XML Schema Definition: OTP-CT19

General Instructions:									
	1. This document provides the list of all the fields that are applicable for bulk filing. Refer to the directions for each section to find out which fields are required and which are optional.								
	2. This document describes how each field should be populated (e.g., calculations, constants).								

| Schema | Element | | | | | | Contents/Reject Rules | Maps To | | |
	Parent	Child	Grand child	Great-grand child	Great-great-grand child	Great-great-great-grand child		Form Id	Source Field for this data:	
IDORTransmission							**All the fields listed below in the IDORTransmission Section are required. Any additional fields that are in the schema header are not required.**			
	Count						This is an attribute and the value should always be "1".		Constant	
	xsmnSchemaVersion						This is an attribute and the value should always be "IDORSpecialTaxTransmission2014V1.0".		Constant	
	TransmissionId						Must be the DOR assigned vendor code (VendorCd) concatenated with the Julian Date concatenated with a six digit unique identifier, generally sequential.			
	VendorCd						DOR will provide this code during the Bulk File registration and certification process.		Constant	
	ProcessType						T for TEST or P for Production file.		Constant	
	ReturnState									
		stateSchemaVersion					This is an attrribute and the value should always be "IDORSpecialTax2014V1.0"		Constant	
		ReturnHeaderState								
			Jurisdiction				Two Character State Code = IN		Constant	
			TimeStamp				Date/Time Stamp of the transmission. All Timestamps should look like this: YYYY-MM-DDTHH:MM:SSZ. The embedded "T" and "Z" are required. Use the System Time of your job to set it			
			TaxPeriodBeginDate				The first day of the period month being filed. Format is YYYY-MM-DD. Example: For an October 2014 return this element would be 2014-10-01.	CT-19	Tax Period being filed.	
			TaxPeriodEndDate				The first day of the period month being filed. Format is YYYY-MM-DD. Example: For an October 2014 return this element would be 2014-10-31.	CT-19	Tax Period being filed.	
			TaxYear				YYYY format will contain the tax year being processed. Example: 2014	CT-19	Tax Year being filed	
			Preparer							
				Name			Name of person who approves this electronic submission.			
				SSN or PTIN			The SSN or the PTIN of the person who approves this electronic submission. You are not required to put an individual's SSN. You are permitted to put any 9 numbers. For example, "111111111." Do not include hyphens.			
				Phone			The phone number of the person who approves this electronic submission. Do not include hyphens.			
				EmailAddress			The email address of the person who approves this electronic submission.			
			Originator							
				EFIN			"123456"		Constant	
				Type			"ERO"		Constant	
			SoftwareId				"SUBMITTER"		Constant	
			ReturnType				"CT19"	CT-19	Constant	
			Filer							
				BusinessEntity						

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Schema	Parent	Child	Grand child	Great-grand child	Great-great-grand child	Great-great-great-grand child	Contents/Reject Rules	Form Id	Source Field for this data:	
					FEIN		Federal ID number of taxpayer. Do not include hyphens.	CT-19	FID Number	
					EntityName					
						BusinessNameLine1	The entity name as it appears on the Indiana Alcoholic Beverage Permit. The XML will not accept the following special characters: comma (,), period (.), semi-colon (;), colon (:), plus sign (+), and equal sign (=).	CT-19	Distributor Name	
				Address						
					USAddress					
						AddressLine1	Business street address (physical address)	CT-19	Street Addr	
						City	City (physical address)	CT-19	City	
						State	State (physical address)	CT-19	State	
						ZipCode	Zip (physical address)	CT-19	Zip Code	
				StateId			Ten digit Indiana Taxpayer ID code.	CT-19	TID	
				LocNbr			Three digit Indiana business location code.			
			EmailAddress				Provide the email address of the person DOR should contact if there is a problem with this electronic submission.			
			FilingMethodCd				"ELF"		Constant	
			ReturnSourceCd				"FTP"		Constant	
			InputSourceMethodCd				"BULK"		Constant	
			FormVersionCode				"0614"	CT-19	CT-19 Form Create Year/Month	
			TaxTypeCd				"OTP"		Constant	
			SubmissionId				Submission Id is generated by using the following format: Prefix of T for Test file or P for Production file, Followed by Department assigned id number plus six digit unique sequence number.			
		ReturnDataState								
			FormOTPCT19							
				ReturnSectionA			**If you have a ReturnFilingType of "O" or "A", please follow the directions below to determine the value of each field. If you have no activity to report for the month (i.e. a ReturnFilingType of "ONA" or "ANA"), then do not include ReturnSectionA in your transmission.**			
					INCT19RepeatingSection					
						CompanyName	Name of entity/business from whom you purchased the cigarettes or roll-your-own tobacco.	CT-19	Name	
						Address	Location address of the entitybusiness from whom you purchased the cigarattes or roll-your-own tobacco.	CT-19	Address	
						City	City of the entitybusiness from whom you purchased the cigarattes or roll-your-own tobacco.	CT-19	City	
						State	State of the entitybusiness from whom you purchased the cigarettes or roll-your-own tobacco.	CT-19	State	
						ZipCode	Zip code of the entitybusiness from whom you purchased the cigarettes or roll-your-own tobacco.	CT-19	Zip Code	

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Schema	Element Parent	Child	Grand child	Great-grand child	Great-great-grand child	Great-great-great-grand child	Contents/Reject Rules	Maps To Form Id	Source Field for this data:	
						BrandFamily	List the brand family of the purchased cigarattes or roll-your-own tobacco.	CT-19	Brand Family	
						QuantityStamped	The number of cigarettes (in sticks) that were stamped for the period per brand.	CT-19	Quantity Stamped (Sticks)	
						RYOOunces	The number of ounces of roll-your-own tobacco you purchased for the period per brand. The term "roll-your-own tobacco" is any tobacco which because of its appearance, type, packaging, or labeling, is suitable for use and likely to be offered to, or purchased by, consumers as tobacco for making cigarettes.	CT-19	Roll-Your-Own Tobacco Ounces	
						RYOUnits	The conversion of the roll-your-own tobacco to units. Nine-hundredths (0.09) of an ounce of roll-your-own tobacco constitutes one (1) individual cigarette or unit. (i.e. ounces/.09)	CT-19	Roll-Your-Own Tobacco Units (units = ounces/.09)	
			ReturnSectionB				**All the fields in ReturnSectionB are required. If you have no activity to report for the month you must specify either "ONA" or "ANA" for the ReturnFilingType.**			
				ReturnFilingType			Return Filing Type Valid codes are: "O" = Original, "A" = Amended, "ONA" = Original - No Activity, "ANA" = Amended - No Activity		Constant	

Revisions:

9/8/2014	
1. Changed Instruction #1 (Row 2).	
2. Deleted Instructions #3 and #4.	
3. Added content to IDORTransmission (Row 7) in Contents/Reject Rules column.	
4. Changed content to SSN or PTIN (Row 23) in Contents/Reject Rules column.	
5. Changed content to Phone (Row 24) in Contents/Reject Rules column.	
6. Changed content to FEIN (Row 33) in Contents/Reject Rules column.	
7. Changed content to BusinessNameLine1 (Row 35) in Contents/Reject Rules column.	
8. Added content to ReturnSectionA (Row 53) in Contents/Reject Rules column.	
9. Added content to ReturnSectionB (Row 64) in Contents/Reject Rules column.	