

Oklahoma Tax Commission

Software Developers Guidelines and Specifications for Franchise Forms and 2-D Barcode

TY 2014

Includes specifications for 2D & QR barcodes

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Oklahoma Tax Commission Guidelines for Substitute Forms

Oklahoma forms should be reproduced as closely as possible to the Official form while also following the NACTP rules for form reproduction.

All developers who reproduce OK tax forms must submit a "Letter of Intent" to the Oklahoma Tax Commission no later than August 31, of each year. The Letter of Intent is available on the OTC website at <http://www.tax.ok.gov> and may be faxed or emailed. See contact information page 5 for fax and email address.

New for TY 2014

Oklahoma Annual Franchise Tax Return (Form 200)
Request to Change Franchise Tax Filing Period (Form 200F)

QR Barcodes Mandatory for TY2014

QR BARCODES- TY2014

Code Type: Text

Text Content: Year(4)/Form Number(5)/Pages(2)/Source(1)/Vendor Code(4) - Both alpha and numeric characters are used. Alpha in Caps.

Error Correction: L-Appx 7% (default)

Margin: 0 blocks

Scale: 1X

Code Color: 000000

This generates a QR Barcode with dimensions of 0.5833" by 0.5833" that is resized down to 0.5" to 0.5" before placing on the form.

Example of data in the QR Barcode we're presently using for Business Tax:

Form 200 "Oklahoma Franchise Tax Return" – 20140020001DXXXX

2014 – For all year specific forms. All non-year specific forms get 9999 for the year. Example of non-year specific form: 99990020001WXXXX.

00200 – Form number (If a form number is less than 5 characters, zeroes take the place to make 5. For example, Form 200 would be 00200)

01 – Page number (If a form has more than one page with data that a taxpayer fills out, each page's barcode reflects that page's number. Instruction pages do not get barcodes)

D – Source code (where the form came from. Examples: W for web, M for mail out, D for developer, etc.)

XXXX - The 4 X's after the Source Code are the vendor code. We're requesting all vendor codes go into the barcode and not on the form. If no vendor code, the 4 X's are replaced with 4 zeros.

Example of barcode with vendor code: 20140020001D**1695** with 1695 being the OTC vendor code.

Example of barcode without vendor code: 20140020001D**0000** with 4 zero's taking the place of the vendor code

Form Field Requirements

- Text and Numerical Fields: Fonts are to be **Courier or New Courier 12 Point 10 pitch. Text fields must be all caps.**
- **Exception:** Form instructions, line information, preparer fields and signature fields can be smaller than specified and in lower case in order to fit the information in the available space as needed.
- Round all numerical amounts to whole dollars. If the return has pre-printed zeros in the cents fields, please replicate the zeros, or ensure they are printed from the software.
- **Exception:** Returns that do not have pre-printed zeros and do not require rounding to whole dollars. Example: Oklahoma Corporate Return schedules.
- Numerical fields must be right justified
- Text fields must be left justified.
- Negative values should be presented with the minus sign to the left of the amount.

Substitute Forms Approval Process

- Ensure all forms submitted for approval are clearly marked as “Draft” on each page.
- Submit 2 (two) examples of each form being submitted for approval.
****Please include data on 1 example to ensure proper testing****
- Each submission should include a cover letter identifying the forms submitted, the company name of the submitter, and the name, address, phone/fax number and email address of the form contact
- Approvals are generally worked first in first out and approvals or requests for changes will be sent back within 10 working days whenever possible.
- Forms should be submitted via PDF attached to email whenever possible. This will help ensure a faster turnaround time.
- Approval or Request for Change notifications for forms received will be sent to the developer via email regardless of how it is submitted.

Request for substitute form approvals sent via email should be sent to:

Primary: Communications Division communications_division@oktax.state.ok.us
Phone: 405-521-3637
Fax: 405-522-1711

Secondary: Darin Majors dmajors@oktax.state.ok.us
Phone: 405-521-3637
Fax: 405-522-1711

Forms mailed or sent via courier (Fed Ex, UPS etc):

Oklahoma Tax Commission
Attn.: Communications Division - Forms Approval
2501 N Lincoln Blvd
Oklahoma City, OK 73194

Oklahoma PDF 417 2-D Barcode

The following guidelines are to be upheld for all tax years and all form types which utilize 2-D barcode. Those forms types for 2014 tax year are OK Form 200. 2-D barcode specifications are included at the end of this document.

Field Standards for the 2-D barcode (Specifications have significant changes)

- The delimiter between fields will be “Carriage Return”
- Unless otherwise stated in specifications all numerical fields are 11 characters, this includes the minus sign if a negative value.
- Negative values should be formatted with the minus sign placed before the numerical characters.
Example: -100.
- Use whole dollars only.
- Date format should be MMDDYYYY.
- Unless otherwise noted, check boxes should export the following values.
 - Checked = X
 - Not Checked = Null
- Do not zero fill fields, use Null.
 - Truncate any characters over the specified field limit, (example: name or address longer than field length)
- Do not use any punctuation (no commas, periods, percent signs). Alpha fields should contain only A-Z. Numerical fields should contain only 0-9.

Placement of the 2-D barcode

The 2-D barcode must be placed in the white space in the upper right portion of the return filling as much of the available space as possible

2-D Barcode Dimensions and Specifications

X dimension= **14 mils minimum**

Y/X ratio = **3**

Error Correction Level (ECL) **must** be set to **4**.

Barcode must be set to **ON**

Mailing Address for 2-D returns

Taxpayers are to mail 2-D returns to:

Oklahoma Tax Commission

Income Tax 2-D Return

PO Box 269045

Oklahoma City OK 73126-9045

2-D Test Return Submission:

PDF's of the test returns are acceptable and preferable. Test returns should be directed to:

Primary: Communications Division communications_division@oktax.state.ok.us

Phone: 405-521-3637

Fax: 405-522-1711

Secondary: Darin Majors dmajors@oktax.state.ok.us

Phone: 405-521-3637

Fax: 405-522-1711

Forms mailed or sent via courier (Fed Ex, UPS etc):

Oklahoma Tax Commission

Attn.: Communications Division - Forms Approval

2501 N Lincoln Blvd

Oklahoma City, OK 73194

Thank you for supporting Oklahoma 2-D processing!

2013 Final Oklahoma FRX-200 Specifications for 2-D Barcode v1.2

Reference Number	Line Number	Form Field Name	Field Type	Start	Field Length	Field Description/Validation
1	Version Code	Version Code	Alpha/Numerical	1	2	T1
2	Form Type	Form Type	Alpha/Numerical	3	3	200
3	Spec Version	Spec Version	Alpha/Numerical	6	2	00
4	Software/Form Version	Form Version	Numerical	8	2	00
5	Jurisdiction	Jurisdiction	Alpha	10	2	OK
6	NACTP Code	NACTP Code	Numerical	12	4	NACTP Code
7	Header - Line A	Taxpayer FEIN	Numerical	16	9	Required
8	Header - Line C	Period Begin	Numerical	25	6	Required MMDDYY
9	Header - Line C	Period End	Numerical	31	6	Required MMDDYY
10	Header - Line B	Account Number	Alpha/Numerical	37	13	
11	Header - Line E - ChkBox	State of Incorpor. - OK	Alpha	50	1	X if marked, null if not
12	Header - Line F - ChkBox	State of Incorpor. - Other	Alpha	51	1	X if marked, null if not
13	Header - Line G - ChkBox	Amend	Alpha	52	1	X if marked, null if not
14	Header - Line H - ChkBox	Estimated	Alpha	53	1	X if marked, null if not
15	Header - Line I - ChkBox	Address Change	Alpha	54	1	X if marked, null if not
16	Header	Company Name	Alpha/Numerical	55	50	Required
17	Header	Street	Alpha/Numerical	105	30	Required
18	Header	City	Alpha	135	15	Required
19	Header	State	Alpha	150	2	Required
20	Header	Zip Code	Numerical	152	9	Required / Zip + four
21	Header - Line J	Balance Sheet Date	Numerical	161	6	
22	Page 1 - Line 1	Total Net Assets OK	Numerical	167	11	
23	Page 1 - Line 2	Total Net Assets	Numerical	178	11	
24	Page 1 - Line 3	Total Current Liabilities	Numerical	189	11	
25	Page 1 - Line 4	Capital Employed OK	Numerical	200	11	
26	Page 1 - Line 5	Total Gross Business OK	Numerical	211	11	
27	Page 1 - Line 6	Total Assets Business Done OK	Numerical	222	11	
28	Page 1 - Line 7	Total Gross Business	Numerical	233	11	

2013 Final Oklahoma FRX-200 Specifications for 2-D Barcode v1.2

Reference Number	Line Number	Form Field Name	Field Type	Start	Field Length	Field Description/Validation
29	Page 1 - Line 8	Total Assets Business Done	Numerical	244	11	
30	Page 1 - Line 9	Percentage Assets OK	Numerical	255	8	Percentages Format: 100%= 1.000000 53.8% = 0.538000
31	Page 1 - Line 9A - ChkBox	Percentage Assets OK Option 1	Alpha	263	1	X if marked, null if not,
32	Page 1 - Line 9B - ChkBox	Percentage Assets OK Option 2	Alpha	264	1	X if marked, null if not
33	Page 1 - Line 10	Capital Subject To Apportionment	Numerical	265	11	
34	Page 1 - Line 11	Capital Apportioned OK	Numerical	276	11	
35	Page 1 - Line 12	Tax Due	Numerical	287	14	
36	Page 1 - Line 13	Registered Agents Fee Due	Numerical	301	11	
37	Page 1 - Line 14	Interest	Numerical	312	14	
38	Page 1 - Line 15	Penalty	Numerical	326	14	
39	Page 1 - Line 16	Reinstatement Fee Due	Numerical	340	11	
40	Page 1 - Line 17	Previous Estimated Payment	Numerical	351	14	
41	Page 1 - Line 18	Total Due	Numerical	365	14	
42	Page 2	Officer Effective Date		379	6	
43	Page 2 - Box 1	Last Name	Alpha	385	15	
44	Page 2 - Box 1	First Name	Alpha	400	15	
45	Page 2 - Box 1	Middle Initial	Alpha	415	1	
46	Page 2 - Box 1	Street	Alpha/Numerical	416	30	
47	Page 2 - Box 1	City	Alpha	446	15	
48	Page 2 - Box 1	State	Alpha	461	2	
49	Page 2 - Box 1	Zip	Numerical	463	9	
50	Page 2 - Box 1	ID	Numerical	472	9	
51	Page 2 - Box 1	Title	Alpha/Numerical	481	15	
52	Page 2 - Box 2	Last Name	Alpha	496	15	
53	Page 2 - Box 2	First Name	Alpha	511	15	
54	Page 2 - Box 2	Middle Initial	Alpha	526	1	
55	Page 2 - Box 2	Street	Alpha/Numerical	527	30	

2013 Final Oklahoma FRX-200 Specifications for 2-D Barcode v1.2

Reference Number	Line Number	Form Field Name	Field Type	Start	Field Length	Field Description/Validation
56	Page 2 - Box 2	City	Alpha	557	15	
57	Page 2 - Box 2	State	Alpha	572	2	
58	Page 2 - Box 2	Zip	Numerical	574	9	
59	Page 2 - Box 2	ID	Numerical	583	9	
60	Page 2 - Box 2	Title	Alpha/Numerical	592	15	
61	Page 2 - Box 3	Last Name	Alpha	607	15	
62	Page 2 - Box 3	First Name	Alpha	622	15	
63	Page 2 - Box 3	Middle Initial	Alpha	637	1	
64	Page 2 - Box 3	Street	Alpha/Numerical	638	30	
65	Page 2 - Box 3	City	Alpha	668	15	
66	Page 2 - Box 3	State	Alpha	683	2	
67	Page 2 - Box 3	Zip	Numerical	685	9	
68	Page 2 - Box 3	ID	Numerical	694	9	
69	Page 2 - Box 3	Title	Alpha/Numerical	703	15	
70	Page 2 - Box 4	Last Name	Alpha	718	15	
71	Page 2 - Box 4	First Name	Alpha	733	15	
72	Page 2 - Box 4	Middle Initial	Alpha	748	1	
73	Page 2 - Box 4	Street	Alpha/Numerical	749	30	
74	Page 2 - Box 4	City	Alpha	779	15	
75	Page 2 - Box 4	State	Alpha	794	2	
76	Page 2 - Box 4	Zip	Numerical	796	9	
77	Page 2 - Box 4	ID	Numerical	805	9	
78	Page 2 - Box 4	Title	Alpha/Numerical	814	15	
79	EOD	EOD		829	3	