

2006 OHIO IT 1041EXT
Ohio Income Tax Extension
Payment Coupon for Estates
and Trusts



New for This Year: If you will be providing taxpayer information on a cartridge tape, please see "Cartridge Tape IT 1041 ES Filing Requirements Definition," which follows this payment coupon.

Please cut on the dotted lines. – DO NOT USE PENCIL to complete this form.

OHIO IT 1041EXT Rev. 10/06
Ohio Income Tax Extension
Payment Coupon For Estates and Trusts



For Taxable Year Beginning In

Extension Payment

2006

TRUST

ESTATE

Federal Employer Identification Number

Name of trust or estate

Name of trust or estate (2nd line)

Fiduciary name and title

Fiduciary name (2nd line) or care of address

Number, street, P.O. Box, suite or room number

City, state, ZIP code

Payment
Amount

\$.00

DO NOT STAPLE, PAPER CLIP OR OTHERWISE ATTACH YOUR CHECK OR CHECK STUB TO THIS COUPON. DO NOT SEND CASH. Return this coupon with check or money order made payable to **OHIO TREASURER OF STATE** and mail to OHIO DEPARTMENT OF TAXATION, P.O. BOX 2619, COLUMBUS, OH 43216-2619.

Cartridge Tape Filing: IT 1041ES Payments Requirements Definition

Overview

The Ohio Department of Taxation is providing an option to replace the manual paper filing with a cartridge tape(s) for all third-party vendors that file IT 1041ES forms on behalf of their clients. This process will not only eliminate paper and manual processing functions, but also increase the accuracy of the information updated to the taxpayers file. This requirements definition (RD) will define the requirements and specifications. The Department of Taxation can revoke this option if it is determined that Fast Tax is not fully complying with the requirements.

Department of Taxation Contacts

Contact Russell Strope at (614) 752-1987 if you have any questions about the IT 1041ES information or the cartridge tape. Fast Tax is to provide the Department of Taxation with a contact person and phone number for reporting production transmittal discrepancies.

Test Cartridge Tape

Two tapes must be run with the information required. One tape will be sent with documentation and the second tape will be retained by the vendor as a backup. If the Department of Taxation determines that the production tape is corrupt, the vendor will be asked to supply the backup tape within three days. This process should also be continued when production begins. The external label must indicate that this is a **test tape** of IT 1041ES test data.

Send Test Cartridge Tape To:

Ohio Dept. of Taxation – Information Services Division
S.O.C.C. – 1320 Arthur E. Adams Drive
Room 224 – Tape Library
Columbus, Ohio 43221

Approval Process

Fast Tax will be advised of the test results and informed of changes (if any) that are required before live production begins.

Cartridge Tape Requirements

A file will be required to be sent to Department of Taxation as follows.

- IT 1041ES documents
- 3490 cartridge tape

Tape File Specification	
Medium	3490 cartridge tape
File name	IT 1041ES data file Label: "ODT.IT1041ES.INPUT"
Record length	260 characters
Block size	32760
Record format	Fixed block (FB)

Cartridge Tape Layout

See chart below.

Record Layout – IT 1041ES Detail Record (Supplied by Department of Taxation to Vendor)				
Field Name	Length	Data Type	Position	
			Start	End
FEIN	9	N	1	9
Tax Year	4	N	10	13
Batch Number	11	N	14	24
Trust Name – 1	35	A/N	25	59
Trust Name – 2	35	A/N	60	94
Fiduciary Name – 1	35	A/N	95	129
Fiduciary Name – 2	35	A/N	130	164
Address	35	A/N	165	199
City	20	A	200	219
State	2	A	220	221
ZIP Code	5	N	222	226
Check Amount	11	N	227	237
Receive Date	8	N	238	245
Processing Code	1	A	246	246
Document Type	1	A	247	247
Form Type	2	A/N	248	249
Source ID	2	N	250	251
Filler	9	A/N	252	260

The following section describes how each field on the IT 1041ES record should be formatted or valued.

- **FEIN:** This is the federal employer identification number identifying the taxpayer. This field is required and must be numeric.
- **Tax Year:** The year for which the IT 1041ES is being filed (i.e., 2002). This field is required and must be numeric.
- **Batch Number:** For Department of Taxation use. Zero-fill.
- **Trust Name – 1, Trust Name – 2, Fiduciary Name – 1 and Fiduciary Name – 2:** Names and information identifying the account. Space-fill any unused name field.
- **Address, City, State and ZIP Code:** Mailing address of the account. Space-fill address, city or state, if unknown. Zero-fill ZIP code, if unknown.
- **Check Amount:** The amount of the payment being sent in dollars and cents. Must be numeric with leading zeros and no punctuation. Maximum amount is \$999,999,999.99. (i.e., for a payment of \$396.45 value 00000039645)
- **Receive Date:** For Department of Taxation use. Zero-fill.
- **Processing Code:** For Department of Taxation use. Space-fill.
- **Document Type:** For Department of Taxation use. Value N.
- **Form Type:** Value T2 if the IT 1041ES is filed for trust tax; value E2 if the IT 1041ES is filed for estate tax.
- **Source ID:** A code to identify the source of the information. Value 05.
- **Filler:** Currently unused. Space-fill.

Tape Submittal Information

The following is the list of requirements for each cartridge tape that is sent in.

- The external label on the production cartridge tape must reflect the target agency, content, due date, volume number, transmitter's company name, number of records, batch tax due amount, batch check amount. Volume numbers must indicate the proper sequence (e.g., Tape: 2 of 3) on each label.

Ohio Department of Taxation	
IT 1041ES:	Due Date: 2-15-03
Tape: 1 of 4	Vol-Ser: 213456
Company Name: Fast Tax	
Number of Records: 500	
Batch Tax Due Amount: 456,123.78	
Batch Check Amount: 456,123.78	

Example Label

- Transmittal letter (see sample, next page)
- Send cartridge tape(s) and check(s) (see Document Processing, Check Processing and Balancing Processing) to the following address:

State of Ohio – Department of Taxation
c/o Mike Cardi
4485 Northland Ridge Blvd.
Columbus, OH 43229

Document Processing

Only zero tax liability and tax due liability information is required to be filed by cartridge tape. It is suggested that a listing of all taxpayers on the cartridge tape is made for ease of reconciliation. You are not required to file this report with the Department of Taxation.

Check Processing

The requirements for check processing will be as follows:

- One certified check remitted for each cartridge tape submitted.
- Each check must be in balance with each cartridge tape.
- Make certified checks payable to: **Ohio Treasurer of State.**

Balancing Processing

Once the Department of Taxation receives the cartridge tape(s) and certified check(s), the cartridge tape(s) will be run to see if the amount on the transmittal letter matches. If the cartridge tape(s) do not match, Fast Tax will be notified immediately by phone that there was a discrepancy, and the tape(s) will be withheld from further processing.

Vendor Responsibility

Fast Tax is responsible for the Integrity of the data that they are sending to the Department of Taxation.

Transmittal Letter

The following information will need to be included on the IT 1041ES transmittal letter for each cartridge tape sent in.

- Company name
- Data set name (DSN) on cartridge tape (Ex: 'ODT.IT1041 ES.INPUT'...refer to section 4.1).
- Tape identifier (Vol-Ser) for each cartridge tape (Ex: '213456')
- Number of records on each cartridge tape
- Certified check amount
- Signature, date and title of the transmitter.

Make certified check(s) (one check per tape) payable to **Ohio Treasurer of State** and send to the following address:

State of Ohio – Department of Taxation
c/o Mike Cardi
4485 Northland Ridge Blvd.
Columbus, OH 43229

IT 1041ES Transmittal Letter
 Ohio Department of Taxation
 Remittance of IT 1041ES Payments

Company name: **Fast Tax**

DSN: _____

Make certified check(s) (one check per tape) payable to Ohio Treasurer of State and mail to:

State of Ohio – Department of Taxation
 c/o Mike Cardi
 4485 Northland Ridge Boulevard
 Columbus, OH 43229

Tape Vol-Ser	Number of Records	Check and Document Amount
Total		

Total of all certified checks enclosed

 Signature Date

 Title \$ _____ . _____