LOUISIANA DEPARTMENT of REVENUE

Specifications and Test Scenarios for Form R-540V-SD (2015)

Specifications:

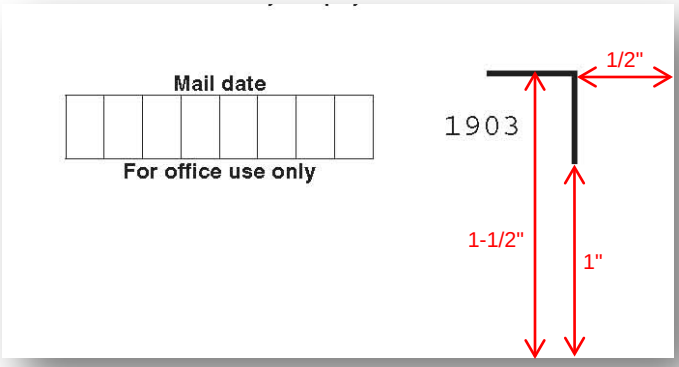
Size: The size of the detached voucher must be 8-1/2” x 3-5/8” and should be printed at the bottom of an 8-1/2” x 11” sheet.

Vendor Code: Each software vendor who develops a substitute of Form R-540V must have a four-digit vendor code approved by the Louisiana Department of Revenue. This number remains the same each year and must appear at the top of the voucher on Line 45 in Positions 17-20.

Document Identification Number: The document identification number for Form R-540V-SD for the tax year 2015 is **1903** and must be printed on Line 59 in Positions 74 through 77. The font of the document identification number **must** be Courier 12-point (10 characters per inch).

Reference Mark: A reference mark must be printed on the voucher and shall consist of:

- A 2-point 1/2" **horizontal line**, positioned 1/2" from the right edge and 1-1/2” from the bottom edge, and
- A 2-point 1/2" **vertical line**, positioned 1/2" from the right edge and 1” from the bottom edge.



Barcode: A barcode must be printed on the voucher according to the following specifications:

- The barcode is a “three of nine” type,
- Reads 1903, which is the document identification number,
- Is 3/8" in height, and
- Is positioned 1/2" from the left edge and 7/8” from the bottom edge.

Scan Line: The scan line must be printed on Line 63 in Positions 11 through 76. **It is preferred that an OCR-A font be used**; however, a Courier 12-point font is acceptable. Whichever font utilized **must** be spaced at 10 cpi (characters per inch). A layout of the scan line is as follows:

AAAAB---CCCCCCCCCD-EEE--FFFFFFFF-GGGGGGGG-HHHHHHHHHI-JJJJJJJJJJK-L

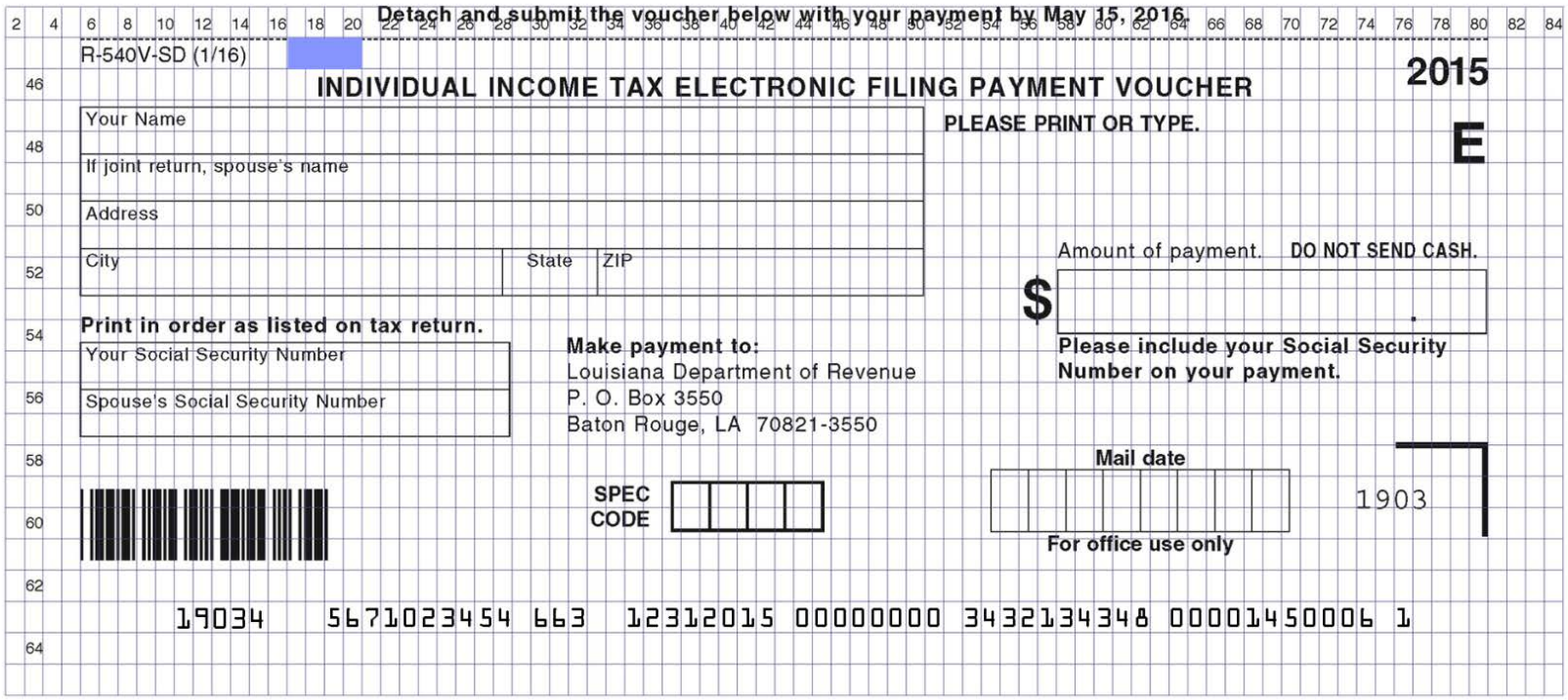
A = Document identification number (4 digits), which is **1903**.
B = Check digit (1 digit) for the document identification number, which (in this case) is **4**.
C = Primary social security number (9 digits).
D = Check digit (1 digit) for the primary social security number.
E = Tax type code, which is **663**.
F = Taxable period (8 digits -- mmddyyyy), which is **12312015** for the 2015 tax year.
G = This field (8 digits) is an open field, which is all zeros—**00000000**.
H = Secondary social security number (9 digits).
I = Check digit (1 digit) for the secondary social security number. Zero-fill if this field is not applicable.
J = Amount of payment (10 digits--$$$$$$$$$¢¢). Zero-fill blank data area.
K = Check digit (1 digit) for the amount of payment.
L = Check digit (1 digit) for Fields C, D, E, F, G, H, I, J, AND K.
- = Blank space.

NOTE: The **check digits** contained in the scan line are derived using the Modulus 10 self-check digit computation found on Page 3.

Example: Primary social security number = 567-10-2345
Secondary social security number = 343-21-3434
Amount of payment = $1,450.00

Scan line should be:
19034 5671023454 663 12312015 00000000 3432134348 00001450006 1

Placement: Illustrated below is the placement of the document identification number, reference mark, barcode, and scan line in relation to a 6 x 10 grid.



Modulus 10 Self-check Digit Computation:

1. Multiply the unit's position and every alternate position of the base number by 2 starting with right most position.
2. Add the digits in the products to the digits in the base number that were not multiplied.
3. Subtract the sum from the next higher number ending in zero. The difference is the self-check digit.

Example:

Base Number	4 9 9 8 6 5 5 5 9
Right most position and every other position	9 5 6 9 4
Multiply by 2.	18, 10, 12, 18, 8
Add the digits in the product.	(1+8), (1+0), (1+2), (1+8), 8
Digits not multiplied.	5 5 8 9
Add.	(1+8)+5+(1+0)+5+(1+2)+8+(1+8)+9+8
Sum	57
Next higher number ending in zero	60
Subtract.	60-57
Self-check digit	3

Test Scenarios:

Please prepare the necessary payment vouchers (4 total) using the various test scenarios below. Each voucher must be completed in its entirety, including the scan line.

Mail your test samples to: Attention: Forms Management Unit
Tax Administration Division
Louisiana Department of Revenue
617 N. Third St.
Baton Rouge, LA 70802-5428

Scenario 1	**Taxpayer's Name:** Alton and Jackie Seed **Address:** P.O. Box 1490 Wilson, TX 79381-0203 **Primary SSN:** 555-67-8905 **Secondary SSN:** 123-56-4356 **Taxable Period:** 12/31/2015 **Balance Due:** $5,700.00
Scenario 2	**Taxpayer's Name:** Bennie Smith **Address:** 1838 Villa Mansion Dr. Dallas, TX 75238-0101 **Primary SSN:** 254-15-2423 **Secondary SSN:** (n/a) **Taxable Period:** 12/31/2015 **Balance Due:** $893.00
Scenario 3	**Taxpayer's Name:** Sharon Morris **Address:** 520 Winter Park Drive Shreveport, LA 71119-9898 **Primary SSN:** 458-98-5260 **Secondary SSN:** (n/a) **Taxable Period:** 12/31/2015 **Balance Due:** $64.00
Scenario 4	**Taxpayer's Name:** Donald and Daisy Porter **Address:** 3319 Clement Street Port Arthur, TX 77642-9998 **Primary SSN:** 567-10-2345 **Secondary SSN:** 343-21-3434 **Taxable Period:** 12/31/2015 **Balance Due:** $20,912.00