.
270	IMAGE FILES MUST BE NAMED WITH A VALID .TIF OR .TIFF EXTENSION. FILENAME CAN HAVE LEFT LEADING SPACES, RIGHT TRAILING SPACES BUT NO EMBEDDED SPACES.
275	INVALID REVISION NUMBER AND/OR UPDATE NUMBER SPECIFIED FOR TRANSMISSION FILE NAME IN TRANSMISSION HEADER RECORD.
280	IMAGE FILE NOT PRESENT IN ZIP ARCHIVE.
290	MISMATCH BDN.
800	OUT OF BALANCE.
805	TRANSACTION ID OUT OF SEQUENCE.
810	TRANSACTION ID NOT BETWEEN START AND END TRANSACTION ID RANGE.
850	TRANSMISSION REJECT.
900	FILE FAILED IOD GATEWAY, PLEASE CONTACT IDOR.

Record Requirements

Record Types

Lockbox will submit tax related data and images in a flat file format with the following record types:

- Header Records
 - Transmission Header- first line of file, required
 - Deposit Header - required
 - Batch Headers – required
 - Transaction Headers – required
- Data Records
 - Form Data Records
 - Payment Data Records
 - Miscellaneous Form Data Records
- Image Records
- Daily Report Records
- Transmission Trailer

Rules Applying to Record Types

The following general rules apply to submitting transmission file records:

Transmission Level

- One transmission header must be present
- The counts and amount totals found in the transmission header must match the actual counts of and dollar amounts in the form, misc. form, payment, and image records present in the file.

Batch Level

- The counts found in the batch header must equal the actual counts and values in the form, misc. form and payment records present in the file marked for the batch.
- For ST1 and ST2 return batches, there must be two batch header records. One batch header represents the return batches sent to the data entry vendor for keying. These return batch headers should appear after the transmission header and the deposit header. The other batch header represents the payment batches and is after the associated deposit header. This batch header is followed by the associated transaction header, form, image, payment and misc. form records.

Transaction Level

- The counts found in the transaction header must equal the actual counts and values in the form, misc. form, payment and image records present in the file found between the current transaction header and the next transaction header.
- Transaction IDs must appear in the transmission in sequential order by the date time stamp oldest to newest.

Form Level

- The counts found in the form record must equal the actual counts and values in the image records present in the file found between the current form record and the next form record or the next misc. form record or the next payment record.
- The order of the form records are as follows:
 - Form record
 - Image records for the form

Miscellaneous Form Level

- The counts found in the misc. form record must equal the actual counts and values in the image records present in the file found between the current misc. form record and the next form record or the next misc. form record or the next payment record.
- The order of the misc. form records are as follows:
 - Misc. form record
 - Image records for the misc. form

Payment Level

- The counts found in the payment record must equal the actual counts and values in the payment image records present in the file found between the current payment record and the next form record or the next misc. form record or the next payment record.
- The order of the payment records are as follows:
 - Payment record
 - Image records for the payment

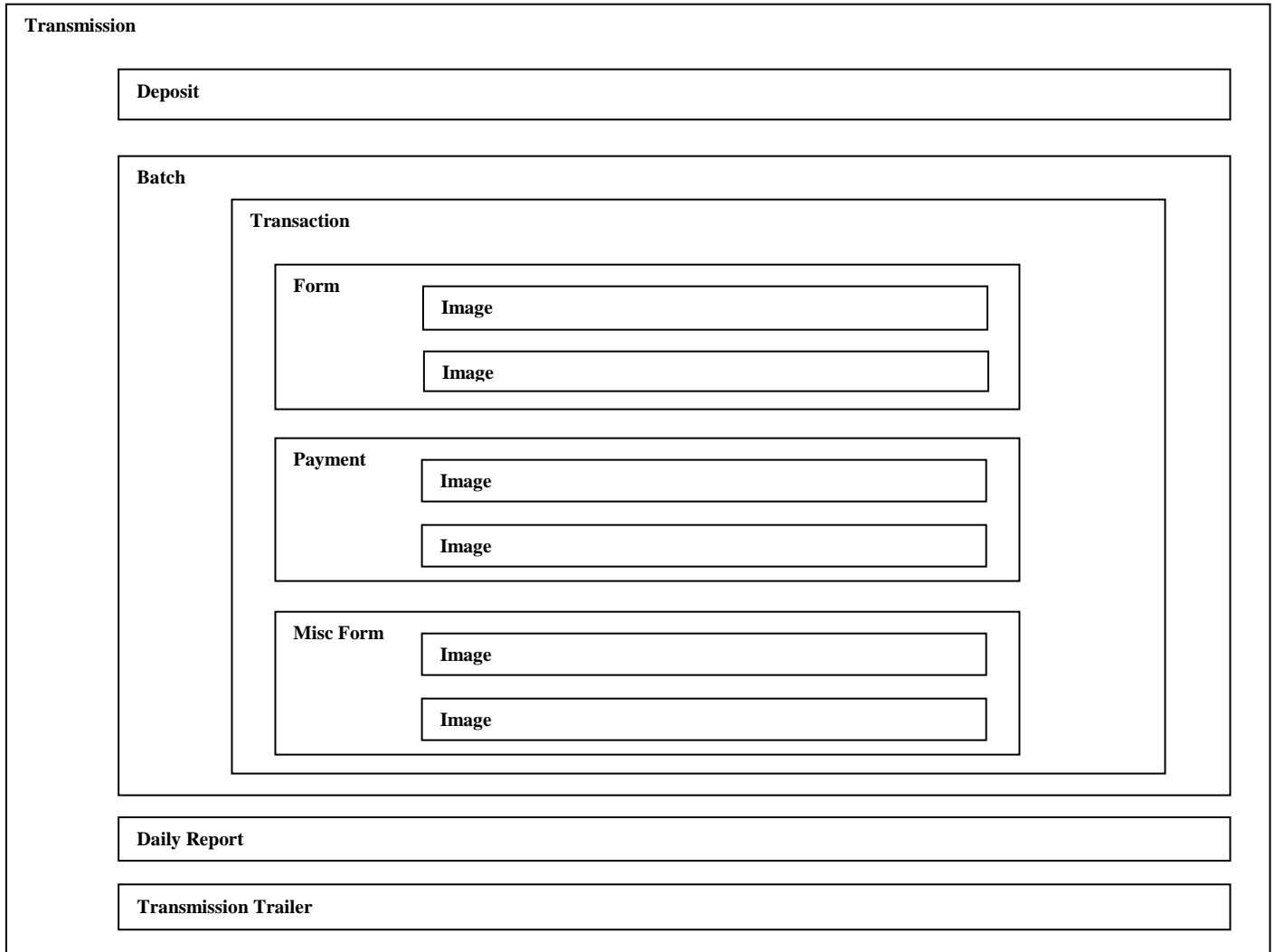
Reminder: The following records are required for a properly constructed lockbox transmission: Transmission Header record, Deposit Header record, Batch Header record(s) and Transaction Header record(s).

Record Relationships

Records sent to IDOR have some one-to-many relationships and some one-to-one relationships. The following relationships apply to original and revised transmissions. .

- A transmission is a collection of Revenue batches, transactions, forms, misc. forms, payments and image records. The transmission is synonymous with the file being sent.
- There is one transmission header record per transmission (file).
- There are one-to-many deposit records for each transmission.
- There can be one-to-many batch records in a deposit.
- There are one-to-many transactions within a transmission.
- There are one-to-many forms in a transaction.
- There are zero-to-many payments in a transaction.
- There are zero-to-many misc. forms in a transaction.
- There are zero-to-many image records in a form.
- There are zero-to-many image records in a payment.
- There are zero-to-many image records in a miscellaneous form.
- There are one-to-many daily report records per transmission. (The 300 Report is transmitted separately.)
- There is one transmission trailer record per transmission.

Record Relationship example



Record Layouts

Header Record Layouts Transmission Header Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "/"
010	RECORD TYPE	4	3	6	N	CONSTANT "0100"
020	CONFIGURATION FILE NAME	20	7	26	A/N	NAME OF CONFIGURATION FILE TO BE USED BY IOD IN TRANSLATING THIS TRANSMISSION. THIS WILL BE A CONSTANT PROVIDED TO THE LOCKBOX BY IDOR. THIS FIELD SHOULD NOT INCLUDE THE FILE EXTENSION.
030	IOD DATA FILE NAME	50	27	76	A/N	NAME OF DATA FILE (NO EXTENSION). SEE FILE NAMING CONVENTIONS. THE NAME OF DATA FILE MUST BE IN UPPERCASE.
040	IDOR APPLIED AMOUNT TOTAL	18	77	94	A/N	FORMAT 15.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL SUM OF TOTAL OF DEPOSIT RECORD(S), FIELD 090 - IDOR APPLIED AMOUNT TOTAL IN THIS TRANSMISSION.
045	FORM APPLIED AMOUNT TOTAL	18	95	112	A/N	FORMAT 15.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL SUM OF TOTAL OF DEPOSIT RECORD(S), FIELD 095 - FORM APPLIED AMOUNT TOTAL IN THIS TRANSMISSION.
050	NUMBER OF PAYMENTS IN TRANSMISSION	10	113	122	N	ENTER TOTAL NUMBER OF PAYMENTS IN FILE. MUST EQUAL THE COUNT OF 05 PAYMENT DATA RECORDS/CHECKS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
060	NUMBER OF IMAGES FOR TRANSMISSION	10	123	132	N	ENTER TOTAL NUMBER OF IMAGES IN FILE. MUST EQUAL THE COUNT OF 06 IMAGE RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
070	NUMBER OF FORMS IN TRANSMISSION	10	133	142	N	ENTER TOTAL NUMBER OF FORMS IN FILE. MUST EQUAL COUNT OF 04 FORM DATA RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.

080	NUMBER OF BATCHES FOR TRANSMISSION	10	143	152	N	ENTER TOTAL NUMBER OF BATCHES IN FILE. MUST EQUAL COUNT OF 03 BATCH HEADER RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
090	NUMBER OF DEPOSITS FOR TRANSMISSION	10	153	162	N	ENTER TOTAL NUMBER OF DEPOSITS IN FILE. MUST EQUAL COUNT OF 01 DEPOSIT HEADER RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
100	RESERVED	7	163	169	A/N	RESERVED; SPACE FILL
110	TRANS ID 1	3	170	172	A/N	CONSTANT "823"
120	SOURCE ID	12	173	184	A/N	ETIN + TAX TYPE
	ETIN	5				ETIN
	TAX TYPE	7				APPLICATION TYPE "/941LB " "/501LB " "/1040ES" "/ST1PYL" "/505I "
130	CREATE DATE	8	185	192	N	CCYYMMDD
140	TRANSACTION ID RANGE START	26	193	218	A/N	TRANSACTION ID RANGE START; CCYY-MM-DD-HH.MM.SS.NNNNNN. MUST EQUAL FIRST TRANSACTION ID (FIELD 020) OF THE TRANSACTION HEADER RECORD. SEE NOTE.
150	TRANSACTION ID RANGE END	26	219	244	A/N	TRANSACTION ID RANGE END; CCYY-MM-DD-HH.MM.SS.NNNNNN. MUST EQUAL LAST TRANSACTION ID (FIELD 020) OF THE TRANSACTION HEADER RECORD.
160	NUMBER OF 4M'S FOR TRANSMISSION	10	245	254	N	ENTER TOTAL NUMBER OF 4M'S IN FILE. MUST EQUAL COUNT OF 4M RECORDS IN FILE. RIGHT JUSTIFY, LEFT ZERO FILL.
165	RESERVED	32	255	286	A/N	RESERVED; SPACE FILL
170	LOCKBOX NAME	35	287	321	A/N	LOCKBOX NAME
	ONLY ONE PER FILE					**** NOTE ****
	MUST BE FIRST LINE OF FILE					
						THE RANGE OF TIMESTAMP VALUES SPECIFIED BY FIELD 140 (TRANSACTION ID RANGE START) AND FIELD 150 (TRANSACTION ID RANGE END) CANNOT OVERLAP WITH ANY OF THE RANGES PREVIOUSLY SPECIFIED.

Deposit Header Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "01"
010	RECORD TYPE	4	3	6	N	CONSTANT "9000"
020	LOCKBOX NUMBER	4	7	10	A/N	CONSTANT "0001"
030	DEPOSIT DATE	8	11	18	N	CCYYMMDD; ENTER DEPOSIT DATE
	DEPOSIT DATE CC	2				DEPOSIT DATE CC
	DEPOSIT DATE YY	2				DEPOSIT DATE YY
	DEPOSIT DATE MM	2				DEPOSIT DATE MM
	DEPOSIT DATE DD	2				DEPOSIT DATE DD
040	LOG BOOK PAGE NO	6	19	24	N	LOG BOOK PAGE NO; ENTER LOG PAGE NUMBER. SEE NOTE.
050	FINANCIAL INSTITUTE ID	2	25	26	A/N	CONSTANT "01"
060	RESERVED	9	27	35	A/N	RESERVED; SPACE FILL.
070	ACCOUNT NUMBER QUALIFIER CODE	2	36	37	A/N	CONSTANT "DA"
080	RESERVED	17	38	54	A/N	RESERVED; SPACE FILL.

090	IDOR APPLIED AMOUNT TOTAL	17	55	71	A/N	FORMAT 14.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE SUM OF THE TOTAL OF BATCH HEADER RECORD(S), FIELD 020 - IDOR APPLIED AMOUNT TOTAL IN THIS DEPOSIT.
095	FORM APPLIED AMOUNT TOTAL	17	72	88	A/N	FORMAT 14.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE SUM OF THE BATCH HEADER RECORD(S), FIELD 025 - FORM APPLIED AMOUNT TOTAL IN THIS DEPOSIT.

100	TOTAL NUMBER OF BATCHES	10	89	98	N	ENTER TOTAL NUMBER OF BATCHES IN DEPOSIT. MUST EQUAL COUNT OF 03 BATCH HEADER RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
110	TOTAL NUMBER OF FORMS	14	99	112	N	ENTER TOTAL NUMBER OF FORMS IN DEPOSIT. MUST EQUAL COUNT OF 04 FORM DATA RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
120	TOTAL NUMBER OF IMAGES	14	113	126	N	ENTER TOTAL NUMBER OF IMAGES IN DEPOSIT. MUST EQUAL COUNT OF 06 IMAGE RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.

130	TOTAL NUMBER OF PAYMENTS	14	127	140	N	ENTER TOTAL NUMBER OF PAYMENTS IN DEPOSIT. MUST EQUAL COUNT OF 05 PAYMENT RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
140	TOTAL NUMBER OF 4M'S IN DEPOSIT	10	141	150	N	ENTER TOTAL NUMBER OF 4M'S IN DEPOSIT. MUST EQUAL COUNT OF 4M RECORDS IN DEPOSIT. RIGHT JUSTIFY, LEFT ZERO FILL.
						**** NOTE ****
						ALL BATCHES IN THE DEPOSIT MUST HAVE THE SAME LOG PAGE NUMBER. FORMAT FOR

						THIS IS ONNNNN WHERE NNNNN IS THE LOG PAGE NUMBER FOR THE BATCHES IN THIS DEPOSIT.
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Batch Header Record

FIELD NO	FIELD NAME	LENGT H	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "03"
010	RECORD TYPE	4	3	6	N	CONSTANT "0300" 0300 = REVENUE BATCH 0310-0399 = SOURCE BATCHES
020	IDOR APPLIED AMOUNT TOTAL	14	7	20	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE AMOUNT OF FORM DATA RECORDS, FIELD 160 - IDOR APPLIED AMOUNTS FOR THIS BATCH.
025	FORM APPLIED AMOUNT TOTAL	14	21	34	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE AMOUNT OF FORM DATA RECORDS, FIELD 165 - FORM APPLIED AMOUNTS FOR THIS BATCH.
030	TOTAL NUMBER OF FORMS FOR BATCH	3	35	37	N	ENTER TOTAL NUMBER OF FORMS IN BATCH. MUST EQUAL COUNT OF 04 FORM DATA RECORDS IN BATCH. RIGHT JUSTIFY, LEFT ZERO FILL.
040	BATCH DATE RECEIVED	8	38	45	N	CCYYMMDD
	BATCH DATE RECEIVED CC	2				BATCH DATE RECEIVED CC
	BATCH DATE RECEIVED YY	2				BATCH DATE RECEIVED YY
	BATCH DATE RECEIVED MM	2				BATCH DATE RECEIVED MM
	BATCH DATE RECEIVED DD	2				BATCH DATE RECEIVED DD

050	REVENUE BATCH NUMBER	12	46	57	N	REVENUE BATCH =JULIAN PROCESSING DATE + 3 DIGIT STATION NUMBER + 2 DIGIT REVENUE BATCH SEQUENCE NUMBER CCYYJJNNNNN; FIRST 7 DIGITS MUST BE A VALID JULIAN DATE > TODAY'S DATE - 1 YEAR AND <= TODAY'S DATE.
060	NUMBER OF 4M'S IN BATCH	10	58	67	N	ENTER TOTAL NUMBER OF 4M'S IN BATCH. MUST EQUAL COUNT OF 4M RECORDS IN BATCH. RIGHT JUSTIFY, LEFT ZERO FILL.
065	RESERVED	60	68	127	A/N	RESERVED; SPACE FILL
070	BATCH TYPE CODE	2	128	129	A/N	ENTER " " IF BATCH IS WITH REMITTANCE. ENTER "09" IF BATCH IS WITHOUT REMITTANCE.
	ONE PER IDOR BATCH					
	MUST APPEAR AFTER TRANSMISSION HEADER					

Transaction Header Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "02"
010	RECORD TYPE	4	3	6	N	CONSTANT "0400"
020	TRANSACTION ID	26	7	32	A/N	CCYY-MM-DD-HH.MM.SS.NNNNNN UNIQUE TIMESTAMP TO SOURCE. MUST BE WITHIN TRANSMISSION HEADER TRANSACTION ID RANGE START AND END.
030	IDOR APPLIED AMOUNT TOTAL	14	33	46	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE SUM OF THE FORM DATA RECORD(S), FIELD 160 - IDOR APPLIED AMOUNT IN THIS TRANSACTION.
035	FORM APPLIED AMOUNT TOTAL	14	47	60	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. MUST EQUAL THE SUM OF THE FORM DATA RECORD(S), FIELD 165 - FORM APPLIED AMOUNT IN THIS TRANSACTION AND MUST EQUAL THE SUM OF THE PAYMENT DATA RECORD(S), FIELD 120 - PAYMENT RECEIVED AMOUNT IN THIS TRANSACTION.
040	NUMBER OF PAYMENTS IN TRANSACTION	5	61	65	N	ENTER TOTAL NUMBER OF PAYMENTS IN TRANSACTION. MUST EQUAL COUNT OF 05 PAYMENT DATA RECORDS\CHECKS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.
050	NUMBER OF IMAGES FOR TRANSACTION	10	66	75	N	ENTER TOTAL NUMBER OF IMAGES IN TRANSACTION. MUST

						EQUAL COUNT OF 06 IMAGE RECORDS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.
060	NUMBER OF FORMS IN TRANSACTION	5	76	80	N	ENTER TOTAL NUMBER OF FORMS IN TRANSACTION. MUST EQUAL COUNT OF 04 FORM DATA RECORDS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.
070	NUMBER OF 4M'S IN TRANSACTION	10	81	90	N	ENTER TOTAL NUMBER OF 4M'S IN TRANSACTION. MUST EQUAL COUNT OF 4M RECORDS IN TRANSACTION. RIGHT JUSTIFY, LEFT ZERO FILL.

080	SCANNER DLN	19	91	109	N	<p>ENTER TRANSACTION LEVEL DOCUMENT LOCATOR NUMBER IN THE FOLLOWING FORMAT: YYJJSSNNBBBBBBDDDD</p> <ul style="list-style-type: none"> • YY = 2 DIGIT YEAR OF DATE SCANNED • JJJ = 3 DIGIT JULIAN DAY OF DATE SCANNED • SS = SCANNER JOB NUMBER AS ASSIGNED BY THE VENDOR FOR THE FOLLOWING FORMS <ul style="list-style-type: none"> ○ IL-501 ○ IL-941 ○ IL-1040-ES ○ IL-505-I ○ ST-1/ST-2 • NN = SCANNER NUMBER AS ASSIGNED BY IDOR AFTER VENDOR SELECTION. • BBBB = SEQUENTIAL BATCH NUMBER AS ASSIGNED BY LOCKBOX LOCKBOX. THIS BATCH NUMBER IS NOT ASSOCIATED WITH THE REVENUE BATCH NUMBER. LEFT ZERO FILL. • DDD = SEQUENTIAL TRANSACTION NUMBER INCREMENTED FOR EACH TRANSACTION AS ASSIGNED BY LOCKBOX BANK. LEFT ZERO FILL. <p>REQUIRED FIELD AT REQUIRED LENGTH FOR EACH PART OF THE DEFINITION. JULIAN DATE MUST BE VALID. NO JUSTIFICATION. NO SPACES. THE DLN MUST BE UNIQUE FOR EACH TRANSACTION ACROSS ALL FILES.</p>
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Form Data Record –for All Tax Forms (IL-501, IL-941, IL-505-I, IL-1040-ES, ST-1)

Note: The form data record contains fields that are common to all tax forms. These common fields are represented in the table below. For the IL-941, there are additional fields specified in the Form Data Record – IL-941 Only. To construct the layout for the IL-941 tax form, combine the fields from the form data record and Form Data Record – IL-941 Only. (NOTE: These layouts do not support the secondary transmission of ST-1/ST-2 data entered for the return portion. Additional instructions will be provided).

FIELD NO	FIELD NAME	LENGT H	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "04"
010	RECORD TYPE	4	3	6	N	CONSTANT "0501"
020	APE QUALIFIER	2	7	8	N	01=CCYY-Q 02=CCYY-MM 03=CCYY-MM-DD 04=CCYY REQUIRED IF APE > SPACES
030	APE	10	9	18	A/N	IF VALID APE AVAILABLE, FIELD MUST CONTAIN A VALID DATE IN THE PROPER FORMAT AS IDENTIFIED IN THE FORM DATA RECORD, FIELD 020 - APE QUALIFIER; YEAR PORTION OF THE APE MUST BE >= 1928; LEFT JUSTIFY, RIGHT SPACE FILL. IF APE UNKNOWN OR INVALID, FIELD MUST CONTAIN TEN (10) SPACES.
040	FEIN	13	19	31	A/N	TAXPAYER ID. FEIN + SEQ + CHECK DIGIT
	FEIN	9				OPTIONAL; IF PRESENT MUST BE 9 NUMERIC. SPACE FILL OR ZERO FILL IF NOT PRESENT OR INVALID*.
	SEQUENCE NUMBER	3				OPTIONAL; SEQUENCE NUMBER FROM FORM. IF PRESENT MUST

						BE 3 NUMERIC. MUST BE BETWEEN 000-099 (INCLUSIVE), 777, or 999. SPACE FILL IF NOT PRESENT OR INVALID.
	CHECK DIGIT	1				OPTIONAL; VALID CHECK DIGIT MATCHES THE RESULT OF A CHECK DIGIT ROUTINE. SPACE FILL IF NOT PRESENT.
050	IBT	8	32	39	A/N	TAXPAYER ID. IBT; OPTIONAL, MUST BE 8 NUMERIC. SPACE FILL OR ZERO FILL IF NOT PRESENT OR INVALID*.
060	SSN	14	40	53	A/N	TAXPAYER ID. SSN + POST + CHECK DIGIT
	SSN	9				OPTIONAL; IF PRESENT MUST BE 9 NUMERIC. SPACE FILL OR ZERO FILL IF NOT PRESENT OR INVALID*.
	POST	4				OPTIONAL; IF PRESENT MUST BE VALID. VALID POST IS ALPHA ONLY AND AT LEAST 2 POSITIONS WITH NO EMBEDDED SPACES. SPACE FILL IF NOT PRESENT.
	CHECK DIGIT	1				OPTIONAL; VALID CHECK DIGIT MATCHES THE RESULT OF A CHECK DIGIT ROUTINE. SPACE FILL IF NOT PRESENT.
070	SPOUSE SSN	14	54	67	A/N	TAXPAYER ID. SPOUSE SSN + POST + CHECK DIGIT
	SPOUSE SSN	9				OPTIONAL; IF PRESENT MUST BE 9 NUMERIC. SPACE FILL OR ZERO FILL IF NOT PRESENT OR INVALID*.
	POST	4				OPTIONAL; IF PRESENT MUST BE VALID. VALID POST IS ALPHA ONLY AND AT LEAST 2 POSITIONS

						WITH NO EMBEDDED SPACES. SPACE FILL IF NOT PRESENT.
	CHECK DIGIT	1				OPTIONAL; VALID CHECK DIGIT MATCHES THE RESULT OF A CHECK DIGIT ROUTINE. SPACE FILL IF NOT PRESENT.
080	TRANSACTION ITEM SEQUENCE	5	68	72	N	<p>UNIQUE NUMBER FOR EACH FORM, PAYMENT OR 4M RECORD WITHIN THE TRANSACTION. ITEMS (FORM, PAYMENT AND 4M RECORDS) MUST APPEAR IN FILE IN SAME ORDER IN THE FILE AS TRANSACTION ITEM SEQUENCE NUMBERS GIVEN FOR THESE RECORDS.</p> <p>A TRANSACTION IS DEFINED AS ALL THE FORMS, PAYMENTS AND 4M'S THAT GO TOGETHER. A TRANSACTION CAN CONTAIN MULTIPLE FORMS AND OR MULTIPLE PAYMENTS AND OR MULTIPLE 4M'S OR COULD CONTAIN ONLY ONE FORM, ONE PAYMENT AND 4M.</p> <p>THE TRANSACTION ITEM SEQUENCE NUMBER SHOULD START AT ZERO FOR THE FIRST FORM, PAYMENT OR 4M AND INCREMENT BY ONE FOR EACH ADDITIONAL FORM, PAYMENT OR 4M WITHIN THE SAME TRANSACTION. FOR EXAMPLE, IF A TRANSACTION HAS ONE FORM,</p>

						<p>ONE PAYMENT RECORD AND ONE 4M RECORD, THE FORM WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00000, THE PAYMENT RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00001 AND THE 4M RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00002.</p> <p>TRANSACTION ITEM SEQUENCE NUMBERS DO NOT APPLY TO IMAGE RECORDS.</p>
090	IDOR IOD FORM NUMBER	3	73	75	A/N	<p>"603" = IL-1040ES "677" = ST-1 PAYMENT "710" = IL-941 "711" = IL-501 "712" = IL-505-I "002" = ST-1 RETURN WITH AND WITHOUT REMIT</p>
100	REVENUE BATCH NUMBER	12	76	87	N	<p>REVENUE BATCH =JULIAN PROCESSING DATE + 3 DIGIT STATION NUMBER + 2 DIGIT REVENUE BATCH SEQUENCE NUMBER CCYYJJNNNNN; FIRST 7 DIGITS MUST BE A VALID JULIAN DATE > TODAY'S DATE - 1 YEAR AND <= TODAY'S DATE.</p>

110	REVENUE DOCUMENT NBR	3	88	90	N	MUST BE PRESENT AND BEGIN WITH 000. MUST BE IN NUMERIC SEQUENCE 000, 001, 002.
120	SOURCE DATE RECEIVED	10	91	100	A/N	CCYY-MM-DD; MUST BE >TODAY'S DATE - 1 YEAR MUST BE <= TODAY'S DATE SOURCE DATE RECEIVED <= SOURCE DATE PROCESSED
130	SOURCE DATE PROCESSED	10	101	110	A/N	CCYY-MM-DD; MUST BE >TODAY'S DATE - 1 YEAR MUST BE <= TODAY'S DATE SOURCE DATE PROCESSED >= SOURCE DATE RECEIVED
140	SOURCE BATCH DOCUMENT NUMBER	50	111	160	A/N	SOURCE BATCH DOCUMENT NUMBER; SPACE FILL IF NOT PRESENT.
150	ENVELOPE DATE	10	161	170	A/N	CCYY-MM-DD; MUST BE > 01-01-1928 AND <= TODAY'S DATE. FOR ST14's, ENTER THE CCYYMMDD IF LATE. ENTER THE ENVELOPE POSTMARK DATE. ENTER THE SIGNATURE DATE IF THERE IS NOT AN ENVELOPE POSTMARK DATE. ENTER THE CHECK DATE IF THERE IS NOT AN ENVELOPE DATE OR SIGNATURE DATE.
160	IDOR APPLIED AMOUNT	14	171	184	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. AMOUNT OF PAYMENT APPLIED TO THE IDOR PORTION OF THIS FORM. WHEN A SINGLE CHECK ASSOCIATED WITH A SINGLE FORM, SHOULD EQUAL IDOR PORTION OF THE CHECK.

165	FORM APPLIED AMOUNT	14	185	198	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. AMOUNT OF PAYMENT APPLIED TO THIS FORM (REGARDLESS OF RECEIVING AGENCY). WHEN A SINGLE CHECK ASSOCIATED WITH A SINGLE FORM, SHOULD EQUAL AMOUNT OF THE CHECK.
170	NUMBER OF IMAGES FOR FORM	4	199	202	N	ENTER TOTAL NUMBER OF IMAGES FOR FORM. RIGHT JUSTIFY, LEFT ZERO FILL.
180	NUMBER OF TAXPAYER IDS FOR FORM	1	203	203	N	ENTER TOTAL NUMBER OF VALID FEINS, IBTS, SSNS, AND SPOUSE SSNS FOR FORM. ANY FEINS, IBTS, SSNS, AND SPOUSE SSNS THAT CONTAINS VALUES OF ALL ZEROS OR SPACES OR ALL NINES SHOULD NOT BE INCLUDED IN COUNT OF TAXPAYER IDS. RIGHT JUSTIFY, LEFT ZERO FILL.
181	VOUCHER NUMBER	1	204	204	N	VOUCHER NUMBER
182	FREE FORM CODE	49	205	253	A/N	FREE FORM CODE
183	SECONDARY REVENUE BDN - BATCH NUMBER	12	254	265	A/N	VALID BDN REQUIRED OTHERWISE SPACE FILL. THIS FIELD (AND THE FOLLOWING ONE) SHOULD ONLY BE USED FOR REVENUE BDNS FOR DOCUMENTS WHICH ARE NOT REPRESENTED IN THE DATA BEING SENT IN THE FORM RECORD (BUT INSTEAD ARE RELATED TO THE REPRESENTED DOCUMENT). THE BDN FOR THE DOCUMENT WHOSE DATA IS CONTAINED IN THIS RECORD SHOULD INSTEAD BE SENT IN THE REVENUE BATCH NUMBER

						<p>AND REVENUE DOCUMENT NUMBER FIELDS (100 and 110). AN EXAMPLE OF WHEN THIS FIELD MIGHT BE USED WOULD BE WHEN A RETURN BDN IS BEING INCLUDED IN THE RECORD FOR A PAYMENT VOUCHER THAT WAS ATTACHED TO THE RETURN; IN THIS CASE THE PAYMENT VOUCHER BDN BELONGS IN THE 100 AND 110 FIELDS, AND THE RETURN BDN BELONGS IN THE 183 AND 184 FIELDS.</p> <p>REVENUE BATCH =JULIAN PROCESSING DATE + 3 DIGIT STATION NUMBER + 2 DIGIT REVENUE BATCH SEQUENCE NUMBER CCYYJJNNNNN; FIRST 7 DIGITS MUST BE A VALID JULIAN DATE > TODAY'S DATE - 1 YEAR AND <= TODAY'S DATE.</p>
184	SECONDARY REVENUE BDN - DOCUMENT NUMBER	3	266	268	A/N	SPACE FILL IF NOT PRESENT. SEE COMMENT FOR PREVIOUS FIELD (183) MUST BEGIN WITH 000 WHEN PRESENT. MUST BE IN NUMERIC SEQUENCE 000, 001, 002.
190	RESERVED	88	254	341	A/N	RESERVED; SPACE FILL.
						* INVALID MEANS ALPHA, EMBEDDED SPACE OR EMBEDDED SPACES, TOO SHORT OR TOO LONG.

Form Data Record – IL-941 only (additional fields)

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
200	TRANS TYPE	3	342	344	N	MUST ENTER '916' WITH REMIT OR '917' WITHOUT REMIT.
210	FIRST RETURN CHECKBOX	1	345	345	A/N	Y' OR SPACE. STEP 1 - FIRST RETURN CHECKBOX.
220	NAME CHANGE CHECKBOX	1	346	346	A/N	Y' OR SPACE. STEP 1 - NAME CHANGE CHECKBOX.
230	ADDRESS CHANGE CHECKBOX	1	347	347	A/N	Y' OR SPACE. STEP 1 - ADDRESS CHANGE CHECKBOX.
240	ANNUAL FILER CHECKBOX	1	348	348	A/N	Y' OR SPACE. STEP 1 - ANNUAL FILER CHECKBOX.
250	TOTAL NUMBER OF W2'S	7	349	355	N	TOTAL NUMBER OF W2'S. STEP 2 - LINE A. FORMAT RIGHT JUSTIFY, LEFT ZERO FILL. ZERO FILL IF NOT PRESENT.
260	PERMANENT STOPPED WITHHOLDING CHECKBOX	1	356	356	A/N	Y' OR SPACE. STEP 2 - LINE B, PERMANENT STOPPED WITHHOLDING CHECKBOX
270	PERMANENT STOPPED WITHHOLDING	10	357	366	A/N	CCYY-MM-DD, DATE WHEN PERMANENTLY STOPPED WITHHOLDING. STEP 2 - LINE B.
280	TOTAL COMPENSATION AND WINNING	14	367	380	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 3 - LINE 1.
290	TAX WITHHELD	12	381	392	A/N	FORMAT 9.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 4 - LINE 2.

300	WITHHOLDING PAYMENTS	14	393	406	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 5 - LINE 3.
310	CREDIT CARRY FORWARD	14	407	420	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 5 - LINE 4.
320	DCEO CREDITS RECEIVED	14	421	434	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 5 - LINE 5.
330	TOTAL PAYMENTS AND CREDITS	14	435	448	A/N	RESERVED FOR FUTURE USE, ZERO FILL. STEP 5 - LINE 6.
340	TAX DUE	14	449	462	A/N	RESERVED FOR FUTURE USE, ZERO FILL. STEP 6 - LINE 7.
350	CLAIMED CREDIT	14	463	476	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. SPACE FILL IF NOT PRESENT. STEP 6 - LINE 8.
360	FREE FORM CODES	107	477	583	A/N	ENTER 'NS' IF THERE IS NO SIGNATURE OR STAMPED SIGNATURE. ENTER 'DR' AND 5 DIGITS FOR THE DATE RECEIVED IF CODED. EXAMPLE - DRY YJJ.
370	BUSINESS NAME	35	584	618	A/N	BUSINESS NAME. SPACE FILL IF NOT PRESENT.
380	C/O NAME	35	619	653	A/N	C/O NAME. SPACE FILL IF NOT PRESENT.
390	ADDRESS LINE 1	30	654	683	A/N	ADDRESS LINE 1. SPACE FILL IF NOT PRESENT.
400	ADDRESS LINE 2	30	684	713	A/N	ADDRESS LINE 2. SPACE FILL IF NOT PRESENT.
410	CITY	20	714	733	A/N	CITY. SPACE FILL IF NOT PRESENT.
420	STATE	2	734	735	A/N	STATE. SPACE FILL IF NOT PRESENT.
430	ZIP	9	736	744	A/N	ZIP. SPACE FILL IF NOT PRESENT.

4M Data Record – for miscellaneous documents and envelopes

FIELD NO	FIELD NAME	LENGT H	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "4M"
010	RECORD TYPE	4	3	6	N	CONSTANT "0502"
020	RESERVED	61	7	67	A/N	RESERVED; SPACE FILL.
080	TRANSACTION ITEM SEQUENCE	5	68	72	N	<p>UNIQUE NUMBER FOR EACH FORM, PAYMENT OR 4M RECORD WITHIN THE TRANSACTION. ITEMS (FORM, PAYMENT AND 4M RECORDS) MUST APPEAR IN FILE IN SAME ORDER IN THE FILE AS TRANSACTION ITEM SEQUENCE NUMBERS GIVEN FOR THESE RECORDS.</p> <p>A TRANSACTION IS DEFINED AS ALL THE FORMS, PAYMENTS AND 4M'S THAT GO TOGETHER. A TRANSACTION CAN CONTAIN MULTIPLE FORMS AND OR MULTIPLE PAYMENTS AND OR MULTIPLE 4M'S OR COULD CONTAIN ONLY ONE FORM, ONE PAYMENT AND 4M.</p> <p>THE TRANSACTION ITEM SEQUENCE NUMBER SHOULD START AT ZERO FOR THE FIRST FORM, PAYMENT OR 4M AND INCREMENT BY ONE FOR EACH ADDITIONAL FORM, PAYMENT OR 4M WITHIN THE SAME TRANSACTION. FOR EXAMPLE, IF A TRANSACTION HAS ONE FORM, ONE PAYMENT RECORD AND ONE 4M RECORD, THE FORM WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00000, THE PAYMENT RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00001 AND THE 4M RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00002.</p> <p>TRANSACTION ITEM SEQUENCE NUMBERS DO NOT APPLY TO IMAGE RECORDS.</p>
090	IDOR FORM NUMBER	3	73	75	A/N	"691" = ENVELOPE
100	RESERVED	123	76	198	N	RESERVED; SPACE FILL.
170	NUMBER OF IMAGES FOR 4M RECORD	4	199	202	A/N	ENTER TOTAL NUMBER OF IMAGES FOR 4M. RIGHT JUSTIFY, LEFT ZERO FILL.
180	RESERVED	139	203	341	A/N	RESERVED; SPACE FILL.

Payment Data Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
050	RECORD ID	2	1	2	A/N	CONSTANT "05"
010	RECORD TYPE	4	3	6	N	CONSTANT "0503"
020	TRANSACTION ITEM SEQUENCE	5	7	11	N	<p>UNIQUE NUMBER FOR EACH FORM, PAYMENT OR 4M RECORD WITHIN THE TRANSACTION. ITEMS (FORM, PAYMENT AND 4M RECORDS) MUST APPEAR IN FILE IN SAME ORDER IN THE FILE AS TRANSACTION ITEM SEQUENCE NUMBERS GIVEN FOR THESE RECORDS.</p> <p>A TRANSACTION IS DEFINED AS ALL THE FORMS, PAYMENTS AND 4M'S THAT GO TOGETHER. A TRANSACTION CAN CONTAIN MULTIPLE FORMS AND OR MULTIPLE PAYMENTS AND OR MULTIPLE 4M'S OR COULD CONTAIN ONLY ONE FORM, ONE PAYMENT AND 4M.</p> <p>THE TRANSACTION ITEM SEQUENCE NUMBER SHOULD START AT ZERO FOR THE FIRST FORM, PAYMENT OR 4M AND INCREMENT BY ONE FOR EACH ADDITIONAL FORM, PAYMENT OR 4M WITHIN THE SAME TRANSACTION. FOR EXAMPLE, IF A TRANSACTION HAS ONE FORM, ONE PAYMENT RECORD AND ONE 4M RECORD, THE FORM WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00000, THE PAYMENT RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00001 AND THE 4M RECORD WILL HAVE A TRANSACTION ITEM SEQUENCE NUMBER OF 00002.</p> <p>TRANSACTION ITEM SEQUENCE NUMBERS DO NOT APPLY TO IMAGE RECORDS.</p>
030	PAYMENT METHOD CODE	3	12	14	A/N	<p>CHK=CHECK</p> <p>CSH=CASH</p>

040	NUMBER OF IMAGES FOR PAYMENT	4	15	18	N	ENTER TOTAL NUMBER OF IMAGES FOR PAYMENT. RIGHT JUSTIFY, LEFT ZERO FILL.
050	SOURCE DATE RECEIVED	10	19	28	A/N	CCYY-MM-DD; MUST BE >TODAY'S DATE - 1 YEAR MUST BE <= TODAY'S DATE SOURCE DATE RECEIVED <= SOURCE DATE PROCESSED
060	SOURCE DATE PROCESSED	10	29	38	A/N	CCYY-MM-DD; MUST BE >TODAY'S DATE - 1 YEAR MUST BE <= TODAY'S DATE SOURCE DATE PROCESSED >= SOURCE DATE RECEIVED
070	RESERVED	15	39	53	A/N	RESERVED; SPACE FILL.
080	SOURCE BATCH DOCUMENT NUMBER	50	54	103	A/N	SOURCE DOCUMENT NBR; SPACE FILL IF NOT PRESENT.
090	BANK ROUTING AND TRANSIT NUMBER	18	104	121	A/N	NUMERIC ONLY 18 DIGITS, NO EMBEDDED SPACES. LEFT JUSTIFY. FILL WITH SPACES.
100	BANK/CREDIT ACCOUNT NUMBER	30	122	151	A/N	OPTIONAL. IF PRESENT, FORMAT IS ALPHA (a-z or A-Z), NUMERIC, HYPHENS AND SPACES; UP TO 30 CHARACTERS. LEFT JUSTIFY, FILL WITH SPACES. IN CASES WHERE BANK ACCOUNT NUMBER CAN BE SCANNED OR DATA ENTERED ACCURATELY, THE SOURCE SHOULD CONSIDER THIS FIELD AS REQUIRED FOR ALL NON-CASH PAYMENTS. IT IS LISTED AS OPTIONAL ONLY BECAUSE IT CANNOT ALWAYS BE OBTAINED BY THE SOURCE, NOT BECAUSE IT IS TRULY OPTIONAL FOR THE SOURCE TO PROVIDE IT. SPACE FILL IF NOT PRESENT.
110	CHECK NUMBER	9	152	160	A/N	FOR CHECK PAYMENTS; OPTIONAL. IF PRESENT, FORMAT IS ALPHAS (a-

						z, A-Z), NUMERIC, AND HYPHENS UP TO 9 CHARACTERS, NO EMBEDDED SPACES. LEFT JUSTIFY, RIGHT SPACE FILL. SPACE FILL IF NOT PRESENT.
120	PAYMENT RECEIVED AMOUNT	14	161	174	A/N	FORMAT 11.2 WITH DECIMAL, RIGHT JUSTIFY, LEFT ZERO FILL. AMOUNT OF CHECK.
130	RESERVED	44	175	218	A/N	RESERVED; SPACE FILL.
	ONE PER PAYMENT (CHECK)					
	MUST APPEAR BELOW A RELATED TRANSACTION HEADER					

Image Data Record

FIELD NO	FIELD NAME	LENGT H	START POSITION	END POSITION	DESCRI P	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "06"
010	RECORD TYPE	4	3	6	N	CONSTANT "0700"
020	IMAGE SEQUENCE NUMBER	4	7	10	N	<ul style="list-style-type: none"> • A UNIQUE NUMBER FOR THE IMAGE AS IT RELATES TO THE FORM OR PAYMENT THAT THE IMAGE RECORD IS ASSOCIATED WITH. THIS NUMBER INDICATES THE POSITION (PAGE) OF THE IMAGE WHEN SEVERAL IMAGES ARE ASSOCIATED WITH A FORM OR PAYMENT. • IMAGE RECORDS MUST APPEAR IN FILE IN SAME ORDER AS THE IMAGE SEQUENCE NUMBERS. • IMAGE SEQUENCE NUMBERS SHOULD START AT 0001. • FOR EXAMPLE, IF YOU HAVE A TRANSACTION THAT HAS ONE FORM RECORD AND ONE PAYMENT RECORD AND THREE IMAGES THAT APPLY TO THE FORM AND TWO IMAGES THAT APPLY TO THE PAYMENT, THE RECORD PATTERN AND IMAGE SEQUENCE NUMBERS SHOULD BE AS FOLLOWS: TRANSACTION RECORD FORM RECORD IMAGE RECORD FOR FORM IMAGE SEQUENCE NUMBER 0001 IMAGE RECORD FOR FORM IMAGE

						SEQUENCE NUMBER 0002 IMAGE RECORD FOR FORM IMAGE SEQUENCE NUMBER 0003 PAYMENT RECORD IMAGE RECORD FOR PAYMENT IMAGE SEQUENCE NUMBER 0001 IMAGE RECORD FOR PAYMENT IMAGE SEQUENCE NUMBER 0002
030	IMAGE NAME	50	11	60	A/N	IMAGE NAME WITH EXTENSION; MUST BE EITHER .TIF OR .TIFF THE IMAGE FILE NAME AND THE EXTENSION MUST BE IN UPPER CASE.
	ONE PER IMAGE					
	MUST APPEAR DIRECTLY BELOW RELATED ITEM (FORM OR PAYMENT)					

Daily Report Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "07"
010	RECORD TYPE	4	3	6	N	CONSTANT "9001"
020	REPORT SEQUENCE NUMBER	4	7	10	N	UNIQUE NUMBER OF REPORTS. REPORTS MUST APPEAR IN FILE IN SAME ORDER AS SEQ NUMBERS.
030	REPORT NAME	50	11	60	A/N	REPORT NAME

Transmission Trailer Record

FIELD NO	FIELD NAME	LENGTH	START POSITION	END POSITION	DESCRIP	COMMENTS
005	RECORD ID	2	1	2	A/N	CONSTANT "08"
010	RECORD TYPE	4	3	6	N	CONSTANT "0101"

ST-1/ST-2 Return Record Layouts

Note: For the detail record, reference the Data Entry Specifications for ST-1/ST-2.

Transmission Header Record Layout

Transmission Header is sent by the transmitter and returned by IDOR in the Acknowledgement File. This is not included when IDOR sends the Application File.

Position	Length	Type	Field Name	Comments
01-07	7	A/N	HDR-LABEL-ID	Source: Transmitter Value: "***HDR**" Must enter.
08-12	5	A/N	HDR-TRANSMITTER	Source: Transmitter Unique value assigned by IDOR to identify the transmitter. Must enter.
13-18	6	N	HDR-TRANSMIT-DATE	Source: Transmitter. Format: YYMMDD Date the file was generated. Must enter.
19-22	4	N	HDR-TRANSMIT-NUM	Source: Transmitter Sequential number assigned by the transmitter to uniquely identify all files sent on the same day. Must enter.
23-30	8	A/N	HDR-SYSTEM	Source: Transmitter Unique value assigned by IDOR to identify the system. Left justify, space fill on the right. Must enter.
31-38	8	A/N	HDR-JOB-TYPE-ID	Source: Transmitter These will be assigned by IDOR. Left justify, space fill on the right. Must enter.
39-42	4	N	HDR-REC-LENGTH	Source: Transmitter Length of each record. Right justify, left zero fill. Must enter.
43-52	10	N	HDR-BATCH-NUM	Source: Transmitter 43-44 Current Year for the generation date of the file. 45-47 Julian Date 001-366 48-50 Station Number – static number IDOR assigned. 51-52 Sequence – sequence number of transmission on the generation date of the file. Must enter.

53-56	4	N	HDR-TOTAL-RECS	Source: Transmitter Total number of records in the file including: Transmitter Header, Transmitter Trailer, and all application records in between. Right justify, left zero fill. If more than 4 digits, show least significant digits. Must enter.
57-60	4	N	HDR-TOTAL-DOCS	Source: Transmitter Total number of documents. Right justify, left zero fill. If more than 4 digits, show least significant digits. Must enter.
61-71	11	N	HDR-REMIT-AMT	Source: Transmitter Remittance amount in dollars & cents. Right justify, left zero fill. Zero if blank. Must enter.
72-82	11	N	HDR-CREDIT-AMT	Source: Transmitter Credit amount in dollars & cents. Right justify, left zero fill. Zero if blank. Must enter.
83-92	10	A/N	HDR-CREATE-DATE	Source: Transmitter Date file was generated by Service Provider. Format is CCYY-MM-DD Optional – Space fill if no data sent.
93-100	8	A/N	HDR-CREATE-TIME	Source: Transmitter Time file was generated by Service Provider. Format is HH:MM:SS Optional – Space fill if no data sent.
101-110	10	A/N	HDR-RECEIVE-DATE	Source: IDOR Date file was received for processing by IDOR. Format is CCYY-MM-DD Transmitter space fill.
111-118	8	A/N	HDR-RECEIVE-TIME	Source: IDOR Time file was received for processing by IDOR. Format is HH:MM:SS. Transmitter space fill.

119-122	4	A/N	HDR-TEST-PROD	Source: IDOR IDOR will insert "TEST" or "PROD" to describe if it is test or production. Transmitter space fill.
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Trailer Record Layout

This record will be the last record in the transmitted file.
It is used to be sure that the entire file has been received.
It is returned in the Acknowledgement File.

Exception: (Service Provider) IRIS File Exchange will also have an application trailer record preceding this trailer record.

Position	Length	Type	Field Name	Comments
01-07	7	A/N	TRAILER-LABEL-ID	Value: "***EOF***" Must enter.
08-15	8	n	TRAILER-REC-TOT	Total number of records includes: Transmission Header, Transmission Trailer, and all application records in between. Count high by one when received by application because IDOR removes Transmission Header before sending file to application. Right justify, left zero fill. Must enter.
16-122	107			Application specific. See application specifications.

Acknowledgement Record Layout

The transmitter will be able to access this record after IDOR has received the file.

It is sent to confirm that IDOR received the file.

This record will have a Transmission Header record in front of it and a Trailer record behind it.

Position	Length	Type	Field Name	Comments
01-13	13	A/N	ACK-FLD-SOURCE	Source: IDOR Application category of Transmitter. Must enter.
14-22	9	N	ACK-FLD-VEND-REC-CNT	Source: Transmitter Total number of records sent by transmitter. Right justify, left zero fill. Must enter.
23-53	31	A/N	ACK-FLD-IDOR-NAME	Source: IDOR File name. Must enter.
24-62	9	N	ACK-FLD-IDOR-REC-CNT	Source: IDOR Total number of records received by IDOR. Right justify, left zero fill. Must enter.
63-92	30	A/N	ACK-FLD-BALANCE-LIT	Source: IDOR Must enter. Acknowledgement message contains either: 1 – Accepted: “ IN BALANCE” Note: There are three spaces before the phrase “IN BALANCE” 2 – Rejected: “** OUT OF BALANCE”, “** MISMATCHED”, “** MISMATCHED ETINS”, “** BOTH MISMATCHED” Note: There are two asterisks and a space before the phrase.
93-122	30	A/N	FILLER	SPACE FILL

File Separator Record Layout

Position	Length	Type	Field Name	Comments
01-24	24	A/N	FILE-SEP	Value: "*** NEW FILE SEPARATOR***" Separator between fields.

Check Digit Calculations

FEIN Sequence and SSN Check Digit Formula

IOD uses the Revenue MOD10 formula to calculate an external check digit (external to the FEIN sequence or SSN). This formula is the IBM MOD10 standard with the exception that the calculation is made left to right. To calculate the check digit for FEIN Sequence or SSN do the following:

Obtain Sum A: Beginning at the left, add every other digit starting with the second.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Sum A: $2 + 4 + 6 + 8 + 0 + 0 = 20$

Obtain Sum B in two steps. Step 1: Beginning with the left most digit, add every other digit twice and format the result as a two digit number. Step 2: Add each digit of the two digit result from Step 1 to obtain a one-digit number. Step 3: Add each of the Step 2 results to determine Sum B. See example below.

EXAMPLE:

Taxpayer's FEIN and Sequence Number = 1 2 3 4 5 6 7 8 9 0 0 0

Digit #	Step 1	Step 2
(1)	$1 + 1 = 02$	$0 + 2 = 2$
(3)	$3 + 3 = 06$	$0 + 6 = 6$
(5)	$5 + 5 = 10$	$0 + 0 = 1$
(7)	$7 + 7 = 14$	$1 + 4 = 5$
(9)	$9 + 9 = 18$	$1 + 8 = 9$
(11)	$0 + 0 = 00$	$0 + 0 = 0$

Sum B = $2 + 6 + 1 + 5 + 9 + 0 = 23$

Obtain Sum C.

Add Sum A and Sum B to obtain Sum C. (Example above: Sum A 20 + Sum B 23 = Sum C 43)

If the unit position of Sum C is zero, no subtraction is necessary, zero is the check digit.

If the unit position of Sum C is not zero, subtract the unit position of Sum C from 10. In this example, 3 is the number in the unit position. $10 - 3 = 7$. **7 is the check digit for this example.**

IBT Number Check Digit Formula (ST-1)

EXAMPLE: IBT Number = 1468-2125

STEP 1 Multiply first seven digits by weighting factor:

$$\begin{array}{rcccccccc} & 1 & & 4 & & 6 & & 8 & & 2 & & 1 & & 2 & \text{-----IBT number} \\ \times & 8 & \times & 7 & \times & 6 & \times & 5 & \times & 4 & \times & 3 & \times & 2 & \text{-----Weighting factor} \\ \hline & 8 & & 28 & & 36 & & 40 & & 8 & & 3 & & 4 & \end{array}$$

STEP 2 Add the resulting numbers together:

$$8 + 28 + 36 + 40 + 8 + 3 + 4 = \mathbf{127}$$

STEP 3 Divide the result of the addition by 11:

127 divided by 11 = **11 with a remainder of 6** (using long division)

STEP 4 If the remainder is 0 or 1, then the remainder is the check digit. If the remainder is any other number, subtract the remainder from 11 to get the check digit.

$$11 - 6 = 5$$

The check digit is 5.

Bank Routing and Transit Number Check Digit Formula

The bank routing and transit number uses a MOD10 variant of the FRD/ABA standard to calculate the check digit. The bank routing and transit number should equal 9 digits with the last digit equal to the check digit. The weight factors are 3, 7, 1 and are applied to the first eight digits of the bank routing and transit number from left to right.

To calculate the check digit for the bank routing and transit number do the following:

Instruction	Example using routing and transit number = 120139013
Remove the last digit of the bank routing and transit number.	Bank routing and transit number =120139013
Multiply each of the first eight digits of the bank routing and transit number by 3, 7, and 1 alternatively starting on the left.	$\begin{array}{r} \text{less last digit} = \quad 1 \quad 2 \quad 0 \quad 1 \quad 3 \quad 9 \quad 0 \\ 1 \\ \text{Weight factor} \quad \times 3 \quad 7 \quad 1 \quad 3 \quad 7 \quad 1 \quad 3 \\ 7 \\ \hline = 3 \quad 14 \quad 0 \quad 3 \quad 21 \quad 9 \quad 0 \quad 7 \end{array}$
Add the resulting numbers together	$3 + 14 + 0 + 3 + 21 + 9 + 0 + 7 = 57$
Divide by 10 and get a remainder.	$57/10 = 5$ remainder 7
If the remainder is zero, the check digit is zero.	The remainder is seven, so subtract it from 10 to get the check digit
If the remainder is not zero, subtract the remainder from 10 to get the check digit.	$10 - 7 = 3$
The check digit should be equal to the last digit of the routing and transit number.	Routing and transit number =120139013 Check digit = 3

Glossary and Abbreviations

APE	<p>Account Period Ending. The ending of the time period that a tax document covers. This may formatted as a month and year</p> <p style="text-align: center;">Example: 102004</p> <p>a quarter and year</p> <p>Examples: (1st Quarter) 012004 (or last month of quarter like) 032004</p> <p>a year alone</p> <p style="text-align: center;">Example 2004</p>
Batch Document Number	<p>Julian processing date + 3 digit station number + 2 digit Revenue batch sequence number + 3 digit Revenue document number</p> <p>Note: To get station number for (Form 500V) Form = 50008 Use alternate number from scan line to get the exact form type and use this to get the station number</p> <p>Example: 200427663201000</p> <p>Synonyms: Revenue Batch Document Number Revenue Batch</p>
Batch Sequence Number	See Revenue Batch Sequence Number
BDN	See Batch Document Number
Document	See Form
DLN	<p>Document Locator Number.</p> <p>A 19 digit transaction level document locator number.</p>
EFS	Electronic Funds System
FEIN	<p>Federal Employer Identification Number</p> <p>A nine-digit number assigned to a business with employees. This number is most often associated with Withholding and business income taxes.</p>
Form	<p>Refers to a Department of Revenue tax form, coupon or voucher scanned by the bank.</p> <p>Synonym: Document</p>

IBT	Illinois Business Taxpayer An eight-digit number assigned to a business (taxpayer) by the Illinois Department of Revenue.
IDOR	Illinois Department of Revenue
Image	Image of one page of a document. A TIFF file, or a page in a multi-part TIFF file.
Image set	All the images for a given document. One to many TIFF files, or a single multi-part TIFF file. For example, if a form has two pages the image set consists of two images one for each of the pages. For example, the image set for a check consists of the image of the front and the image of the back of the check.
IOD	Images on Demand project. An image retrieval system developed and used internally at the Department of Revenue.
IOD Transmission identifier	The IOD transmission identifier is the bank's abbreviation plus a number that uniquely identifies the transmission to IOD. The number is constructed in two ways depending on whether the files in the transmission are associated with a tax form or not. See the section on Naming Transmission Files for a detailed description of how this number is constructed.
Julian Date	A two (or four digit) year and a three-digit number corresponding to the day of the year. Examples: 04001 January 1, 2004 2004300 October 26, 2004
Lock Box	Bank that receives tax forms and payments for the Department of Revenue. The Lock Box captures the data from the forms and checks including imaging the forms and checks.
Miscellaneous form	Refers to an envelope, correspondence, or other documents (including tax forms) scanned by the bank, where the document does not have a Revenue BDN directly assigned to it
Payment	Refers to data associated with an individual check that has been applied to a taxpayer's form. It does NOT refer to the total amount applied to the taxpayers account although these amounts may be equal if only one check has been applied. There can be many payments associated with a single form or many forms associated with a single payment.
POST	4-digit alpha usually the first four characters of an individual's last name. Post is associated with an SSN.

Revenue Batch Number	See Batch Document Number
Revenue Batch Sequence Number	<p>A two-digit number assigned to a group of documents being processed in a Revenue batch. The meaning of this number depends on the tax type (station) being processed. Some numbers are reserved for specific types of processing for the document. For example, some numbers may be used for protested tax documents for a given station.</p> <p>Since only 100 documents can go into a batch sequence in most cases, several batch sequence numbers may be assigned for the same station processing to accommodate more than 100 documents.</p> <p>Synonyms: Batch sequence number</p>

Revenue Document Number	<p>The unique document number within a Revenue Batch.</p> <p>For revenue batches containing real or virtual forms A Three-digit number assigned to a document within a Revenue Batch. Only vouchers receive a revenue document number; checks do not receive a Revenue document number. Checks are encoded with the revenue batch numbers assigned to the forms associated with the payment.</p> <p>For documents processed by RPS, the Revenue batches can include up to 300 documents. Other Revenue batches (those not processed by RPS) have up to 100 documents in them, but may have less if there are physical limitations to the folder holding the batched documents.</p> <p>Document numbers range from 000-299.</p> <p>For revenue batches containing lone check processing (RPS) A search is done against the database for a batch of the current type of lone check. If the batch is not full (has 300 items numbered 000-299) then the batch number is picked up from the database. The next available revenue document number is retrieved and used for the first sequence number of the current job. The documents will be put in this batch until the batch is full. If more documents exist, the database is queried again for another batch of the same type that is not full. If no more existing non-full batches are found then a new batch is created. See Revenue Batch for an explanation of the full batch number.</p> <p>For revenue batches containing encode-only payments (RPS) Unique number within the batch assigned to the check (payment) itself. There are no forms in encode-only batches.</p>
Routing number	Number assigned to a bank. Found on the check's MICR line.
Sequence Number	<p>A sequence number is assigned to a business location that files under a given Taxpayer ID number. For example, different sequence numbers can be assigned to various K-Marts in Illinois filing under the same FEIN number.</p> <p>Sequence numbers apply to FEIN and IBT numbers and are also known as Extras.</p>
SSN	<p>Social Security Number A nine-digit number assigned to an individual by a Federal Agency.</p>

Station Number	Three-digit number loosely referring to the tax type. It can also refer to the outside agency if a document is being processed that is not tax related. Since these numbers are limited and the Department has had to process more and more documents, these numbers have been reassigned over the years. The meaning depends upon the time frame in which it was used.
Transaction	A combination of forms and payments in a single envelope. In IOD the transaction is synonymous with “envelope contents” and should not be confused with any accounting transaction. Since IOD is a tool for identifying what may have gone wrong in an accounting of a payment, IOD attempts to keep the payments and forms together as they were received, regardless of how the payments will be applied later. The relationship between documents and payments is called the transaction relationship. Each transaction is given a transaction ID by the source.
Transaction Relationships	Forms and payments that were received in the same envelope are tied together by the transaction relationship. A transaction can contain multiple forms and/or multiple payments. It could also contain only one form and one payment. Example: If a 1040 tax form comes in with a schedule A and a check, the transaction is defined as the 1040 tax form plus the schedule A plus the payment (check).
Transmission	A transfer of single ZIP file containing one data file and zero-to-many image files from a bank to IDOR.
Transmission Set	The combination of original, revised and update files with the same transmission ID. A transmission set defines the current state of records belonging to a transmission.
ZIP	A Zip file is a file that bundles several files together. For example a zip file can have within it two Word files and an Excel spreadsheet. It will appear as one file with the .ZIP extension.

Contact List

Electronic Commerce Division

Kevin Richards	Electronic Commerce	Kevin.Richards@illinois.gov	217-782-3664
Jon Champion	Electronic Payments	Jon.Champion@illinois.gov	217-557-3572

Data Entry

Thomas Frescura	Data Entry	Thomas.Frescura@illinois.gov	217-782-4973
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Information Services

Terry Dill	EFS – File Transfer	Terry.Dill@illinois.gov	217-782-3791
Keith Hodel	IOD Gateway Tech	Keith.Hodel@illinois.gov	217-782-0532

Helena Maranville		Helena.Maranville@illinois.gov	217-785-7374
Darren Hackett		Darren.Hackett@illinois.gov	217-782-1136

Document Control & Deposits

Information Team	Research & Analysis Team	rev.rc-idr910processing@illinois.gov	217-524-9466
Tracy Perkins	Document Control	Tracy.perkins@illinois.gov	217-785-0981
Jason Kincaid	Research & Analysis	Jason.kincaid@illinois.gov	217-524-9466

Lockbox Actuals and Projections

FY2014 Lockbox Statistics Actuals/Projections

LOCKBOX STATS

	FY14 <u>JULY 2013 = JUNE 2014</u>	*FY15 Est imated <u>JULY 2014 = JUNE 2015</u>	FY16 Projected <u>JULY 2015 = JUNE 2016</u>	FY17 Projected <u>JULY 2016 = JUNE 2017</u>	FY18 Projected <u>JULY 2017 = JUNE 2018</u>
ST-1 W/O SPFLD	55,147	48,206	41,265	35,901	32,310
ST-2 W/O SPLFD	9,707	7,766	5,825	5,068	4,561
ST-1 W/R SPFLD	144,262	125,350	106,438	92,601	83,341
ST-2 W/R SPLFD	9,016	7,901	6,786	5,904	5,313
TOTAL	218,132	189,223	160,314	139,473	125,526
941 W/O SPFLD	325,953	305,664	285,375	265,086	244,797
941 W/O CHI	566	5	0	0	0
941 W/R SPFLD	90,997	84,049	77,101	70,153	63,205
501 W/R SPFLD	360,729	249,288	219,373	197,436	177,692
1040ES W/R SPFLD	810,197	820,000	815,000	810,000	805,000
505 I W/R SPFLD	60,210	65,000	63,700	63,063	62,748
TOTAL	1,648,652	1,524,006	1,460,549	1,405,738	1,353,442
GRAND TOTAL	1,866,784	1,713,229	1,620,863	1,545,211	1,478,968

*FY15 estimated from 10 months of data

Sample Forms for Reference

IL-501
IL-941
IL-1040-ES
IL-505-I
ST-1/ST-2

The following forms are provided as samples only. The formatting, verbiage, and line references are subject to change. If changes are made that will affect the data entry or processing of the forms, IDOR will notify the Vendor and testing may need to occur to implement the changes.

Illinois Department of Revenue
Payment Coupon
IL-501

ID: 123

Seq. Tax year
12-3456789 000 **2015**

Test Employer Inc.
123 Employer Street
Anywhere IL 12345-1234

IL-501 (R-12/14)

Quarter:

Quarterly filers-Check the appropriate box to tell us when you withheld the withholding income tax you are paying. Check **one** box only. **Annual filers**-check box 4 only.

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>
Jan Feb Mar	Apr May Jun	Jul Aug Sep	Oct Nov Dec



Amount paid: \$ 500.00

- Make check payable to "Illinois Department of Revenue" and write your FEIN and "IL-501" on the check.
- Mail to: **ILLINOIS DEPARTMENT OF REVENUE**
PO BOX 19447
SPRINGFIELD IL 62794-9447

Note: Do not mail Form IL-501 if you electronically pay or are reporting a zero amount.



153626035980007

 Illinois Department of Revenue Payment Coupon IL-501		Quarterly filers -Check the appropriate box to tell us when you withheld the withholding income tax you are paying. Check <u>one</u> box only. Annual filers -check box 4 only.			
Complete the following information.	2015 Tax year	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
		Jan Feb Mar	Apr May Jun	Jul Aug Sep	Oct Nov Dec
Federal employer identification number	0 0 0 Seq. number	Amount paid: \$ _____			
Business name	<ul style="list-style-type: none">• Make check payable to "Illinois Department of Revenue" and write your FEIN and "IL-501" on the check.• Mail to: ILLINOIS DEPARTMENT OF REVENUE PO BOX 19447 SPRINGFIELD IL 62794-9447				
Number and street address	Note: Do not mail Form IL-501 if you electronically pay or are reporting a zero amount.				
City State ZIP					
() Daytime phone IL-501 (R-12/14)					



Illinois Department of Revenue

Instructions are available at tax.illinois.gov.

Form IL-941 2015 Illinois Withholding Income Tax Return

Quarterly filers: File only one IL-941 return per quarter. Make your payments using IL-501.

Step 1: Provide your information

12-3456789

Federal employer identification number (FEIN)

000

Seq. number

Test Employer Inc.
123 Employer Street
Anywhere IL 12345-1234

- Check this box if this is your first return.
- Check this box if your business name has changed.
- Check this box if your address has changed.

Reporting Period	
If you are a quarterly filer: Check the quarter you are reporting.	
<input type="checkbox"/>	1st (January, February, March)
<input type="checkbox"/>	2nd (April, May, June)
<input checked="" type="checkbox"/>	3rd (July, August, September)
<input type="checkbox"/>	4th (October, November, December)
If you are an annual filer: Check the box if you are not required to file quarterly.	
<input type="checkbox"/>	January — December

Step 2: Tell us about your W-2 forms and your business

- A** Enter the total number of W-2 forms reporting Illinois withholding, you were required to issue for the entire year. (Quarterly filers — Only complete this line when you file your **4th quarter** or **final** return.) **A** _____
- B** If your business has **permanently** stopped withholding because it has closed, or you no longer pay Illinois wages or withhold Illinois taxes from other payments, check the box and enter the date you stopped withholding. **B** ____ / ____ / 2015
Month Day

Step 3: Tell us about the amount subject to withholding

- 1** Enter the total dollar amount subject to Illinois withholding tax this reporting period, including payroll, compensation, and other amounts. See instructions. **1** _____

Step 4: Tell us about the amount withheld

- 2** Enter the total dollar amount of Illinois Income Tax **actually withheld** from your employees or others for this reporting period. Do **not** leave this line blank. This line should be zero **only** if you did **not** withhold any Illinois Income Tax during this reporting period. **2** _____

Step 5: Tell us about your payments and credits

- 3** Enter the total dollar amount of withholding payments you made to the Illinois Department of Revenue (IDOR) for this period. This includes all IL-501 payments (electronic and paper coupons). Do **not** estimate this amount. **3** _____
- 4** Enter the amount of IDOR-approved credit you are using this period. Credits are only valid if you have received written confirmation from IDOR. See instructions. **4** _____
- 5** Enter the amount of credit through DCEO you are using this period. See instructions. **5** _____
- 6** Add Lines 3, 4, and 5 and enter the total amount here. **6** _____

Step 6: Figure the amount you owe or your credit

- 7** If Line 2 is greater than Line 6, subtract Line 6 from Line 2. This is your **remaining balance due**. Make your payment electronically or make your remittance payable to "Illinois Department of Revenue." (Semi-weekly payers **must pay** electronically.) **7** _____
- 8** If Line 2 is less than Line 6, subtract Line 2 from Line 6. This amount is not available for use on future IL-941 returns until you receive notification from IDOR verifying this amount. See instructions. **8** _____

Step 7: Sign here

Under penalties of perjury, I state that, to the best of my knowledge, this return is true, correct, and complete.

Signature _____	() _____ / _____ / _____ Daytime telephone number Month Day Year	Check this box if we may discuss this return with the preparer shown in this step. <input type="checkbox"/>
Signature of Preparer _____	() _____ / _____ / _____ Daytime telephone number Month Day Year	


NS DR _____

Mail to: ILLINOIS DEPARTMENT OF REVENUE
 PO BOX 19052
 SPRINGFIELD IL 62794-9052

ID: 123
 IL-941 (R-12/14)



1531234567890007

 **Illinois Department of Revenue**
Form IL-941 2015 Illinois Withholding Income Tax Return

Quarterly filers: File only one IL-941 return per quarter. Make your payments using IL-501.

Step 1: Provide your information

_____ 0 0 0
 Federal employer identification number (FEIN) Seq. number

 Business name

 C/O

 Mailing address

_____ State _____ ZIP _____

- Check this box if this is your first return.
- Check this box if your business name has changed.
- Check this box if your address has changed.

Reporting Period

If you are a quarterly filer:
 Check the quarter you are reporting.

- 1st (January, February, March)
- 2nd (April, May, June)
- 3rd (July, August, September)
- 4th (October, November, December)

If you are an annual filer:
 Check the box if you are not required to file quarterly.

- January — December

Step 2: Tell us about your W-2 forms and your business

- A** Enter the total number of W-2 forms reporting Illinois withholding, you were required to issue for the entire year. (Quarterly filers — Only complete this line when you file your **4th quarter** or **final** return.) **A** _____
- B** If your business has **permanently** stopped withholding because it has closed, or you no longer pay Illinois wages or withhold Illinois taxes from other payments, check the box and enter the date you stopped withholding. **B** ____ / ____ / 2015
 Month Day

Step 3: Tell us about the amount subject to withholding

- 1** Enter the total dollar amount subject to Illinois withholding tax this reporting period, including payroll, compensation, and other amounts. See instructions. **1** _____

Step 4: Tell us about the amount withheld

- 2** Enter the total dollar amount of Illinois Income Tax **actually withheld** from your employees or others for this reporting period. Do **not** leave this line blank. This line should be zero **only** if you did **not** withhold any Illinois Income Tax during this reporting period. **2** _____

Step 5: Tell us about your payments and credits

- 3** Enter the total dollar amount of withholding payments you made to the Illinois Department of Revenue (IDOR) for this period. This includes all IL-501 payments (electronic and paper coupons). **Do not estimate this amount.** **3** _____
- 4** Enter the amount of IDOR-approved credit you are using this period. Credits are only valid if you have received written confirmation from IDOR. See instructions. **4** _____
- 5** Enter the amount of credit through DCEO you are using this period. See instructions. **5** _____
- 6** Add Lines 3, 4, and 5 and enter the total amount here. **6** _____

Step 6: Figure the amount you owe or your credit

- 7** If Line 2 is greater than Line 6, subtract Line 6 from Line 2. This is your **remaining balance due**. Make your payment electronically or make your remittance payable to "Illinois Department of Revenue." (Semi-weekly payers **must pay** electronically.) **7** _____
- 8** If Line 2 is less than Line 6, subtract Line 2 from Line 6. This amount is not available for use on future IL-941 returns until you receive notification from IDOR verifying this amount. See instructions. **8** _____

Step 7: Sign here

Under penalties of perjury, I state that, to the best of my knowledge, this return is true, correct, and complete.

 Signature Daytime telephone number _____ / ____ / ____
 Signature of Preparer Daytime telephone number _____ / ____ / ____

Check this box if we may discuss this return with the preparer shown in this step.

NS DR _____

**Mail to: ILLINOIS DEPARTMENT OF REVENUE
 PO BOX 19052
 SPRINGFIELD IL 62794-9052**





(R-12/14)

Illinois Department of Revenue
IL-1040-ES 2015 ID: 123
Estimated Income Tax Payment for Individuals

Official Use

Enter your Social Security numbers in the order they appear on your federal return.

000-34-7631 *4*
Your Social Security number

JONE

000-34-8787 *3*
Spouse's Social Security number

Calendar-Year Taxpayers

- Your estimated tax payments are due on
- April 15, 2015
 - September 15, 2015
 - June 15, 2015
 - January 15, 2016

Test and Annie Jonee
1234 Folks Place
Anywhere IL 12345-1234



→ \$ 500.00
Amount of payment (Whole dollars only)

Make check payable and mail this voucher to:

ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62736-0001



(555)123-1234



1 000347631 4 10151405 000348787 3 0415



Illinois Department of Revenue
IL-1040-ES 2015
Estimated Income Tax Payment for Individuals

(R-12/14)

Official Use

Enter your Social Security numbers in the order they appear on your federal return.

Your Social Security number _____

Spouse's Social Security number _____

Calendar-Year Taxpayers

Your estimated tax payments are due on

- April 15, 2015
- June 15, 2015
- September 15, 2015
- January 15, 2016

Your first name and initial Spouse's first name and initial Your last name

Street address _____

City _____ State _____ ZIP _____

Your daytime phone number () _____

➔ \$ _____

Amount of payment (Whole dollars only)

Make check payable and mail this voucher to:
ILLINOIS DEPARTMENT OF REVENUE
SPRINGFIELD IL 62736-0001



Sample preprinted IL-505-I with Scan Line (not to scale – see specifications)

Sample stock IL-505-I without scan line (not to scale – see specifications)



Illinois Department of Revenue

IL-505-I 2014 ID: 123

(R-12/14)

Automatic Extension Payment for Individuals

Official Use

Write your Social Security numbers in the order they appear on your federal return.

000-34-7631 *4*
Your Social Security number

JONE

000-34-8787 *3*
Spouse's Social Security number



Do not file this form if no payment is due or you pay electronically or by credit card.

For calendar year ending
12/13 or fiscal year ending

12 / 14
Month and year

Test and Annie Jonee
1234 Folks Place
Anywhere IL 12345-1234



\$

500 . 00

Tentative tax due (Whole dollars only)

Make your check or money order payable to and mail to:

ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19005
SPRINGFIELD IL 62794-9005

Daytime phone number (555)123-1234



5 000347631 4 10151405 000348787 3 1214

Return only the bottom portion with your payment.



Illinois Department of Revenue
IL-505-I 2014
Automatic Extension Payment for Individuals

(R-12/14)

Official Use

Enter your Social Security numbers in the order they appear on your federal return.

Your Social Security number

Spouse's Social Security number

STOP Do not file this form if no payment is due or you pay electronically or by credit card.

For calendar year ending _____ / _____
12/14 or fiscal year ending _____
Month and year

Your first name & initial Spouse's first name & initial Your last name

Street address

→ \$ _____ . _____
Tentative tax due (Whole dollars only)

City _____ State _____ ZIP _____

(_____) _____
Daytime phone number



Make your check or money order payable to and mail to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19005
SPRINGFIELD IL 62794-9005



Illinois Department of Revenue
ST-1 Sales and Use Tax and E911 Surcharge Return
 Account ID: 1234-5678 This form is for: **October 2014**

REV 05 FORM 002
 E S / /
 NS CA RC
 999-9999-9 SL

You must round your figures to whole dollars. (See instructions.)

Step 1: Alcoholic Liquor Purchases (See instructions.)

If you are not required to report your purchases, go to Step 2.

Note: Distributors will also report your total purchases to us.

A Total dollar amount of alcoholic liquor purchased
 (invoiced and delivered) _____

Step 2: Taxable Receipts

- 1** Total receipts (Include tax.) **1** _____
- 2** Deductions - **include tax collected**
 (From Schedule A, Line 29.) **2** _____
- 3** Taxable receipts
 (Subtract Line 2 from Line 1.) **3** _____

Step 3: Tax on Receipts

Sales from locations within Illinois
 General merchandise

4a _____ x **<rate>** = **4b** _____

Food, drugs, and medical appliances

5a _____ x **<rate>** = **5b** _____

Sales from locations outside Illinois

General merchandise

6a _____ x **.0625** = **6b** _____

Food, drugs, and medical appliances

7a _____ x **.0100** = **7b** _____

Sales at prior rates

Receipts taxed at other rates

8a _____ x _____ = **8b** _____

9 Tax due on receipts
 (Add Lines 4b, 5b, 6b, 7b, and 8b.) **9** _____

Step 4: Retailer's Discount and Net Tax on Receipts

- 10** If you filed and paid by **<due date>**
 multiply Line 9 by **.0175** **10** _____
- 11** Net tax due on receipts
 (Subtract Line 10 from Line 9.) **11** _____

Step 5: Tax on Purchases

General merchandise

12a _____ x **.0625** = **12b** _____

Food, drugs, and medical appliances

13a _____ x **.0100** = **13b** _____

Purchases at other rates

14a _____ = **14b** _____

15 Tax due on purchases
 (Add Lines 12b, 13b, and 14b.) **15** _____

Step 6: Net Tax Due

16 Tax due from receipts and purchases
 (Add Lines 11 and 15.) **16** _____

16a Manufacturer's Purchase Credit
 (See instructions.) **16a** _____

17 Prepaid sales tax
 (Attach PST-2 copy A.) **17** _____

18 Quarter-monthly payments
 (Paid on Form RR-3 or by EFT) **18** _____

19 Total prepayments
 (Add Lines 16a, 17, and 18.) **19** _____

20 Net tax due
 (Subtract Line 19 from Line 16.) **20** _____

Step 7: Payment Due

21 E911 Surcharge
 (From Schedule B, Line 10.) **21** _____

22 Excess tax and excess surcharge collected
 (See instructions.) **22** _____

23 Total tax and surcharge due
 (Add Lines 20, 21 and 22.) **23** _____


24 Credit amount
 (See instructions.) **24** _____

25 Payment due
 (Subtract Line 24 from Line 23.) **25** _____

Step 8: Sign Below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true and correct. The information in this return is taken from the records of the business for which it is filed.

Taxpayer _____ Phone _____ Date / /
 Preparer _____ Phone _____ Date / /

 **Try filing electronically!**
 tax.illinois.gov

ST-1 (R-09/14) ID: 123
 This form is for: **October 2014**
 This form is due: **November 20, 2014**
 Account ID: **1234-5678**

Test Inc.
123 Street
Anywhere IL 12345-1234

Write the amount you are paying.
\$ 500 . 00
 Write your remittance and send your payment to
ILLINOIS DEPARTMENT OF REVENUE
RETAILERS OCCUPATION TAX
SPRINGFIELD IL 62796-0001



00201101422225 12345678

Account ID: (2) 1234-5678 This form is for: (3) October 2014

Schedule A — Deductions

Section 1: Taxes and miscellaneous deductions - If no Section 1 deductions, go to Section 2.

1	Taxes collected on general merchandise sales and service	1	_____
2	Taxes collected on food, drugs, and medical appliances sales and service	2	_____
3	E911 surcharge collected	3	_____
4	Resale	• 4	_____
5	Interstate commerce	• 5	_____
6	Manufacturing machinery and equipment (including photoprocessing)	• 6	_____
7	Farm machinery and equipment	• 7	_____
8	Graphic arts machinery and equipment (Expired August 30, 2014)	• 8	_____
9	Supplemental Nutrition Assistance Program (SNAP - formerly called food stamps)	• 9	_____
10	Enterprise zone		
a	Sales of building materials	• 10a	_____
b	Sales of items other than building materials	• 10b	_____
11	High impact business		
a	Sales of building materials	• 11a	_____
b	Sales of items other than building materials	• 11b	_____
12	River edge redevelopment zone building materials	• 12	_____
13	Exempt organizations	• 13	_____
14	Sales of service - identify here _____	14	_____
15	Other (including cash refunds, newspapers and magazines, etc.) - identify below _____	15	_____
16	Total Section 1 deductions. Add Lines 1 through 15.	16	_____

Section 2: Motor fuel deductions - If no Section 2 deductions, go to Section 3.

<u>State motor fuel tax</u>		<u>Number of gallons</u>	<u>Rate</u>		
17	Gasoline	17a _____	x 19¢	=	17b _____
18	Gasohol and majority blended ethanol	18a _____	x 19¢	=	18b _____
19	Diesel (including biodiesel and biodiesel blends)	19a _____	x 21.5¢	=	19b _____
20	Dieselhol	20a _____	x 21.5¢	=	20b _____
21	Other special fuels	21a _____	x 19¢	=	21b _____
<u>Specific fuels sales tax exemption</u>		<u>Receipts</u>	<u>Percentage</u>		
22	Gasohol	22a _____	x 20% (.20)	=	22b _____
23	Biodiesel blend (90 - 99 percent petroleum-based product)	23a _____	x 20% (.20)	=	23b _____
24	Biodiesel blend (1 - 89 percent petroleum-based product)	24a _____	x 100% (1.00)	=	24b _____
25	100 percent biodiesel	25a _____	x 100% (1.00)	=	25b _____
26	Majority blended ethanol fuel	26a _____	x 100% (1.00)	=	26b _____
27	Other motor fuel deductions _____				27 _____
28	Total Section 2 deductions. Add Lines 17b through 26b and 27.				28 _____

Section 3: Total deductions

29	Add Lines 16 and 28. Write this amount on Step 2, Line 2 on the front page of this return.	→ 29	_____
----	--	------	-------

Schedule B — E911 Surcharge

Receipts from retail transactions of prepaid wireless telecommunications service

1	Enter receipts subject to E911 Surcharge.	1	_____
Figure your breakdown of retail transactions for Chicago locations			
2	For Chicago locations	2a _____ x .0900 =	2b _____
3	For Chicago locations at prior rates	3a _____ x _____ =	3b _____
4	Total E911 Surcharge for Chicago. Add Lines 2b and 3b.	4	_____
Figure your breakdown of retail transactions for non-Chicago locations			
5	For non-Chicago locations	5a _____ x .0150 =	5b _____
6	For non-Chicago locations at prior rates	6a NOT APPLICABLE x _____ =	6b NOT APPLICABLE
7	Total E911 Surcharge for non-Chicago locations. Add Lines 5b and 6b.	7	_____
Figure your net E911 Surcharge			
8	Total E911 Surcharge. Add Lines 4 and 7.	8	_____
9	If you filed and paid by the due date, multiply Line 8 by 3% (.03).	9	_____
10	Subtract Line 9 from Line 8. Write this amount on Step 7, Line 21.	→ 10	_____



 **Illinois Department of Revenue**
ST-2 Multiple Site Form
 Attach to Form ST-1.

REV 01
FORM 009

Do not write above this line.

Account ID: _____ This form is for _____
(Reporting period)

You must round your figures to whole dollars. See instructions.

Site where the taxable sales were made

Location code _____
 Site name _____
 Site address _____
 City, state, ZIP _____

General merchandise

4a _____ X (rate) = 4b _____
 Food, drugs, and medical appliances
 5a _____ X (rate) = 5b _____
 Receipts taxed at other rates
 8a _____ 8b _____

Location code _____
 Site name _____
 Site address _____
 City, state, ZIP _____

General merchandise

4a _____ X (rate) = 4b _____
 Food, drugs, and medical appliances
 5a _____ X (rate) = 5b _____
 Receipts taxed at other rates
 8a _____ 8b _____

Location code _____
 Site name _____
 Site address _____
 City, state, ZIP _____

General merchandise

4a _____ X (rate) = 4b _____
 Food, drugs, and medical appliances
 5a _____ X (rate) = 5b _____
 Receipts taxed at other rates
 8a _____ 8b _____

Location code _____
 Site name _____
 Site address _____
 City, state, ZIP _____

General merchandise

4a _____ X (rate) = 4b _____
 Food, drugs, and medical appliances
 5a _____ X (rate) = 5b _____
 Receipts taxed at other rates
 8a _____ 8b _____

Location code _____
 Site name _____
 Site address _____
 City, state, ZIP _____

General merchandise

4a _____ X (rate) = 4b _____
 Food, drugs, and medical appliances
 5a _____ X (rate) = 5b _____
 Receipts taxed at other rates
 8a _____ 8b _____



Page totals

4a _____ 4b _____
 5a _____ 5b _____
 8a _____ 8b _____

Sample Routing Tag (Different tag for each day of the week in a different color)

Routing Tag

EXCEPTION ITEM **MONDAY**

(Circle one) **A B C D E F G H I J K L**

(See instructions on reverse)

ENVELOPE DATE: _____

Area	Date Rec'd.	Area	Date Rec'd.
Forms Process		Audits	
R&A DCD		Collections	
Validation		TID	
Adjustment Control		Sales Tax	
Lock Box Bank		Excise Tax	
Doc. Entry S.O.S.		Clerical Process DCD	
R.P.S.		Account Mgmt.	

Document Type _____

Document Count _____

Clerk ID # _____

Station Number _____

Other Areas Handling Batch/Document

Unit	Clerk ID.	Date

MEDU-17 (R-4/05) front
IL-492-2242

SOY-BASE INK
RECYCLED PAPER

Data Entry Specifications Reference

IL-501
IL-941
IL-1040-ES
IL-505-I
ST-1

IL-501 Data Entry Specifications Reference

JOB NAMES: 501/501EFS/501ET/501RPS/501LB

DATA ENTRY

TAX SYSTEM: WIT

REVISION DATE: 12-29-06

BATCH NAME: JJJSSSBB

EFFECTIVE DATE: 03-01-94

.DOC FILE: 501

PAGE: 01 OF 02

EDIT: P501

BUFFER: 160

TABLE: NONE

IL-501 MONTHLY WITHHOLDING INCOME TAX PAYMENT FORM

01- 03	3	TRANS TYPE	"816" CONSTANT.	
04- 13	10	BATCH NUMBER	MUST ENTER YYJJSSSBB. DUPS.	N
		4- 5 YR. - CURRENT YEAR	"F7" TO OVERRIDE IF OTHER	
		6- 8 JULIAN 001-366	THAN THE CURRENT YEAR.	
		9-11 STATION NUMBER		
		#201-202, 204-205, 899 & 900 - 501		
		#206-215, 765, 807, 808, 810 & 811 - 501EFS		
		#200 - 501ET & 501LB		
		#203 - 501RPS		
		12-13 SEQUENCE NUMBER	01-99 - 501 (STATION 205)	
			01-99 - 501RPS	
			01-98 - 501ET	
			99 - 501LB	
14- 16	3	DOCUMENT NUMBER	MUST ENTER. MUST BE IN SEQUENCE.	N

17- 19	3	APE	ENTER, IF SHOWN, YYQ. ENTER A	N
*****		17-18 YR.	CHANGE IF SHOWN. ENTER "1"- "4"	
		19 QTR.	FOR THE QUARTER. ENTER THE	
			QUARTER IF THE MONTH IS SHOWN.	
		MONTH QTR.	ENTER FROM THE SCAN LINE IF BLANK	
		1- 3 - 1	OR PARTIAL. SKIP IF BLANK AND	
		4- 6 - 2	THERE IS NOT A SCAN LINE.	
		7- 9 - 3		
		10-12 - 4		
20- 28	9	FEIN	ENTER IF SHOWN. SKIP IF BLANK,	N
*****			PARTIAL OR TOO MANY. PROGRAM	
			PLUGS ZEROS.	
29- 31	3	SEQUENCE NUMBER	ENTER IF SHOWN. SKIP IF BLANK.	N
*****			PROGRAM PLUGS ZEROS.	
32	1	CHECK DIGIT	ENTER IF SHOWN. SKIP IF BLANK,	N
*****			ILLEGIBLE OR IF THE FEIN WAS	
			CHANGED.	

***** VERIFIED FIELDS
501/501EFS/501ET/501RPS/501LB

DATE: 03-01-94
PAGE: 02 OF 02

33 1 NOT USED

34- 44 *11 OFFICIAL USE/ DOLLARS AND CENTS. ENTER THE n
ROCKERED AMOUNT AMOUNT IF THE P/F BOX IS MARKED
WITH AN "X". SKIP IF BLANK OR ZERO.

* OCR FORM: IF THE P/F BOX IS MARKED WITH AN "X", IT
INDICATES A ROCKER FOR THE AMOUNT OF PAYMENT.

45- 49 5 DATE RECEIVED ENTER, IF SHOWN, YYJJJ. SKIP IF N
***** NOT PRESENT. IT WILL BE A JULIAN
DATE WRITTEN ON THE FORM.

50-160 111 NOT USED

IL-941 Data Entry Specifications Reference

Tax System: BIT
 Batch Name: JJJSSSBB
 Record Buffer: 198
 Job Names: 941WO/941WR

Data Entry Instructions for
 IL-941 Withholding Tax Return

Revision Date: 02-28-14
 Effective Date: 00-00-00
 Page 1 of 2

IL-941 QUARTERLY WITHHOLDING INCOME TAX RETURN OUTPUT

Pos.	Length	Name of field	Description
01-03	3	Trans code	Plugged: "916" - WR, "917" - WO,
04-13	10	Batch Number 4- 5 Year 6- 8 Julian Day 001-366 9-11 Station Number 12-13 Sequence number	Must Enter YYJJSSSBB. Dups. WO Stations: WR Stations:
14- 16	3	Document Number	Must Enter. Must be in sequence order
17-25 *****	9	FEIN	Must Enter. <u>Labeled Return:</u> Enter from the label. If the number is changed, enter the change; skip the check digit, and zero fill the sequence number. <u>Unlabeled return:</u> Enter if shown. Key a zero and enter if blank or partial. Program plugs zeroes.
26-28 *****	3	FEIN Sequence Number	Must Enter. Key a zero and enter if no sequence number is shown. Program plugs zeroes.
29	1	FEIN Check Digit	Enter if shown. Skip if blank. Not output in Maintenance record.
30-32 *****	3	Reporting Period 30-31 - Year 32 - Quarter	Enter if shown, YYQ. Enter a change if indicated. Quarter: Enter "1"- "4" for quarter filers. Enter "5" for annual filers.

Tax System: BIT
Batch Name: JJJSSSBB
Record Buffer: 198

Data Entry Instructions for
IL-941 Withholding Tax Return

Revision Date: 02-28-14
Effective Date: 00-00-00
Page 2 of 2

33-45 *****	13	Step 3, Line 1 - Total Wages	Dollars and Cents. Enter zeroes if zeroes written on the line. Skip if blank.
46-58 *****	13	Step 4, Line 2 - Illinois Income Tax Withheld	Dollars and Cents. Enter zeroes if zeroes written on the line. Skip if blank.
59-71 *****	13	Step 5, Line 3 - Total Withholding/IL-501 Electronic payments	Dollars and Cents. Skip if blank.
72-84 *****	13	Step 5, Line 4 - Credit Carried Forward	Dollars and Cents. Skip if blank.
85-97 *****	13	Step 5, Line 5 - Total credits received through DCEO	Dollars and Cents. Skip if blank.
98-110 *****	13	Step 5, Line 6 - Total Amount	Dollars and Cents. Skip if blank.
111-123 *****	13	Step 6, Line 7 - Balance Due	Dollars and Cents. Skip if blank.
124-136 *****	13	Step 6, Line 8 - Overpayment	Dollars and Cents. Skip if blank.
137-149	13	Official Use / Rockered Amount	WR: Must Enter. Dollars and Cents. WO: Zero filled.
150-168 *****	19	Free Form	Enter "NS" if there is not a signature or a stamped signature. Enter "DR" and five digits for the date received if shown. EX: YYJJJ
169-195	27	Not used	Space filled.
196	1	Record Type	Plugged "0"
197-198	2	APE Year	Dups from the Reporting Period "YY"

IL-1040-ES Data Entry Specifications Reference

1040ESWR/40ESWRET/40ESWREF/40ESRPS

TAX SYSTEM:	IIT	REVISION DATE:	10-16-13
BATCH NAME:	JJJSSSBB	EFFECTIVE DATE:	10-16-13
.DOC FILE:	1040ES	PAGE:	01 OF 02
EDIT:	P40ES	BUFFER:	152

IL-1040ES - ESTIMATED INCOME TAX DECLARATION FOR INDIVIDUALS

01- 03	3	TRANS CODE	"E10" CONSTANT.	
04- 13	10	BATCH NUMBER	MUST ENTER YYJJSSSBB. DUPS.	N
		4- 5 YR. - CURRENT YEAR	"F7" TO OVERRIDE IF OTHER	
		6- 8 JULIAN 001-366	THAN THE CURRENT YEAR.	
		9-11 STATION NUMBER		
		#109, 180-183, 903,904 and 770 - 1040ESWR		
		#184 - 40ESWRET		
		#100-107 - 40ESWREF		
		#180 - 40ESRPS		
		12-13 SEQUENCE NUMBER 01-50 & 92-99 - 1040ES (STATION #180)		
		01-49, 88, & 89 - 40ESWRET		
		51-91 - 40ESRPS		
14- 16	3	DOCUMENT NUMBER	MUST ENTER. MUST BE IN SEQUENCE.	N

45	1	VOUCHER NUMBER	"1" CONSTANT.	
25- 33	9	SSN	ENTER IF SHOWN OR IF A CHANGE HAS BEEN MADE. SKIP IF BLANK. TAKE THIS TO YOUR SUPERVISOR IF THERE IS AN FEIN INSTEAD OF A SSN AND THE NAME FIELD IS A TRUST.	A

34	1	CHECK DIGIT	ENTER IF SHOWN. SKIP IF BLANK OR IF THE SSN WAS CHANGED.	N

21- 24	4	POST	ENTER IF SHOWN. SKIP IF BLANK. ENTER THE FIRST FOUR DIGITS OF THE LAST NAME IF A POST IS NOT SHOWN. IF THERE ARE LESS THAN FOUR DIGITS, ENTER AND SPACE OUT.	A

35- 44	10	NOT USED		

*****		VERIFIED FIELDS		

17- 20	4	APE	MUST ENTER MMY. ENTER THE APE	N
*****		17-18 MO.	FROM THE SCAN LINE. IF THE SCAN	
		19-20 YR.	LINE IS BLANK OR IF IT CANNOT BE	
			READ, ENTER "12" FOR THE MONTH AND	
			USE THE YEAR OF THE FORM FOR THE	
			YEAR. DO NOT ENTER THE DUE DATE	
			FOR THE APE.	
46- 54	9	ESTIMATED TAX	ZEROS CONSTANT.	
55- 63	9	PAYMENT AMOUNT	ZEROS CONSTANT.	
69- 81	13	OFFICIAL USE/ ROCKERED AMOUNT	MUST ENTER. DOLLARS AND CENTS.	n
64- 68	5	DATE RECEIVED	ENTER, IF SHOWN, YYJJJ.	N
*****		64-65 YR.	SKIP IF BLANK.	
		66-68 JULIAN 001-366		
82-103	22	NOT USED		
104-152	49	FREE FORM	ENTER DATA FROM THE FREE FORM	X
*****			SHEET IF SHOWN. SKIP IF BLANK.	

IL-505-I Data Entry Specifications Reference

JOB NAMES: 505I/505IEFS/505IET/505IRPS

TAX SYSTEM: IIT

BATCH NAME: JJJSSSBB

.DOC FILE: 505I

EDIT: P505I

BUFFER: 150

DATE ENTRY

REVISION DATE: 08-17-04

EFFECTIVE DATE: 00-00-00

PAGE: 01 OF 02

TABLES: 505IAPE

505I - APPLICATION OF EXTENSION OF TIME TO FILE AN IL-1040

01- 03	3	TRANS CODE	"E14" CONSTANT.	
04- 13	10	BATCH NUMBER	MUST ENTER YYJJSSSBB. DUPS.	N
		4- 5 YR. - CURRENT YEAR	"F7" TO OVERRIDE IF OTHER	
		6- 8 JULIAN 001-366	THAN THE CURRENT YEAR.	
		9-11 STATION #160, 161, 363, AND 905		
		12-13 SEQUENCE NUMBER		
		505I - 160 01-50, 92-99		
		161 86-87, 90-99		
		363 01-99		
		905 01-99		
		505IRPS - 160 51-91		
		505IET - 161 01-49, 88,89		
		505IEFS - 161 50-53		
14- 16	3	DOCUMENT NUMBER	MUST ENTER. MUST BE IN SEQUENCE.	N

17- 20	4	TAXABLE YEAR ENDING	"12" CONSTANT FOR THE MONTH.	N
*****		17-18 MO. MNE	MUST ENTER YY. ENTER THE YEAR	
		19-20 YR.	OF THE FORM IF BLANK. IF THE YEAR	
			OF THE FORM HAS BEEN CHANGED, ENTER	
			THE CHANGE.	
25- 33	9	SSN	ENTER IF SHOWN. SKIP IF BLANK.	U
*****		25 - ALPHA/NUMERIC	THE FIRST POSITION MAY BE AN "A".	
		26-33 - NUMERIC		
34- 45	12	NOT USED		
21- 24	4	POST	ENTER THE FIRST FOUR LETTERS OF	X
*****			THE LAST NAME. SKIP IF BLANK.	
46- 54	9	MNE	ZEROS CONSTANT.	
55- 63	9	MNE	ZEROS CONSTANT.	
69- 77	9	OFFICIAL USE/ ROCKERED AMOUNT	DOLLARS AND CENTS. SKIP IF BLANK.	n

JOB NAMES: 505I/505IEFS/505IET/505IRPS

DATE: 08-17-04

PAGE: 02 OF 02

64- 68	5	DATE RECEIVED	ENTER, IF SHOWN, YYJJJ.	N
*****		64-65 YR.	SKIP IF BLANK.	
		66-68 JULIAN 001-366		

78-150 73 NOT USED

***** VERIFIED FIELDS

ST-1 Payment Data Entry Specifications Reference

JOB NAMES: ST1PYEFS
TAX SYSTEM: STS
BATCH NAME: JJJSSSBB
.DOC FILE: ST1PYEFS
EDIT: PSOAED

DATA ENTRY
REVISION DATE: 06-15-15
EFFECTIVE DATE: 06-15-15
PAGE: 01 OF 02

BUFFER: 180

ST1 PAYMENT

01- 12	12	BATCH/VALIDATION NUMBER	MUST ENTER YYYYJJJSSSBB.	N
		1- 4 YR.- CURRENT YEAR	DUPS.	
		5- 7 JULIAN 001-366		
		8-10 STATION #815,845,911,923,924		
		11-12 SEQUENCE #01-99 - ST1PYEFS		
13- 15	3	DOCUMENT NUMBER	MUST ENTER.	N
*****			MUST BE IN SEQUENCE.	
16- 23	8	IBT NUMBER	MUST ENTER.	N
*****		(REGISTRATION NUMBER AND CHECK DIGIT)		
24	1	TAX SYSTEM CODE	"S" CONSTANT.	
25- 48	24	NOT USED		
49- 61	13	REMITTANCE AMOUNT	MUST ENTER.	n
			DOLLARS AND CENTS.	
62- 66	5	NOT USED		
67- 79	13	MNE	ZEROS CONSTANT.	
80- 87	8	RECEIVED DATE	MUST ENTER MMDDYYYY.	N
*****		80-81 MONTH 01-12	ENTER FROM THE FRONT OF FOLDER	
		82-83 DAY 01-31	IF NOT PRESENT ON THE DOCUMENT.	
		84-87 YEAR		
88- 90	3	FORM NUMBER	"240" CONSTANT.	
91- 92	2	PAYMENT TYPE CODE	"36" CONSTANT.	
93-118	26	MNE	ZEROS CONSTANT.	
119-143	25	NOT USED		

***** VERIFIED FIELDS

ST1PYEFS

DATE: 06-15-15

PAGE: 02 OF 02

144-149	6	APE	MUST ENTER YYYYMM.	N
*****		144-147 YR.	ENTER THE LAST MONTH IF MORE	
		148-149 MO. 01-12	THAN ONE SHOWN.	
150-158	9	NOT USED		
159-164	6	SOURCE ID	"LBXPMT" CONSTANT.	
165-180	16	NOT USED		

ST-1/ST-2 Return Data Entry Specifications Reference

(Note: For the header and trailer record, reference the ST-1/ST-2 Return Record Layouts.)

VENDOR'S FORMAT

JOB NAMES: ST1WOVEN/ST1WRVEN/ST1WOLVN/ST1WRLVN
ST2WOVEN/ST2WRVEN/ST2WOLVN/ST2WRLVN DATA ENTRY
TAX SYSTEM: STS REVISION DATE: 06-02-15
BATCH NAME: JJJSSSBB EFFECTIVE DATE: 06-02-15
.DOC FILE: ST1-2 PAGE: 01 OF
10
EDIT: PST1 BUFFER: 410

ST-1/ST-2 - SALES AND USE TAX RETURN

DO NOT DIVIDE THE BATCHES OF WORK. EACH BATCH MUST REMAIN AS ONE.

01 1 ACTION CODE "A" CONSTANT.

02- 11 10 BATCH NUMBER MUST ENTER YYJJSSSBB. DUPS.
***** 2- 3 YR. - CURRENT YEAR "7" TO OVERRIDE IF OTHER
4- 6 JULIAN 001-366 THAN THE CURRENT YEAR.
7- 9 STATION #217 (ELEC), 825-832, 834-838, 848-850 AND 860-861 - WR
216(ELEC), 691, 693, 839-840, 862-863 AND 895-896 - WO
10-11 SEQUENCE NUMBER

31- 33 3 TRANS CODE MUST ENTER "140", "210" , "220" OR "225".
"210" - ST-1
"140" - PST-2 GOES TO LEVEL 3
"220" - ST-2 GOES TO LEVEL 4

19 1 DATA ENTRY SEQUENCE MUST ENTER. ENTER A "1" UNLESS
NUMBER ADDITIONAL DELIMITERS ARE TO BE
ENTERED. NUMBER THESE RECORDS
FROM "2" THRU "5" AS NEEDED.

12- 14 3 DOCUMENT NUMBER MUST ENTER. MUST BE IN SEQUENCE.

15- 18 4 RECORD CODE ZEROS CONSTANT.

20- 27 8 IBT NUMBER AND ENTER IF SHOWN. SKIP IF BLANK.
CHECK DIGIT PROGRAM PLUGS ZEROS.

28- 30 3 MNE ZEROS CONSTANT.

34- 35 2 FORM REVISION NUMBER MUST ENTER "01", "03", OR "05".

36- 38 3 FORM NUMBER "002" CONSTANT.

39- 40 2 MNE ZEROS CONSTANT.

41- 44 4 APE (TAX PERIOD FOR) ENTER IF SHOWN. SKIP IF BLANK.
***** 41-42 MO. 01-12 PROGRAM PLUGS ZEROS.
43-44 YR. LOW LIMIT 79

***** VERIFIED FIELDS

45- 85 41 APE PERIOD CONTINUED

ENTER, IF SHOWN, MMY. SKIP IF
BLANK. A COMMA OR A DASH MUST
BE IN THE FIRST POSITION.

COLUMNS 45-85:

MONTHS MAY BE 01-12. SEPARATE MMY'S WITH A COMMA.
THRU DATES ARE SHOWN WITH A DASH (0595-0795) AND MAY BE
FOLLOWED BY MORE DATES. DATES MUST BE IN ASCENDING
ORDER WITH ONLY COMMAS OR DASHES BETWEEN DATES. DO NOT
SPACE BETWEEN DATES.

QUARTERLY FILER: 01-95 TO 03-95. ENTER: 0195-0395
EX: JAN. 95, MAR. 95, MAY-JULY 95, SEPT.-DEC. 95,
AND JAN. 96.
ENTER: 0195,0395,0595-0795,0995-1295,0196

1ST QUARTER = 01-03
2ND QUARTER = 04-06
3RD QUARTER = 07-09
4TH QUARTER = 10-12

86 1 ENVELOPE/SIGNATURE
INDICATOR

ENTER THE LETTER CIRCLED. SKIP
IF NONE ARE CIRCLED. THIS IS ON
THE UPPER RIGHT OF THE FORM. IF
SKIPPED, THE EDIT WILL PLUG AN "E"
IF THE DATE IS ENTERED.

87- 92 6 ENVELOPE/SIGNATURE
DATE

ENTER, IF SHOWN, MMDDYY. SKIP
IF BLANK. PROGRAM PLUGS ZEROS.
THIS IS ON THE UPPER RIGHT OF
THE FORM.

93-112 20 FREE FORM CODES

ENTER IF SHOWN. SKIP IF BLANK.
THEY ARE ON THE UPPER RIGHT OF
THE FORM. ENTER "NS" IF BOTH
SIGNATURES (PREPARER AND THE
TAXPAYER) ARE MISSING. ENTER
"YY" FOR A MIS-SORTED AMENDED
RETURN.

113-125 13 OFFICIAL USE/
***** ROCKERED AMOUNT

WR BATCHES: MUST ENTER.
DOLLARS AND CENTS.
WO BATCHES: ZEROS CONSTANT.

126-127 2 PAYMENT SOURCE

"10" CONSTANT.

128-140 13 A. TOTAL AMOUNT
***** PAID FOR LIQUOR
ZEROS

DOLLAR AND CENTS. SKIP IF BLANK.
PROGRAM PLUGS ZEROS. ENTER
FOR CENTS IF ONLY DOLLARS ARE SHOWN.
ENTER THE AMOUNT AND THEN THE DASH
IF NEGATIVE.

141-151 11 NOT USED

ST1WOVEN/ST1WRVEN/ST1WOLVN/ST1WRLVN
ST2WOVEN/ST2WRVEN/ST2WOLVN/ST2WRLVN

DATE: 06-02-15
PAGE: 03 OF 10

152-154 3 TOTAL RECEIPTS MUST ENTER "001".
***** DELIMITER THE EDIT WILL CONVERT THIS TO "010".

155-167 13 L1 TOTAL RECEIPTS DOLLARS AND CENTS. SKIP IF BLANK.
***** PROGRAM PLUGS ZEROS. ENTER ZEROS
FOR CENTS IF ONLY DOLLARS ARE SHOWN.
ENTER THE AMOUNT AND THEN THE DASH
IF NEGATIVE (OVERPUNCH).

168-407 240 DELIMITERS AND LINE AMOUNTS

- . DELIMITERS EQUAL THE LINE NUMBERS. THE EDIT WILL CHANGE THEM TO THE DELIMITERS REQUIRED BY THE MAINFRAME. **VALID LINE NUMBER ARE 010-250, A04-A15, AND B01-B14.**
- . ENTER THE DELIMITER IF A LINE AMOUNT IS PRESENT.
- . ENTER THE AMOUNT AND THEN THE DASH IF NEGATIVE (OVERPUNCH).
- . DO NOT ENTER ZERO AMOUNTS.

<u>DELIMITER</u>	<u>AMOUNT</u>	<u>DELIMITER</u>	<u>AMOUNT</u>
168-170 3	171-183 13	184-186 3	187-199 13
200-202 3	203-215 13	216-218 3	219-231 13
232-234 3	235-247 13	248-250 3	251-263 13
264-266 3	267-279 13	280-282 3	283-295 13
296-298 3	299-311 13	312-314 3	315-327 13
328-330 3	331-343 13	344-346 3	347-359 13
360-362 3	363-375 13	376-378 3	379-391 13
392-394 3	395-407 13		

IF MORE DELIMITERS ARE PRESENT, ENTER DE SEQUENCE RECORD NUMBER 2.

408-409 2 NOT USED

410 1 ERROR INDICATOR ZERO CONSTANT. THE EDIT WILL INDICATE IF THERE ARE ANY ERRORS. PRESENT WITH A "1", "2" OR "3".
"1" = FATAL ERROR - MUST BE CORRECTED
"2" = NO ERRORS
"3" = ERROR "O.K."

CONTINUATION RECORD

01	1	ACTION CODE	"A" CONSTANT.
02- 11	10	BATCH NUMBER	DUPS FROM THE ST-1 RECORD.
12- 14 *****	3	DOCUMENT NUMBER	DUPS FROM THE ST-1 RECORD. RECORDS FOR EACH DOCUMENT CARRY THE SAME DOCUMENT NUMBER.
15- 18	4	RECORD CODE	ZEROS CONSTANT.
19	1	D. E. SEQUENCE NUMBER	MUST ENTER A "2" OR "3".
20- 27	8	IBT NUMBER AND CHECK DIGIT	DUPS FROM THE ST-1 RECORD.
28- 30	3	MNE	ZEROS CONSTANT.
31- 33	3	TRANS CODE	"210" CONSTANT. DUPS FROM THE ST-1.
34- 35	2	FORM REVISION NUMBER	MUST ENTER "01", "03", OR "05". DUPS FROM THE ST-1.
36- 38	3	FORM NUMBER	"002" CONSTANT.
39- 41 *****	3	DELIMITER	MUST ENTER AT LEAST ONE DELIMITER.
42- 54 *****	13	AMOUNT	MUST ENTER. DOLLARS AND CENTS. ENTER THE AMOUNT AND THEN THE DASH IF NEGATIVE (OVERPUNCH).

**EACH CONTINUATION RECORD MAY HAVE UP TO 23 DELIMITERIZED
ENTRIES. CONTINUE ENTERING DELIMITERS IF AN AMOUNT IS
PRESENT. THIS RECORD MAY BE REPEATED #3 THRU #5 IF
NEEDED.**

55-406 352 DELIMITERS AND LINE AMOUNTS

- . DELIMITERS EQUAL THE LINE NUMBERS. THE EDIT WILL CHANGE THEM TO THE DELIMITERS REQUIRED BY THE MAINFRAME. **VALID LINE NUMBER ARE 010-250, A04-A15, AND B01-B14.**
- . ENTER THE DELIMITER IF A LINE AMOUNT IS PRESENT.
- . ENTER THE AMOUNT AND THEN THE DASH IF NEGATIVE (OVERPUNCH).

<u>DELIMITER</u>	<u>AMOUNT</u>	<u>DELIMITER</u>	<u>AMOUNT</u>
55- 57 3	58- 70 13	71- 73 3	74- 86 13
87- 89 3	90-102 13	103-105 3	106-118 13
119-121 3	121-134 13	135-137 3	138-150 13
151-153 3	154-166 13	167-169 3	170-182 13
183-185 3	186-198 13	199-201 3	202-214 13
215-217 3	218-230 13	231-233 3	234-246 13
247-249 3	250-262 13	263-265 3	266-278 13
279-281 3	282-294 13	295-297 3	298-310 13
311-313 3	314-326 13	327-329 3	330-342 13
343-345 3	346-358 13	359-361 3	362-374 13
375-377 3	378-390 13	391-393 3	394-406 13

407-409 3 NOT USED

410 1 ERROR INDICATOR

ZERO CONSTANT. THE EDIT WILL
INDICATE IF THERE ARE ANY ERRORS.
"1" = FATAL ERROR - MUST BE CORRECTED
"2" = NO ERRORS
"3" = ERROR "O.K."

ST-2

01	1	ACTION CODE	"A" CONSTANT.
02- 11	10	BATCH NUMBER	DUPS FROM THE ST-1 RECORD.
12- 14	3	DOCUMENT NUMBER	DUPS FROM THE ST-1 RECORD.

15- 18	4	RECORD CODE	ZEROS CONSTANT. THE EDIT WILL NUMBER (IN SEQUENCE) THE ST-2 RECORDS (PER DOCUMENT) STARTING WITH 0001.
19	1	D. E. SEQUENCE NUMBER	"1" CONSTANT.
20- 30	11	IBT NUMBER AND UNIT CODE	ZEROS CONSTANT.
31- 33	3	TRANS CODE	"220" CONSTANT.
34- 35	2	FORM REVISION NUMBER	"01" CONSTANT.
36- 38	3	FORM NUMBER	"009" CONSTANT.
39- 46	8	LOCATION	ENTER IF SHOWN. SKIP IF BLANK OR PARTIAL. PROGRAM PLUGS ZEROS. DO NOT ENTER LOCATION CODES WITH ZERO AMOUNTS.
*****		39-41 COUNTY	
		42-45 CITY	
		46 CHECK DIGIT	
47- 49	3	SITE	ENTER IF SHOWN. SKIP IF BLANK. PROGRAM PLUGS ZEROS. THE SITE WILL BE SHOWN FOLLOWING THE LOCATION CODE.

50- 73	24	NOT USED	
74- 76	3	TAX DISTRICT	ENTER IF SHOWN ON TS-2 OR DP-2

			PART 2 AND SITE = "777" OR "888". SKIP IF BLANK. PROGRAM PLUGS SPACES. VALID CODES WILL BE 001-099.
77- 79	3	NOT USED	
80-175	96	<u>DELIMITERS AND LINE AMOUNTS</u>	
			. DELIMITERS EQUAL THE LINE NUMBERS. THE EDIT WILL CHANGE THEM TO THE DELIMITERS REQUIRED BY THE MAINFRAME.
			. ENTER THE DELIMITER IF A LINE AMOUNT IS PRESENT.
			. ENTER THE AMOUNT AND THEN THE DASH IF NEGATIVE (OVERPUNCH).

<u>DELIMITER</u>	<u>AMOUNT</u>	<u>DELIMITER</u>	<u>AMOUNT</u>	
80- 82 3	83- 95 13	96- 98 3		99-111 13
112-114 3	115-127 13	128-130 3		181-143 13
144-146 3	147-159 13	160-162 3		163-175 13

176-409 234 NOT USED

410 1 ERROR INDICATOR

ZERO CONSTANT. THE EDIT WILL
INDICATE IF THERE ARE ANY ERRORS.
"1" = FATAL ERROR - MUST BE CORRECTED
"2" = NO ERRORS
"3" = ERROR "O.K."

1 IS THIS THE LAST ST-2
RECORD FOR THIS DOCUMENT?

ENTER A "Y" IF THIS IS THE LAST
ST-2 RECORD. SKIP IF NOT. THIS
DOES NOT GO TO TAPE.

PST-2

THE PST-2 FORM MUST STATE THAT IT IS A "PST OR PREPAID SALES TAX".

01	1	ACTION CODE	"A" CONSTANT.
02- 11	10	BATCH NUMBER	DUPS FROM THE ST-1 RECORD.
12- 14	3	DOCUMENT NUMBER	DUPS FROM THE ST-1 RECORD.

15- 18	4	RECORD NUMBER	ZEROS CONSTANT. THE EDIT WILL NUMBER (IN SEQUENCE) THE PST2 RECORDS (PER DOCUMENT) STARTING WITH 7000.
19	1	DATA ENTRY SEQUENCE NUMBER	"1" CONSTANT.
20- 30	11	IBT NUMBER AND UNIT CODE	ZEROS CONSTANT.
31- 33	3	TRANS CODE	"140" CONSTANT.
34	1	FORM REVISION NUMBER	ZERO CONSTANT.
35	1	COPY INDICATOR	ENTER, IF SHOWN, "A"- "D". ENTER AN "A" IF BLANK. IT IS ON THE UPPER RIGHT OF THE PST-2.

36- 43	8	RESELLER'S IBT NUMBER AND CHECK DIGIT	ENTER IF SHOWN. SKIP IF BLANK. PROGRAM PLUGS ZEROS.

44- 47	4	NOT USED	
48- 51	4	PERIOD COVERED	ENTER, IF SHOWN, MMY. SKIP IF BLANK. PROGRAM PLUGS ZEROS.
*****		48-49 MO. 00-12 50-51 YR.	
52- 59	8	RETAILER'S IBT NUMBER AND CHECK DIGIT	ZEROS CONSTANT.
60- 68	9	LINE 8A OR TOTAL GASOHOL/DIESELHOL	ENTER IF SHOWN. SKIP IF BLANK. PROGRAM PLUGS ZEROS. ENTER THE AMOUNT POSITIVE IF SHOWN NEGATIVE. IGNORE THE DECIMAL IF LESS THAN .5. ADD A GALLON IF .5 OR MORE.

90-100	11	LINE 8B	DOLLARS AND CENTS. SKIP IF BLANK. PROGRAM PLUGS ZEROS. DO NOT ENTER NEGATIVE AMOUNTS.
*****		(<u>ONLY ON THE NEW FORM.</u>)	

ST1WOVEN/ST1WRVEN/ST1WOLVN/ST1WRLVN
ST2WOVEN/ST2WRVEN/ST2WOLVN/ST2WRLVN

DATE: 06-02-15
PAGE: 09 OF 10

69- 77 9 LINE 9A OR TOTAL
***** GALLONS SUBJECT TO PST

ENTER IF SHOWN. SKIP IF BLANK.
PROGRAM PLUGS ZEROS. ENTER THE
AMOUNT POSITIVE IF SHOWN NEGATIVE.
IGNORE THE DECIMAL IF LESS THAN .5.
ADD A GALLON IF .5 OR MORE.

101-111 11 LINE 9B
***** (ONLY ON THE NEW FORM.)

DOLLARS AND CENTS. SKIP IF BLANK.
PROGRAM PLUGS ZEROS. DO NOT ENTER
NEGATIVE AMOUNTS.

78- 88 11 LINE 10 OR TOTAL
***** AMOUNT OF PST PAID

DOLLARS AND CENTS. SKIP IF BLANK.
PROGRAM PLUGS ZEROS. ENTER THE
AMOUNT POSITIVE IF SHOWN NEGATIVE.

89 1 POINT OF DELIVERY
***** OUTSIDE OF IL.

ENTER A "1" IF SOLD OUTSIDE OF
ILLINOIS. SKIP IF BLANK.

418 1 IS THIS THE LAST PST2
FOR THIS RECORD?

ENTER A "Y" IF THIS IS THE LAST
PST-2. SKIP IF NOT. THIS DOES
NOT GO TO TAPE.

112-409 298 NOT USED

410 1 ERROR INDICATOR

ZERO CONSTANT. THE EDIT WILL
INDICATE IF THERE ARE ANY ERRORS.
"1" = FATAL ERROR - MUST BE CORRECTED
"2" = NO ERRORS
"3" = ERROR "O.K."

Appendix E
Average Monthly Ledger Balance

	AVERAGE MONTHLY LEDGER BALANCE	AVERAGE MONTHLY COLLECTED BALANCE
July-13	\$ 2,917,292.21	\$ 0.52
August-13	\$ 2,107,189.19	\$ 0.48
September-13	\$ 14,292,580.85	\$ 55,902.83
October-13	\$ 2,546,680.99	\$ 0.45
November-13	\$ 2,208,973.08	\$ 0.55
December-13	\$ 6,114,570.12	\$ 85,022.57
January-14	\$ 18,584,681.11	\$ 462,805.17
February-14	\$ 2,090,667.78	\$ 0.36
March-14	\$ 2,267,163.09	\$ 0.41
April-14	\$ 24,844,714.02	\$ 2,021,356.82
May-14	\$ 2,024,154.00	\$ 80,565.00
June-14	\$ 12,781,250.86	\$ 0.58

Appendix F**DAILY WIRE TRANSFERS FY 2014****Monthly Total**

7/1/2013	\$	2,875,000.00	
7/2/2013	\$	2,100,000.00	
7/3/2013	\$	2,075,000.00	
7/5/2013	\$	1,950,000.00	
7/8/2013	\$	1,550,000.00	
7/9/2013	\$	2,300,000.00	
7/10/2013	\$	1,325,000.00	
7/11/2013	\$	1,150,000.00	
7/12/2013	\$	1,465,000.00	
7/16/2013	\$	3,875,000.00	
7/17/2013	\$	4,125,000.00	
7/18/2013	\$	4,800,000.00	
7/19/2013	\$	3,300,000.00	
7/22/2013	\$	3,925,000.00	
7/23/2013	\$	2,425,000.00	
7/24/2013	\$	4,500,000.00	
7/25/2013	\$	1,975,000.00	
7/26/2013	\$	3,635,000.00	
7/29/2013	\$	9,825,000.00	
7/30/2013	\$	2,975,000.00	
7/31/2013	\$	1,600,000.00	\$ 63,750,000.00
8/1/2013	\$	1,150,000.00	
8/2/2013	\$	1,825,000.00	
8/5/2013	\$	1,950,000.00	
8/6/2013	\$	3,650,000.00	
8/7/2013	\$	2,775,000.00	
8/8/2013	\$	1,675,000.00	
8/9/2013	\$	1,345,000.00	
8/12/2013	\$	925,000.00	
8/13/2013	\$	2,340,000.00	
8/14/2013	\$	2,140,000.00	
8/15/2013	\$	950,000.00	
8/16/2013	\$	1,530,000.00	
8/19/2013	\$	2,000,000.00	
8/20/2013	\$	5,550,000.00	
8/21/2013	\$	5,575,000.00	
8/22/2013	\$	2,875,000.00	
8/23/2013	\$	3,375,000.00	
8/26/2013	\$	2,760,000.00	
8/27/2013	\$	4,100,000.00	
8/28/2013	\$	3,375,000.00	
8/29/2013	\$	2,450,000.00	
8/30/2013	\$	625,000.00	\$ 54,940,000.00

DAILY WIRE TRANSFERS FY 2014**Monthly Total**

9/3/2013	\$	2,080,000.00	
9/4/2013	\$	3,575,000.00	
9/5/2013	\$	5,005,000.00	
9/6/2013	\$	3,520,000.00	
9/9/2013	\$	9,500,000.00	
9/10/2013	\$	10,725,000.00	
9/11/2013	\$	18,375,000.00	
9/12/2013	\$	8,000,000.00	
9/13/2013	\$	15,400,000.00	
9/16/2013	\$	18,400,000.00	
9/17/2013	\$	32,050,000.00	
9/18/2013	\$	20,050,000.00	
9/19/2013	\$	22,450,000.00	
9/20/2013	\$	28,375,000.00	
9/20/2013	\$	6,000,000.00	
9/23/2013	\$	47,425,000.00	
9/23/2013	\$	6,400,000.00	
9/24/2013	\$	38,250,000.00	
9/24/2013	\$	12,900,000.00	
9/25/2013	\$	39,100,000.00	
9/26/2013	\$	11,750,000.00	
9/27/2013	\$	5,825,000.00	
9/30/2013	\$	2,300,000.00	\$ 367,455,000.00
10/1/2013	\$	2,725,000.00	
10/2/2013	\$	2,325,000.00	
10/3/2013	\$	1,100,000.00	
10/4/2013	\$	1,675,000.00	
10/7/2013	\$	1,630,000.00	
10/8/2013	\$	2,050,000.00	
10/9/2013	\$	2,975,000.00	
10/10/2013	\$	2,000,000.00	
10/11/2013	\$	1,750,000.00	
10/15/2013	\$	1,600,000.00	
10/16/2013	\$	3,275,000.00	
10/17/2013	\$	3,725,000.00	
10/18/2013	\$	3,950,000.00	
10/21/2013	\$	5,550,000.00	
10/22/2013	\$	6,375,000.00	
10/23/2013	\$	4,200,000.00	
10/24/2013	\$	2,400,000.00	
10/25/2013	\$	2,400,000.00	
10/28/2013	\$	3,950,000.00	
10/29/2013	\$	2,675,000.00	
10/30/2013	\$	1,150,000.00	
10/31/2013	\$	1,450,000.00	\$ 60,930,000.00

DAILY WIRE TRANSFERS FY 2014**Monthly Total**

11/1/2013	\$	2,100,000.00	
11/4/2013	\$	2,325,000.00	
11/5/2013	\$	3,300,000.00	
11/6/2013	\$	2,475,000.00	
11/7/2013	\$	2,000,000.00	
11/8/2013	\$	2,195,000.00	
11/12/2013	\$	2,150,000.00	
11/13/2013	\$	1,950,000.00	
11/14/2013	\$	1,800,000.00	
11/15/2013	\$	1,175,000.00	
11/18/2013	\$	2,800,000.00	
11/19/2013	\$	3,000,000.00	
11/20/2013	\$	7,025,000.00	
11/21/2013	\$	2,050,000.00	
11/22/2013	\$	2,100,000.00	
11/25/2013	\$	2,700,000.00	
11/26/2013	\$	3,250,000.00	
11/27/2013	\$	1,800,000.00	
11/29/2013	\$	2,575,000.00	\$ 48,770,000.00
12/2/2013	\$	725,000.00	
12/3/2013	\$	1,950,000.00	
12/4/2013	\$	1,650,000.00	
12/5/2013	\$	825,000.00	
12/6/2013	\$	2,640,000.00	
12/9/2013	\$	1,475,000.00	
12/10/2013	\$	3,925,000.00	
12/11/2013	\$	2,525,000.00	
12/12/2013	\$	2,175,000.00	
12/13/2013	\$	2,425,000.00	
12/16/2013	\$	4,625,000.00	
12/17/2013	\$	5,125,000.00	
12/18/2013	\$	4,675,000.00	
12/19/2013	\$	5,065,000.00	
12/20/2013	\$	5,225,000.00	
12/23/2013	\$	10,800,000.00	
12/24/2013	\$	10,725,000.00	
12/26/2013	\$	14,335,000.00	
12/27/2013	\$	8,310,000.00	
12/30/2013	\$	14,525,000.00	
12/31/2013	\$	23,065,000.00	\$ 126,790,000.00

DAILY WIRE TRANSFERS FY 2014**Monthly Total**

1/2/2014	\$	29,395,000.00	
1/3/2014	\$	24,055,000.00	
1/6/2014	\$	29,790,000.00	
1/7/2014	\$	13,975,000.00	
1/8/2014	\$	11,150,000.00	
1/9/2014	\$	17,800,000.00	
1/10/2014	\$	10,550,000.00	
1/13/2014	\$	15,900,000.00	
1/14/2014	\$	16,725,000.00	
1/15/2014	\$	16,050,000.00	
1/16/2014	\$	23,050,000.00	
1/17/2014	\$	37,800,000.00	
1/17/2014	\$	4,000,000.00	
1/21/2014	\$	48,975,000.00	
1/22/2014	\$	35,325,000.00	
1/22/2014	\$	13,600,000.00	
1/23/2014	\$	36,000,000.00	
1/23/2014	\$	10,400,000.00	
1/24/2014	\$	53,800,000.00	
1/24/2014	\$	4,000,000.00	
1/27/2014	\$	14,175,000.00	
1/28/2014	\$	7,200,000.00	
1/29/2014	\$	5,815,000.00	
1/30/2014	\$	3,705,000.00	
1/31/2014	\$	2,550,000.00	\$ 485,785,000.00
2/3/2014	\$	3,325,000.00	
2/4/2014	\$	3,515,000.00	
2/5/2014	\$	3,440,000.00	
2/6/2014	\$	1,750,000.00	
2/7/2014	\$	2,040,000.00	
2/10/2014	\$	3,750,000.00	
2/11/2014	\$	4,000,000.00	
2/12/2014	\$	1,985,000.00	
2/13/2014	\$	1,825,000.00	
2/14/2014	\$	2,125,000.00	
2/18/2014	\$	1,100,000.00	
2/19/2014	\$	2,450,000.00	
2/20/2014	\$	2,500,000.00	
2/21/2014	\$	1,350,000.00	
2/24/2014	\$	1,725,000.00	
2/25/2014	\$	3,750,000.00	
2/26/2014	\$	2,600,000.00	
2/27/2014	\$	6,075,000.00	
2/28/2014	\$	1,000,000.00	\$ 50,305,000.00

DAILY WIRE TRANSFERS FY 2014**Monthly Total**

3/3/2014	\$	1,060,000.00	
3/4/2014	\$	1,875,000.00	
3/5/2014	\$	925,000.00	
3/6/2014	\$	1,250,000.00	
3/7/2014	\$	900,000.00	
3/10/2014	\$	875,000.00	
3/11/2014	\$	1,575,000.00	
3/12/2014	\$	1,300,000.00	
3/13/2014	\$	900,000.00	
3/14/2014	\$	1,190,000.00	
3/17/2014	\$	1,625,000.00	
3/18/2014	\$	2,450,000.00	
3/19/2014	\$	2,125,000.00	
3/20/2014	\$	2,000,000.00	
3/21/2014	\$	3,175,000.00	
3/24/2014	\$	6,050,000.00	
3/25/2014	\$	2,900,000.00	
3/26/2014	\$	3,575,000.00	
3/27/2014	\$	1,825,000.00	
3/28/2014	\$	1,400,000.00	
3/31/2014	\$	4,925,000.00	\$ 43,900,000.00

4/1/2014	\$	3,075,000.00	
4/2/2014	\$	3,225,000.00	
4/3/2014	\$	3,000,000.00	
4/4/2014	\$	3,825,000.00	
4/7/2014	\$	2,750,000.00	
4/8/2014	\$	5,975,000.00	
4/9/2014	\$	9,275,000.00	
4/10/2014	\$	7,025,000.00	
4/11/2014	\$	10,150,000.00	
4/14/2014	\$	11,375,000.00	
4/15/2014	\$	15,800,000.00	
4/16/2014	\$	27,800,000.00	
4/17/2014	\$	45,450,000.00	
4/17/2014	\$	3,800,000.00	
4/18/2014	\$	49,700,000.00	
4/18/2014	\$	14,400,000.00	
4/21/2014	\$	68,850,000.00	
4/21/2014	\$	13,600,000.00	
4/22/2014	\$	49,510,000.00	
4/22/2014	\$	24,500,000.00	
4/23/2014	\$	110,600,000.00	
4/23/2014	\$	13,400,000.00	
4/24/2014	\$	51,575,000.00	
4/24/2014	\$	10,900,000.00	
4/25/2014	\$	41,825,000.00	
4/25/2014	\$	4,600,000.00	
4/28/2014	\$	19,225,000.00	
4/29/2014	\$	9,050,000.00	
4/30/2014	\$	3,000,000.00	\$ 637,260,000.00

DAILY WIRE TRANSFERS FY 2014**Monthly Total**

5/1/2014 \$	1,200,000.00	
5/2/2014 \$	1,750,000.00	
5/5/2014 \$	4,675,000.00	
5/6/2014 \$	4,360,000.00	
5/7/2014 \$	2,175,000.00	
5/8/2014 \$	1,700,000.00	
5/9/2014 \$	1,125,000.00	
5/12/2014 \$	1,125,000.00	
5/13/2014 \$	2,375,000.00	
5/14/2014 \$	1,450,000.00	
5/15/2014 \$	1,075,000.00	
5/16/2014 \$	1,450,000.00	
5/19/2014 \$	1,675,000.00	
5/20/2014 \$	5,050,000.00	
5/21/2014 \$	3,300,000.00	
5/22/2014 \$	1,850,000.00	
5/23/2014 \$	2,575,000.00	
5/27/2014 \$	2,750,000.00	
5/28/2014 \$	3,700,000.00	
5/29/2014 \$	2,000,000.00	
5/30/2014 \$	1,650,000.00	\$ 49,010,000.00

6/2/2014 \$	3,375,000.00	
6/3/2014 \$	3,000,000.00	
6/4/2014 \$	3,625,000.00	
6/5/2014 \$	1,945,000.00	
6/6/2014 \$	6,600,000.00	
6/9/2014 \$	7,200,000.00	
6/10/2014 \$	8,500,000.00	
6/11/2014 \$	16,025,000.00	
6/12/2014 \$	8,700,000.00	
6/13/2014 \$	12,625,000.00	
6/16/2014 \$	20,735,000.00	
6/16/2014 \$	6,000,000.00	
6/17/2014 \$	25,940,000.00	
6/17/2014 \$	5,000,000.00	
6/18/2014 \$	19,750,000.00	
6/18/2014 \$	5,200,000.00	
6/19/2014 \$	14,900,000.00	
6/19/2014 \$	4,200,000.00	
6/20/2014 \$	18,230,000.00	
6/20/2014 \$	2,100,000.00	
6/23/2014 \$	35,300,000.00	
6/23/2014 \$	10,000,000.00	
6/24/2014 \$	47,550,000.00	
6/24/2014 \$	10,000,000.00	
6/25/2014 \$	32,350,000.00	
6/26/2014 \$	8,575,000.00	
6/27/2014 \$	3,400,000.00	
6/30/2014 \$	1,925,000.00	\$ 342,750,000.00

GRAND TOTAL**\$ 2,331,645,000.00**

**Appendix G
Proposed Cost Structure**

IDOR LOCKBOX 501, 941, ST1 & 2, 1040ES, 505I

<u>Description</u>	<u>TMA Code</u>	<u>Unit</u>	<u>Average Monthly Volume</u>	<u>Proposed Item Cost</u>	<u>Total Proposed Item Cost</u>
Uncollected Overdraft Surcharge	00-0013	Occurrence			
Overdraft Interest Fees	00-0211	Occurrence			
Charge for Overdraft	00-0212	Occurrence			
FDIC	00-0230	Variable/Pass Through			
Earnings Credit Adjustment	00-0241	Variable/Pass Through			
DDA Maintenance	01-0000	Account	1		
Debits Posted	01-0100	Item	23		
Credits Posted	01-0101	Item	393		
DDA Statement Internet	01-0337	Monthly	1		
Account Analysis Automated Internet	01-0407	Account	1		
Account Analysis 822 Internet	01-0447	Monthly	1		
Research	01-0620	Per Hour			
Audit Confirmation	01-0630	Item			
Lockbox Maintenance IL-501	05-0010	Monthly	1		
Lockbox Maintenance IL-505I	05-0010	Monthly	1		
Lockbox Maintenance IL-941	05-0010	Monthly	1		
Lockbox Maintenance IL-1040ES	05-0010	Monthly	1		
Lockbox Maintenance IL-ST1/ST2	05-0010	Monthly	1		
PO Box Rental-IL-501	05-0012	Monthly	1		
PO Box Rental-IL-505I	05-0012	Monthly	1		
PO Box Rental-IL-941	05-0012	Monthly	1		
PO Box Rental-IL-1040ES	05-0012	Monthly	1		
PO Box Rental IL-ST1/ST2	05-0012	Monthly	1		
Deposit Supplies Furnished-Bundled	05-0014	Pass Through			
Lockbox Maintenance-Imaging IL-501	05-0015	Monthly	1		
Lockbox Maintenance-Imaging IL-505I	05-0015	Monthly	1		
Lockbox Maintenance- Imaging IL-941	05-0015	Monthly	1		
Lockbox Maintenance-Imaging IL-1040ES	05-0015	Monthly	1		
Lockbox Maintenance-Imaging IL-ST1/ST2	05-0015	Monthly	1		
Lockbox Processing Scannable IL-501	05-0200	Item	27,926		
Lockbox Processing Non-Scannable IL-501	05-0200	Item			
Lockbox Processing Non-Scannable IL-505I	05-0200	Item	5,051		
Lockbox Processing Scannable IL-941	05-0200	Item	10,239		
Lockbox Processing Non-Scannable IL-941	05-0200	Item			
Lockbox Processing Scannable IL-941WO	05-0200	Item	29,266		
Lockbox Processing Non-Scannable IL-941WO	05-0200	Item			
Lockbox Processing Scannable IL-1040ES	05-0200	Item	67,439		
Lockbox Processing Non-Scannable IL-1040ES	05-0200	Item			
Lockbox Processing Scannable IL-ST1	05-0200	Item	12,046		
Lockbox Processing Scannable IL-ST2	05-0200	Item	754		
Lockbox Processing Scannable IL-ST1WO	05-0200	Item	4,620		
Lockbox Processing Scannable IL-ST2WO	05-0200	Item	813		
Lockbox Image Scannable IL-501Forms	05-021Q	Item	27,926		
Lockbox Image Non-Scannable IL-501 Forms	05-021Q	Item			
Lockbox Image Non-Scannable IL-505I Forms	05-021Q	Item	5,051		
Lockbox Image Scannable IL-941 Forms	05-021Q	Item	10,239		
Lockbox Image Non-Scannable IL-941 Forms	05-021Q	Item			
Lockbox Image Scannable IL-941WO Forms	05-021Q	Item	29,266		
Lockbox Image Non-Scannable IL-941WO Forms	05-021Q	Item			
Lockbox Image Scannable IL-1040ES Forms	05-021Q	Item	67,439		
Lockbox Image Non-Scannable IL-1040ES Forms	05-021Q	Item			
Lockbox Image Scannable IL-ST1 Forms	05-021Q	Item	12,046		
Lockbox Image Scannable IL-ST2 Forms	05-021Q	Item	754		
Lockbox Image Scannable IL-ST1WO Forms	05-021Q	Item	4,620		
Lockbox Image Scannable IL-ST2WO Forms	05-021Q	Item	813		
Lockbox Image Scannable IL-501 Checks	05-021Q	Item	27,926		
Lockbox Image Non-Scannable IL-501 Checks	05-021Q	Item			
Lockbox Image Non-Scannable IL-505I Checks	05-021Q	Item	5,051		
Lockbox Image Scannable IL-941 Checks	05-021Q	Item	10,239		
Lockbox Image Non-Scannable IL-941 Checks	05-021Q	Item			
Lockbox Image Scannable IL-1040ES Checks	05-021Q	Item	67,439		
Lockbox Image Non-Scannable IL-1040ES Checks	05-021Q	Item			
Lockbox Image Scannable IL-ST1 Checks	05-021Q	Item	12,046		
Lockbox Image Scannable IL-ST2 Checks	05-021Q	Item	754		
Lockbox Data Capture Scannable IL-501	05-0220	Monthly	1		
Lockbox Data Capture Non-Scannable IL-501	05-0220	Monthly	1		
Lockbox Data Capture Non-Scannable IL-505I	05-0220	Monthly	1		
Lockbox Data Capture Scannable IL-941	05-0220	Monthly	1		
Lockbox Data Capture Non-Scannable IL-941	05-0220	Monthly	1		
Lockbox Data Capture Scannable IL-941WO	05-0220	Monthly	1		
Lockbox Data Capture Non-Scannable IL-941WO	05-0220	Monthly	1		
Lockbox Data Capture Scannable IL-1040ES	05-0220	Monthly	1		
Lockbox Data Capture Non-Scannable IL-1040ES	05-0220	Monthly	1		
Lockbox Data Capture Scannable IL-ST1	05-0220	Monthly	1		
Lockbox Data Capture Scannable IL-ST2	05-0220	Monthly	1		
Lockbox Data Capture Scannable IL-ST1WO	05-0220	Monthly	1		
Lockbox Data Capture Scannable IL-ST2WO	05-0220	Monthly	1		
Data Capture-Return Item Scannable IL-501	05-0228	Keystroke			
Data Capture-Return Item Non-Scannable IL-501	05-0228	Keystroke			
Data Capture-Return Item Non-Scannable IL-505I	05-0228	Keystroke			
Data Capture-Return Item Scannable IL-941	05-0228	Keystroke			
Data Capture-Return Item Non-Scannable IL-941	05-0228	Keystroke			
Data Capture-Return Item Scannable IL-1040ES	05-0228	Keystroke			
Data Capture Return-Item Non-Scannable IL-1040ES	05-0228	Keystroke			
Data Capture Return-Item Scannable IL-ST1	05-0228	Keystroke			
Data Capture Return-Item Scannable IL-ST2	05-0228	Keystroke			
Programming Costs Scannable IL-501	05-0236	Pre-Approved			
Programming Costs Non-Scannable IL-501	05-0236	Pre-Approved			

**Appendix G
Proposed Cost Structure**

IDOR LOCKBOX 501, 941, ST1 & 2, 1040ES, 505I

<u>Description</u>	<u>TMA Code</u>	<u>Unit</u>	<u>Average Monthly Volume</u>	<u>Proposed Item Cost</u>	<u>Total Proposed Item Cost</u>
Programming Costs Non-Scannable IL-505I	05-0236	Pre-Approved			
Programming Costs Scannable IL-941	05-0236	Pre-Approved			
Programming Costs Non-Scannable IL-941	05-0236	Pre-Approved			
Programming Costs Scannable IL-941WO	05-0236	Pre-Approved			
Programming Costs Non-Scannable IL-941WO	05-0236	Pre-Approved			
Programming Costs Scannable IL-1040ES	05-0236	Pre-Approved			
Programming Costs Non-Scannable IL-1040ES	05-0236	Pre-Approved			
Programming Costs Scannable IL-ST1	05-0236	Pre-Approved			
Programming Costs Scannable IL-ST2	05-0236	Pre-Approved			
Programming Costs Scannable IL-ST1WO	05-0236	Pre-Approved			
Programming Costs Scannable IL-ST2WO	05-0236	Pre-Approved			
Lockbox Set-Up Fee Scannable IL-501	05-0237	One-Time	1		
Lockbox Set-Up Fee Non-Scannable IL-501	05-0237	One-Time	1		
Lockbox Set-Up Fee Non-Scannable IL-505I	05-0237	One-Time	1		
Lockbox Set-Up Fee Scannable IL-941	05-0237	One-Time	1		
Lockbox Set-Up Fee Non-Scannable IL-941	05-0237	One-Time	1		
Lockbox Set-Up Fee Scannable IL-941WO	05-0237	One-Time	1		
Lockbox Set-Up Fee Non-Scannable IL-941WO	05-0237	One-Time	1		
Lockbox Set-Up Fee Scannable IL-1040ES	05-0237	One-Time	1		
Lockbox Set-Up Fee Non-Scannable IL-1040ES	05-0237	One-Time	1		
Lockbox Set-Up Fee Scannable IL-ST1	05-0237	One-Time	1		
Lockbox Set-Up Fee Scannable IL-ST2	05-0237	One-Time	1		
Lockbox Set-Up Fee Scannable IL-ST1WO	05-0237	One-Time	1		
Lockbox Set-Up Fee Scannable IL-ST2WO	05-0237	One-Time	1		
Lockbox Information Delivery Transmission All Tax Types	05-0401	Daily	22		
Lockbox Information Delivery-Courier Fee	05-0413	Daily	22		
Lockbox Information Delivery Image All Tax Types	05-0420	Daily	22		
Key Entry Exceptions Scannable IL-501	05-0510	Item			
Key Entry Exceptions Non-Scannable IL-501	05-0510	Item			
Key Entry Exceptions Non-Scannable IL-505I	05-0510	Item			
Key Entry Exceptions Scannable IL-941	05-0510	Item			
Key Entry Exceptions Non-Scannable IL-941	05-0510	Item			
Key Entry Exceptions Scannable IL-941WO	05-0510	Item			
Key Entry Exceptions Non-Scannable IL-941WO	05-0510	Item			
Key Entry Exceptions Scannable IL-1040ES	05-0510	Item			
Key Entry Exceptions Non-Scannable IL-1040ES	05-0510	Item			
Key Entry Exceptions Scannable IL-ST1	05-0510	Item			
Key Entry Exceptions Scannable IL-ST2	05-0510	Item			
Key Entry Exceptions Scannable IL-ST1WO	05-0510	Item			
Key Entry Exceptions Scannable IL-ST2WO	05-0510	Item			
Key Entry Exceptions All Tax Types	05-0510	Item	2,341		
Unencoded Checks-On Us	10-0220	Item			
Unencoded Checks-Local Clearinghouse	10-0222	Item			
Unencoded Checks-Local Fed	10-0223	Item			
Unencoded Checks-Other Fed	10-0224	Item			
Unencoded Checks-Fed RCPC	10-0225	Item			
Unencoded Checks-Direct Sends	10-0226	Item			
Unencoded Checks-Bundled	10-022Z	Item	123,455		
Check Encoding	10-0228	Item	123,455		
Domestic Collection	10-0300	Item			
Non-US Collection	10-0310	Item	6		
Deposit Items Return	10-0400	Item	106		
Return Item Processing-Special Handling	10-0401	Item	29		
Return Item Processing-Reclear	10-0402	Item	187		
Return Item Processing-Delivery	10-0403	Daily	22		
Return Item Notification-Image	10-0415	Item	203		
Return Item Notification-Data Capture	10-0430	Item	29		
Deposit Report-Endpoint Analysis	10-0723	Monthly	1		
ACH Debits Received	25-0200	Item	5		
ACH Credits Received	25-0201	Item			
ACH Account Block	25-1052	Monthly	1		
ACH Account Filters	25-1056	Account	1		
Funds Transfer System Maintenance	35-0000	Monthly	1		
Wire Transfer-Out Rep Terminal	35-0100	Item	23		
Wire Transfer-Out Non-Rep. Terminal	35-0104	Item			
Outgoing Book Transfer	35-0123	Item			
Wire Transfer Out-Rep Telephonic	35-0200	Item			
Wire Transfer Out-Non-Rep. Telephonic	35-0202	Item			
Wire Transfer-In	35-0300	Item	1		
Incoming Book Transfer	35-0320	Item			
Internet Previous Day Maintenance	40-0052	Monthly	1		
Internet Current Day Maintenance	40-0055	Monthly	1		
Internet Previous Day Summary	40-0270	Account	1		
Internet Previous Day Detail	40-0271	Item	786		
Internet Current Day Summary	40-0273	Account	1		
Internet Current Day Detail	40-0274	Item			
Internet History	40-0341	Account	1		
Automatic Investment Maintenance	45-0020	Account	1		
Miscellaneous	99-0000	Pre-Approved			
Internal Control Financials	99-0000	Annual			
SAS-70 Type 1	99-0000	Annual			
SAS-70 Type 2	99-0000	Annual			

SUB TOTAL MONTHLY COST

0.00

ADDITIONAL SERVICES

Data Entry Scannable IL-ST1	05-0226	Keystroke			
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**Appendix G
Proposed Cost Structure**

IDOR LOCKBOX 501, 941, ST1 & 2, 1040ES, 505I

<u>Description</u>	<u>TMA Code</u>	<u>Unit</u>	<u>Average Monthly Volume</u>	<u>Proposed Item Cost</u>	<u>Total Proposed Item Cost</u>
Data Entry Scannable IL-ST1 WO	05-0226	Keystroke			
Data Entry Scannable IL-ST2	05-0226	Keystroke			
Data Entry Scannable IL-ST2 WO	05-0226	Keystroke			
Data Entry ST1/ST2	05-0226	Keystroke	5,060,449		
SUB TOTAL ADDITIONAL SERVICES COST					0
GRAND TOTAL MONTHLY COST					0.00

Appendix H
Monthly Return Item Volumes FY 2014

Month	# of Items	Dollar Volume
July-13	79	\$168,689.43
August-13	104	\$241,128.70
September-13	114	\$230,664.48
October-13	92	\$166,787.86
November-13	100	\$113,050.51
December-13	55	\$111,891.61
January-14	139	\$430,252.45
February-14	130	\$258,333.18
March-14	66	\$158,067.61
April-14	193	\$889,502.40
May-14	103	\$227,931.51
June-14	89	\$197,705.87
TOTALS	1,264	\$3,194,005.61

The Illinois State Treasurer Office's Investment Policy

1.0 POLICY:

Under this instrument, the Illinois State Treasurer's Investment Policy ("Policy"), it is the policy of the Treasurer of the State of Illinois ("Treasurer") to invest all funds under his control in a manner that provides the highest investment return using authorized instruments and supports community development efforts while meeting the State's daily cash flow demands in conformance with all state statutes governing the investment of public funds.

This Policy applies to all investments entered into on or after the adoption of this instrument. Until the expiration of investments made prior to the adoption of this Policy, such investments will continue to be governed by the policies in effect at the time such investments were made.

This policy applies to any investment under the control of the Treasurer for which no other specific investment policy exists.

2.0 OBJECTIVE:

The primary objective in the investment of state funds is to ensure the safety of principal, while managing liquidity to pay the financial obligations of the State, and providing the highest investment return using authorized instruments.

2.1 SAFETY:

The safety of principal is the foremost objective of the investment program. State investments shall be undertaken in a manner that seeks to ensure the preservation of capital in the portfolio. To achieve this objective, diversification, as defined in Section 8.0 of this Policy, is required to ensure that the Treasurer prudently manages market, interest rate and credit risks.

2.2 LIQUIDITY:

The investment portfolio shall remain sufficiently liquid to enable the State to meet all operating requirements that might be reasonably projected.

2.3 RETURN ON INVESTMENT:

The safety of principal and the availability of sufficient liquidity are the foremost objectives of the investment program. The investment portfolio shall be designed to obtain the highest available return given the foremost objectives. The Director of the State Portfolio and Banking shall seek to obtain the highest available return using authorized investments during budgetary and economic cycles as mandated in Section 1.0 of this Policy. When the Treasurer deposits funds in support of community development efforts, the rate of return shall include benefits other than direct investment income as authorized by Section 7 of the Deposit of State Moneys Act (15 ILCS 520/7).

The rate of return achieved on the Treasurer's portfolio is measured at regular intervals against relevant industry benchmarks established by the Investment Policy Committee (see Section 2.4 of this Policy), to determine the effectiveness of investment decisions in meeting investment goals. Benchmarks shall be reviewed at a minimum of every two years to ensure accuracy and relevance.

2.4 INVESTMENT POLICY COMMITTEE:

The Investment Policy Committee is chaired by the Treasurer and includes the following members of the Treasurer's office staff: Deputy Treasurer, Chief Investment Officer, General Counsel, Director of

Accounting/Budget/Warrant, Director of State Portfolio and Banking, Portfolio Manager & Director of Portfolio Operations, Director of Illinois Funds & E-Pay, the Portfolio Investments & Cash Management Officer, and anyone else deemed appropriate by the Treasurer.

The Chief Investment Officer, who bears responsibility for the administration, planning, development and implementation of all financial and investment strategies per the direction of the Treasurer, shall assist the Treasurer in executing the duties and activities of the Investment Policy Committee.

3.0 ETHICS AND CONFLICTS OF INTEREST:

Authorized investment officers and employees in policy-making positions shall refrain from personal business activity that could conflict, or give the appearance of a conflict with proper execution of the investment program, or that could impair their ability to make impartial investment decisions. Such individuals shall disclose to the Treasurer any material financial interests in financial institutions that conduct business within the State, and they shall further disclose any personal financial investment positions that could be related to the performance of the investment portfolio. In addition, such individuals shall subordinate their personal investment transactions to those of the investment portfolio, particularly with regard to the time of purchases and sales.

4.0 AUTHORIZED BROKERS/DEALERS AND FINANCIAL INSTITUTIONS:

A list shall be maintained of approved financial institutions, which shall be utilized by authorized investment officers. No state funds may be deposited in any financial institution until receipt of a current satisfactory or outstanding rating under the Community Reinvestment Act of 1977 and investment officers have conducted a safety and soundness review of the financial institution by consulting various bank rating services, unless the financial institution has not yet been rated by the bank rating services, in which case the institution may be eligible for a deposit that at maturity will not exceed \$250,000. The amount and duration of deposits shall be based on the safety and soundness review in accordance with guidelines established by the Investment Policy Committee and the diversification limits set forth in Section 8.0 of this Policy. Furthermore, the financial institution's record and current level of financial commitment to its local community will be considered when deciding whether to deposit state funds in that financial institution. No public deposit may be made except in a qualified public depository as defined by the Deposit of State Moneys Act (15 ILCS 520/et seq.).

In addition, a list shall be maintained of approved security brokers/dealers selected according to their creditworthiness, and their financial significance in the state, which shall be measured in terms of the location of the broker/dealer's corporate office, the number of full-time employees, the size of its payroll, or the extent that the broker/dealer has an economic presence in the state. The list may include "primary" dealers or regional dealers who qualify under Securities and Exchange Commission Rule 17 CFR § 15Cc3-1 (Net Capital Requirements for Brokers or Dealers).

All broker/dealers who wish to qualify to bid for investment transactions shall initially, and on a periodic basis upon request, provide to the Treasurer's credit review staff the following, where applicable:

- a) Audited financial statements or a published Statement of Condition;
- b) Proof of minority-, woman-, disabled-, and/or veteran-owned broker/dealer status;
- c) A signed copy of the Treasurer's trading authorization;
- d) Proof of State of Illinois registration;
- e) Proof of registration with the Securities and Exchange Commission;
- f) Completed Broker/Dealer Questionnaire;
- g) Certification of notice and knowledge of this Policy; and
- h) Any other documentation determined necessary by the Treasurer.

The Treasurer's Office shall seek to accord preference to qualified brokers/dealers that provide proof of minority-, female-, disabled-, and/or veteran-owned status. The Treasurer's Office shall establish a

process by which said specially designated statuses are verified, and a review shall be conducted at fixed intervals to ensure that special statuses continue to apply.

An annual review of the financial condition and registration of qualified bidders will be conducted by the Treasurer's authorized investment officer(s). More frequent reviews may be conducted if warranted.

To the extent that the Investment Policy Committee deems it advisable to hire external investment consultants, it may do so in accordance with the procurement rules at 44 Ill. Adm. Code 1400.

5.0 AUTHORIZED AND SUITABLE INVESTMENTS:

The Treasurer has authorized the following types of investments subject to the provisions of the Deposit of State Moneys Act (15 ILCS 520) and the Public Funds Investment Act (30 ILCS 235):

- a) Securities that are guaranteed by the full faith and credit of the United States of America ("United States") as to principal and interest;
- b) Obligations of agencies and instrumentalities of the United States as originally issued by the agencies and instrumentalities; For purposes of this Section, the term "agencies and instrumentalities of the United States" includes: federal land banks, federal intermediate credit banks, banks for cooperative, federal farm credit banks, or any other entity authorized to issue debt obligations under the Farm Credit Act of 1971, and Acts amendatory thereto; the federal home loan banks and the federal home loan mortgage corporation; and any other agency created by Act of Congress and issues dollar-denominated debt;
- c) Interest-bearing savings accounts, interest-bearing certificates of deposit, or interest-bearing time deposits of a bank as defined by Section 2 of the Illinois Banking Act (205 ILCS 5/2);
- d) Interest-bearing accounts or certificates of deposit of any savings and loan association incorporated under the laws of the State of Illinois, any other state, or the United States;
- e) Interest-bearing accounts for the deposit of funds in support of local community development efforts;
- f) Dividend-bearing share accounts, share certificate accounts, or class of share accounts of a credit union chartered under the laws of the State of Illinois or the United States, which maintains its principal office in the State of Illinois;
- g) Commercial paper of a corporation or a limited liability company that is organized in the United States with assets exceeding \$500,000,000 and is rated at the time of purchase at one of the two highest classifications established by at least two standard rating services;
- h) Money market mutual funds registered under the Investment Company Act of 1940 (15 U.S.C.A. § 80a-1 et seq.) and rated at the highest classification of at least one standard rating service;
- i) The Illinois Funds created under Section 17 of the State Treasurer Act (15 ILCS 505/17);
- j) Repurchase agreements of government securities having the meaning set out in the Government Securities Act of 1986 (1 U.S.C.A. § 78o-5);
- k) Interest-bearing bonds, at a price not to exceed par, issued by counties or municipal corporations of the State of Illinois, whether the interest earned thereon is taxable or tax-exempt under federal law. The bonds shall be registered in the name of the State of Illinois or held under a custodial agreement at a financial institution. The bonds shall be rated, at the time of purchase, within four intermediate credit ratings of the United States' sovereign credit rating by at least two accredited rating agencies with nationally recognized expertise in rating bonds of states and their political subdivisions, but not less than an A- rating, or equivalent

rating. The maturity or pre-refunded date(s) of the bonds authorized by this subsection shall, at the time of purchase, not exceed 10 years; provided that a longer maturity is authorized if the State of Illinois has a put option to tender the bonds within 10 years from the date of purchase;

- l) Securities of a foreign government that are guaranteed by the full faith and credit of that government as to principal and interest and rated A or higher by at least two of the standard rating services, but only if the foreign government has not defaulted and has met its payment obligations in a timely manner on all similar obligations for at least 25 years prior to the time of acquiring those obligations;
- m) Investments made in accordance with the Technology Development Act (30 ILCS 265/1 et seq.); and
- n) The Treasurer may lend any securities acquired under this policy. However, securities may be lent under this Policy only in accordance with Federal Financial Institution Examination Council guideline and only if the securities are collateralized at a level sufficient to assure the safety of the securities, taking into account market value fluctuation. The securities may be collateralized by cash or collateral acceptable under Sections 11 and 11.1 of the Deposit of State Moneys Act. Securities lending cash collateral may be invested according to the Securities Lending Agreement between the Treasurer and the Treasurer's Agent.

6.0 INVESTMENTS RESTRICTIONS:

- a) Any investments not authorized by this or any other investment policy or applicable law of the office are prohibited.
- b) Repurchase agreements may only be executed with approved financial institutions or broker/dealers meeting the Treasurer's standards, which include mutual execution of a Master Repurchase Agreement adopted by the Treasurer.
- c) Investments may not be made in any savings and loan association unless a commitment by the savings and loan association, executed by the president or chief executive officer of that association, is submitted in the form required by Section 22.5 of the Deposit of State Moneys Act (15 ILCS 520/22.5).
- d) Any investments prohibited by Section 22.6 of the Deposit of State Monies Act.

7.0 COLLATERALIZATION:

- a) All State deposits, repurchase agreements and securities lending shall be secured as required by the Treasurer and provided for by the Deposit of State Moneys Act (15 ILCS 520) and the Treasurer's Acceptable Collateral Listing, which may change from time to time. The Treasurer may take possession and title to any securities held as collateral and hold such securities until it is prudent to dispose of them.
- b) Securities lending cash or securities collateral shall have the meaning as set forth in the Securities Lending Agreement between the Treasurer and the Treasurer's Agent. The Treasurer's Agent may reinvest cash collateral as indicated in the Securities Lending Agreement. The Treasurer or Treasurer's Agent may take possession and title to any cash or securities held as collateral and hold such securities according to the Securities Lending Agreement.

8.0 DIVERSIFICATION:

The investment portfolio shall be diversified to mitigate the risk of loss resulting from concentration of assets in a specific maturity, a specific issuer or a specific class of securities. In order to properly

manage any risk attendant to the investment of state assets, the portfolio shall not deviate from the following diversification guidelines unless specifically authorized by the Treasurer in writing:

a) The Treasurer shall seek to achieve diversification in the portfolio by distributing investments among authorized investment categories among financial institutions, issuers and broker/dealers.

b) The investment portfolio shall not hold time deposits and/or term repurchase agreements that constitute more than 15% of any single financial institution's total deposits. Any deposits and/or repurchase agreements that constitute more than 10% of an institution's total deposits must qualify as community development deposits described in Section 7 of the Deposit of State Moneys Act (15 ILCS 520/7).

c) No financial institution shall at any time hold more than \$100,000,000 of time deposits and/or term repurchase agreements other than community development deposits described in Section 7 of the Deposit of State Moneys Act (15 ILCS 520/7). Provided, however, that:

i. Financial institutions that, as a result of a merger or acquisition, hold deposits that exceed \$100,000,000.00 may continue to be eligible to hold deposits that do not exceed the amount of deposits held on the date of the merger or acquisition.

d) The investment portfolio shall not contain investments that exceed the following diversification limits. These limits will apply to the total assets in the portfolio at the time of the origination or purchase. As maturities and or calls of instruments occur these limits will be monitored and adjusted accordingly:

i. With the exception of cash equivalents, treasury securities and time deposits, as defined in Section 5.0 of this Policy, no more than 55% of the portfolio shall be invested in other investment categories;

ii. No more than one-third of the investment portfolio shall be invested in commercial paper;

iii. As much as 40% of the portfolio may be invested in time deposits when required by the cash flow of the State;

iv. No more than ½ of 1% of the investment portfolio shall be invested in Foreign Government Securities, not to exceed a five year maturity, as defined in Section 5.0(k) of this Policy;

v. No more than 55% of the investment portfolio shall be allocated to investments greater than 2 years and less than or equal to 3 years;

vi. No more than 30 % of the investment portfolio shall be allocated to investments greater than 3 years and less than or equal to 4 years (not including Foreign Government Securities).

vii. No more than 15% of the investment portfolio shall be allocated to investments greater than 4 years and less than or equal to 5 years; and

viii. There shall be no limit to the amount of investment portfolio allocated to investments with a 0-2 year maturity band.

9.0 CUSTODY AND SAFEKEEPING:

The custody and safekeeping of collateral will be handled by Illinois financial institutions selected in compliance with the Treasurer's office procurement rules at 44 Ill. Adm. Code 1400. Financial institutions selected by the Treasurer's office to perform custody and safekeeping services will be required to enter into a contractual agreement approved by the General Counsel.

All security transactions entered into by the Treasurer shall be conducted on a delivery-versus-payment (DVP) or receipt-versus-payment (RVP) basis. Securities shall be held by a safekeeping agent designated by the Treasurer, and evidenced by safekeeping receipts or a statement of holdings.

10.0 INTERNAL CONTROLS:

The Treasurer and the Chief Investment Officer, with the assistance of the Investment Policy Committee, shall establish a system of internal controls and written operational procedures that shall be documented and filed with Treasurer's Chief Internal Auditor for review. The controls shall be designed to prevent the loss of public funds arising from fraud, employee error, and misrepresentation by third parties, unanticipated changes in financial markets or imprudent actions by authorized investment officers.

a) Asset Allocation: The allocation of assets within investment categories authorized under Section 5.0 of this Policy shall be approved by the Treasurer in writing.

b) Competitive Bidding: Authorized investment officers shall obtain competitive bids from at least three (3) broker/dealers prior to executing the purchase or sale of any authorized investments. Reverse inquiry investments and investments of a new issue at issue are exempt from this provision.

Certificates of deposit shall be purchased by authorized investment officers on the basis of a qualified financial institution's ability to pay a required rate of interest to the Treasurer, which is established on a daily basis. Such rate is generally determined on the basis of treasury or other appropriate market rates for a comparable term.

11.0 LIMITATION OF LIABILITY:

The standard of prudence to be used by authorized investment officers shall be the "prudent person" standard and shall be applied in the context of managing an overall portfolio. Authorized investment officers acting in accordance with written procedures and this Policy and exercising due diligence will be relieved of personal liability for an individual security's credit risk or market price changes, provided deviations from expectations are reported in a timely manner and necessary action is taken to control adverse developments.

12.0 REPORTING:

Monthly reports are presented by the Chief Investment Officer to the Investment Policy Committee, chaired by the Treasurer, for its review. The monthly report shall contain sufficient information to enable the Investment Policy Committee to review the investment portfolio, its effectiveness in meeting the needs of the Treasurer's office for safety, liquidity, rate of return, and diversification, and the general performance of the portfolio. The following information shall be included in the monthly reports:

- a) The total amount of funds held by the State Treasurer;
- b) The asset allocation for the investments made by the State Treasurer;
- c) The benchmarks established by the State Treasurer;
- d) A report detailing and summarizing deposits of funds in support of local community development efforts including the intended benefits of the deposit(s), the rate of interest on the deposit(s), the rate of interest on the loan or extension of credit to borrower(s), and the overall rate of return including a quantifiable measure related to the benefits;
- e) Current and historic return information;
- f) Any circumstances resulting in a deviation from the standards established in Section 8.0 of this Policy; and

- g) Impact of any material change in investment policy adopted during the month.

The Treasurer shall develop performance reports in compliance with established industry reporting standards within six (6) months following the adoption of this Investment Policy. Such reporting standards shall be in accordance with Generally Accepted Accounting Principles ("GAAP").

The Treasurer reserves the right to amend this Policy at any time.

13.0 EXTERNAL ADVISORY COMMITTEE

The Investment Policy Committee may convene an External Advisory Committee at the direction of the Treasurer to provide independent advice and counsel to the Treasurer and the Internal Committee on investment policy, investments and investment related issues for the benefit of all Illinois citizens.

14.0 EMERGENCY POWERS

In the event of an emergency, the Treasurer may, at his or her discretion, invoke emergency powers and suspend any or all of the provisions of this policy provided that:

a) The Treasurer shall, even in the event that emergency powers are invoked, comply with all state statutes governing the use and investment of state monies including, but not limited to, the State Treasurer Act, the Treasurer as Custodian of Funds Act, the Deposit of State Moneys Act, the Securities Safekeeping Act, and any other applicable statute;

b) The Treasurer reasonably believes that deviating from the Investment Policy is in the best interest of the taxpayers;

c) Within 30 days of invoking emergency powers the Treasurer shall provide an explanation in writing to the Chief Internal Auditor and the Investment Policy Committee, a copy of which shall be posted on the Treasurer's website that includes:

i) The date and time that the emergency powers were invoked;

ii) The date and time that emergency powers were repealed;

iii) The section or sections of the Investment Policy that were affected by the emergency or use of emergency powers; and

iv) The reason for deviating from the written investment policy.

15.0 All statutory references in this policy shall include any amendments to or repeals of those statutes.

Acceptable Collateral Listing: List of Financial Assets Qualified for Collateral to Secure Deposits and Repurchase Agreements

Financial institutions receiving state or Illinois Funds deposits or repurchase agreements may collateralize from the following list of instruments, subject to the discretion of the Treasurer. Particular securities may be unacceptable due to the administrative difficulties in pricing.

Please note that any security including a floating, variable, inverse, structured, or step-up feature is unacceptable.

REPURCHASE AGREEMENTS/DEMAND DEPOSIT ACCOUNTS – 102%/MBS - 103%¹

Government Securities having the meaning set out in the Government Securities Act of 1986, as may be amended, which include but are not limited to:

Direct Obligations of the United State Government (Bills, Notes and Bonds), Federal Home Loan Mortgage Corporation, Federal National Mortgage Association, Government National Mortgage Association, Student Loan Marketing Association, Financing Corporation, Commodity Credit Corporation, Export-Import Bank, Farm Credit System, Federal Home Loan Bank Board, Federal Home Loan Banks, Tennessee Valley Authority, or the U.S. Postal Service.

TIME DEPOSITS

U.S. Treasury Obligations – 105%

Direct Obligations of the United States Government (Bills, Bonds and Notes)

U.S. Agency Obligations – 105% / MBS – 110%

- Agency for International Development (AID)
- Federal Housing Administration (FHA)
- General Services Administration (GSA)
- Government National Mortgage Association (GNMA)
- Private Export Funding Corporation
- Small Business Administration (SBA) Debentures (non-amortizing)
- Tennessee Valley Authority (TVA) Notes and Bonds

U.S. Instrumentality Securities & Obligations – 105% / MBS – 110%

- Federal Farm Credit System
- Federal Credit Consolidated Systemwide Discount Notes
- Farmers Home Administration (FmHA) Insured Notes (non-amortizing)
- Federal Farm Credit Bank (FFCB) Consolidated Systemwide Bonds
 - Federal Intermediate Credit Banks

¹ Illinois Funds only

- Banks for Cooperatives
- Federal Land Banks
- Federal Home Loan Banks (FHLB) Consolidated Notes and Bonds
- Federal Home Loan Mortgage Corporation (FHLMC)
- Federal National Mortgage Association (FNMA)
- Financing Corporation Bonds (FICO)
- Resolution Funding Corporation (REFCORP)
- Student Loan Marketing Association (SLMA) Notes
- U.S. Postal Service Bonds and Notes (No Bonds issued recently or currently outstanding)

Obligations of the State and its Agencies rated “A” or better by Moody’s unless otherwise noted – 105%

- General Obligations of the State of Illinois
- Revenue bonds of the State of Illinois or any authority, board, commission, or similar agency thereof
- Illinois Building Authority Notes or Bonds
- Illinois Environmental Facilities Financing Authority Pollution Control Revenue Bonds (if they are guaranteed by the U.S. Small Business Administration and if that guarantee is full faith and credit obligation of the United States)
- Illinois Housing Development Authority (IHDA) Bonds
- Illinois State Scholarship Bonds
- Illinois Toll Highway Authority Bonds
- Public Housing Authority Bonds or Notes
- Bonds issued by State of Illinois Colleges or Universities

Local and Municipal Obligations rated “A” or better by Moody’s unless otherwise noted – 105%

- Chicago School Finance Authority Bonds
- General Obligation Municipal Bonds (including school districts) within the State of Illinois rated Mig 1 or 2 by Moody’s
- Public Building Commission Bonds
- Revenue and Special Obligation Bonds of Illinois Municipalities that are payable from an escrow consisting of direct U.S. Government Obligations and rated “AAA” by Moody’s

TIME DEPOSITS/DEMAND DEPOSIT ACCOUNTS – 102%/

- MBIA Certificates (issued by the Municipal Bond Investors Assurance Corporation)
- Letters of Credit (issued by Federal Home Loan Bank (FHLB))
- Share Certificates (issued by credit unions)

Appendix K

822 File Format

ISA*00* *00* *ZZ*0000000000000000*ZZ* *050202*0858*U*00304*00000000*0*T*>\

GS*AA*0000000000000000**050202*0858*00000000*X*003040\
ST*822*0000\
BGN*00*200412310858000*050201*085804*LT\
DTM*009*050202***20\
DTM*150*XXXXXX Beginning Month Date***20\
DTM*151*XXXXXX Ending Month Date***20\
N1*BK*Bank Name*13*Bank ABA Number\
N3*Bank Street Address\
N4*Bank City*Bank State*Bank Zip Code\
PER*IC*Bank Contact*TE*Contact Telephone Number\
N1*AO*Account Title\
N2*Additional Account Title\
N2*Account Street Address\
N3*Account City, Account State Account Zip Code\
N4**Account State*Account Zip Code\
ACT*Account Number*Account Title*13*Bank ABA Number\
RTE*1*XX.XXXX Reserve Requirement\
DTM*151*XXXXXX Month of Analysis***20\
RTE*2*X.XXXX Earnings Credit Rate**XX Days in Month*XXX Year Basis\
DTM*151*XXXXXX Month of Analysis***20\
BAL*M*AL*Averge Ledger Balance\
AMT*FL*Averge Float\
AMT*AC*.Averge Collected Balance\
AMT*AD*.00\
AMT*CB*Balance Required\
AMT*NY*-Excess/Deficit Balance\
AMT*8*.00\
AMT*SC*Current Period Analyzed Charges\
AMT*NP*-Current Period Excess/Deficit\
AMT*PL*Averge Daily Book Balance\
AMT*5*Current Period Fees Due\
DTM*151*XXXXXX Month of Analysis***20\

SER*TB*000013XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Uncollected Overdraft Surcharge\
SER*TB*000211XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Overdraft Interest Fees\
SER*TB*000212XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Charge for Overdraft\
SER*TB*000230XXXX Bank ID Code*Balance Method*Charge*Price*Volume*FDIC\
SER*TB*000241XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Earnings Credit Adjustment\
SER*TB*010000XXXX Bank ID Code*Balance Method*Charge*Price*Volume*DDA Maintenance\
SER*TB*010100XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Debits\
SER*TB*010101XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Credits\
SER*TB*010310XXXX Bank ID Code*Balance Method*Charge*Price*Volume*DDA Statement Weekly\
SER*TB*010310XXXX Bank ID Code*Balance Method*Charge*Price*Volume*DDA Statement Monthly\
SER*TB*010630XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Audit Confirmation\
SER*TB*990000XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Miscellaneous\
SER*TB*250200XXXX Bank ID Code*Balance Method*Charge*Price*Volume*ACH Debits Received\
SER*TB*250201XXXX Bank ID Code*Balance Method*Charge*Price*Volume*ACH Credits Received\
SER*TB*350100XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Transfer Out Rep Terminal\
SER*TB*350103XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Transfer Out Non-Rep Terminal\
SER*TB*350200XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Transfer Out Rep Telephonic\
SER*TB*350201XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Transfer Out Non-Rep Telephonic\
SER*TB*350300XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Transfer Incoming\
SER*TB*350412XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Transfer Advice\
SER*TB*010401XXXX Bank ID Code*Balance Method*Charge*Price*Volume*822 Acct Analysis customer dial-in\
SER*TB*010402XXXX Bank ID Code*Balance Method*Charge*Price*Volume*822 Acct Analysis bank transmission\
SER*TB*350000XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Wire Module Fee\
SER*TB*400052XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Information Maintenance Prior Day\
SER*TB*400272XXXX Bank ID Code*Balance Method*Charge*Price*Volume*On-Line Prior Day Per Transaction\
SER*TB*450001XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Custody Maintenance\
SER*TB*450140XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Custody Interest/Dividend Collection\
SER*TB*450170XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Custody Security Receipt/Presentment Fed\
SER*TB*450174XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Custody Security Receipt/Presentment DTC\
SER*TB*450176XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Custody Receipt/Delivery Fed\
SER*TB*45017BXXXX Bank ID Code*Balance Method*Charge*Price*Volume*Domestic Custody Receipt/Delivery DTC\
SER*TB*450400XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Investment/Custody Information Report\
SER*TB*450403XXXX Bank ID Code*Balance Method*Charge*Price*Volume*Investment/Custody Information Report\
CTT*1\
SE*139*0000\
GE*1*000000000\
IEA*1*000000000

300 Tax Type Report

DEPOSIT DATE: 01-14-15
 STATE OF ILLINOIS, DEPARTMENT OF REVENUE
 300-Report

ILDLY-300- 2015014_635568545984276399.TXT
 PAGE: 1
 BANK ACCOUNT: xxxxxx

FORM	TRAN CODE	DOCUMENT COUNT	CHECK AMOUNT
501 LOCKBOX	816	0	0.00
941 LOCKBOX	916	599	258,790.27
941 LOCKBOX W/O	917	1	651.95
IL-1040-ES	E10	312	0.00
ST-1 PAYMENTS	240	10542	16,519,153.99
ST-1 RETURNS W/O	240	759	413,614.67
ST-2 PAYMENTS	210	400	0.00
ST-2 RETURNS W/O	240	79	46,381.89
	210	37	0.00
TOTAL		12729	17,238,592.77 A

DEPOSIT DATE: 01-14-15
 STATE OF ILLINOIS, DEPARTMENT OF REVENUE
 300-Report

PAGE: 2
 BANK ACCOUNT: xxxxxx

TAX TYPE	DOCUMENT COUNT	SUB TOTAL DOLLARS	TOTAL DOLLARS	CLEARING ACCOUNT NUMBER
SALES TAX:				
ST-1 PAYMENTS	759	413,614.67		
ST-1 RETURNS W/O	400	0.00		
ST-2 PAYMENTS	79	46,381.89		
ST-2 RETURNS W/O	37	0.00		
TOTAL SALES TAX	1275	459,996.56	459,996.56	2370250010
INCOME TAX:				
501 LOCKBOX	0	0.00		
941 LOCKBOX	599	258,790.27		
941 LOCKBOX W/O	1	651.95		
IL-1040-ES	312	0.00		
	10542	16,519,153.99		
TOTAL INCOME TAX	11454	16,778,596.21	16,778,596.21	2370250005