FYI – For Your Information

Computer Form Specifications: DR 1093 Income Withholding Transmittals or Annual Reconciliations

Computer form facsimilies must be reviewed and approved by the Department of Revenue prior to use. The following guidelines must be used in order for computer-generated withholding forms to be processed. The form should be clearly labeled as a Transmittal or Annual Reconciliation. **Twenty test copies of your form must be submitted for approval prior to use (must be detached to the correct size).**

PAPER: Use white, high quality bond, minimum 20 lbs., providing sufficient quality and contrast for Optical Character Reading (OCR).

FORM SIZE: The width should be 8 1/2 inches. The return portion of the forms must have a maximum height of 4 2/3 inches and a minimum height of 3 1/2 inches. See attached sample.

PRINT FONT: OCR-B for the OCR scan line, using six lines to the inch. Your printer must print crisp, clear characters with no unconnected lines or filled in spaces. (See sample of font on page 3.)

FORMAT: The content and format should closely match the attached sample, including: account number (company's state account number), period (period for which taxes are due) and date due (date taxes are due for the given period). The return must include the numbers shown in parentheses on lines 3A, 3B, 4, 5 & 6. Content and spacing of the OCR scan line must EXACTLY meet the requirements listed below in order for the form to be readable by OCR.

ADDRESS BLOCK (TRANSMITTALS): Under the heading, the left side of the return must contain the business name, address, city, state and ZIP code.

MAILING: The completed tax return must be mailed to the department UNFOLDED.

OCR SCAN SPACE: The bottom half-inch of the form must be free from extraneous marks and printing that would give a false OCR reading. The data on the scan line MUST be printed on the second print line from the bottom (between 3/16 and 7/32 of an inch from the bottom) and MUST conform to the following specifications. Variation of even half a character width will make the line unreadable.

OCR PRINT POSITIONS: Using OCR-B print font, reading from **right** to **left** beginning at the **right edge** of the form, the following spacing must be followed:

Note on account number: For this 11-
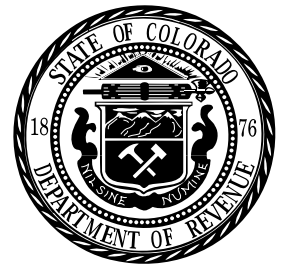
Colorado Department
of Revenue
Taxpayer Service Division
1375 Sherman St.
Denver, Colorado 80261

Sales Tax: (303) 232-2416
Withholding Tax: (303) 232-2416
Income Tax: (303) 232-2446
Severance Tax: (303) 232-2446
Fuel Tax: (303) 205-5967

Print spaces from RIGHT EDGE of form	Contents
1 - 21	leave black
22	check digit #1
23 - 33	account number
34 - 40	leave blank
41	check digit #2
42 - 48	source/liability code (1301000)
49 - 56	filing period (see note)

space field, the right-hand 4 spaces are for the branch number, if applicable. If there is no branch number, enter 4 zeros.

Note on filing period: If the period is for a year, use all 8 spaces. (Example: for January 1999 through December, 1999, the entry would be 01991299.)

Please use the following computation for check digit #1 (MOD 10):

Account Number

Basic number to use:	0	0	1	0	1	5	5	4	0	0 0

Start from right, bring
down 1st digit, then every other one: 1   1   5   0   0

Multiply 2nd line by 2:   x 2

Cross add the total: $0 + 2 + 3 + 0 + 0 + 0 = 5$

Cross add digits not multiplied by 2: $0 + 0 + 5 + 4 + 0 = 9$

Sum of cross additions: 14

Use digit in "ones" position only: 4

Subtract that number from 10: $10 - 4 = 6$

Your check digit in this example is 6. If your check digit equals 10, use only the zero.
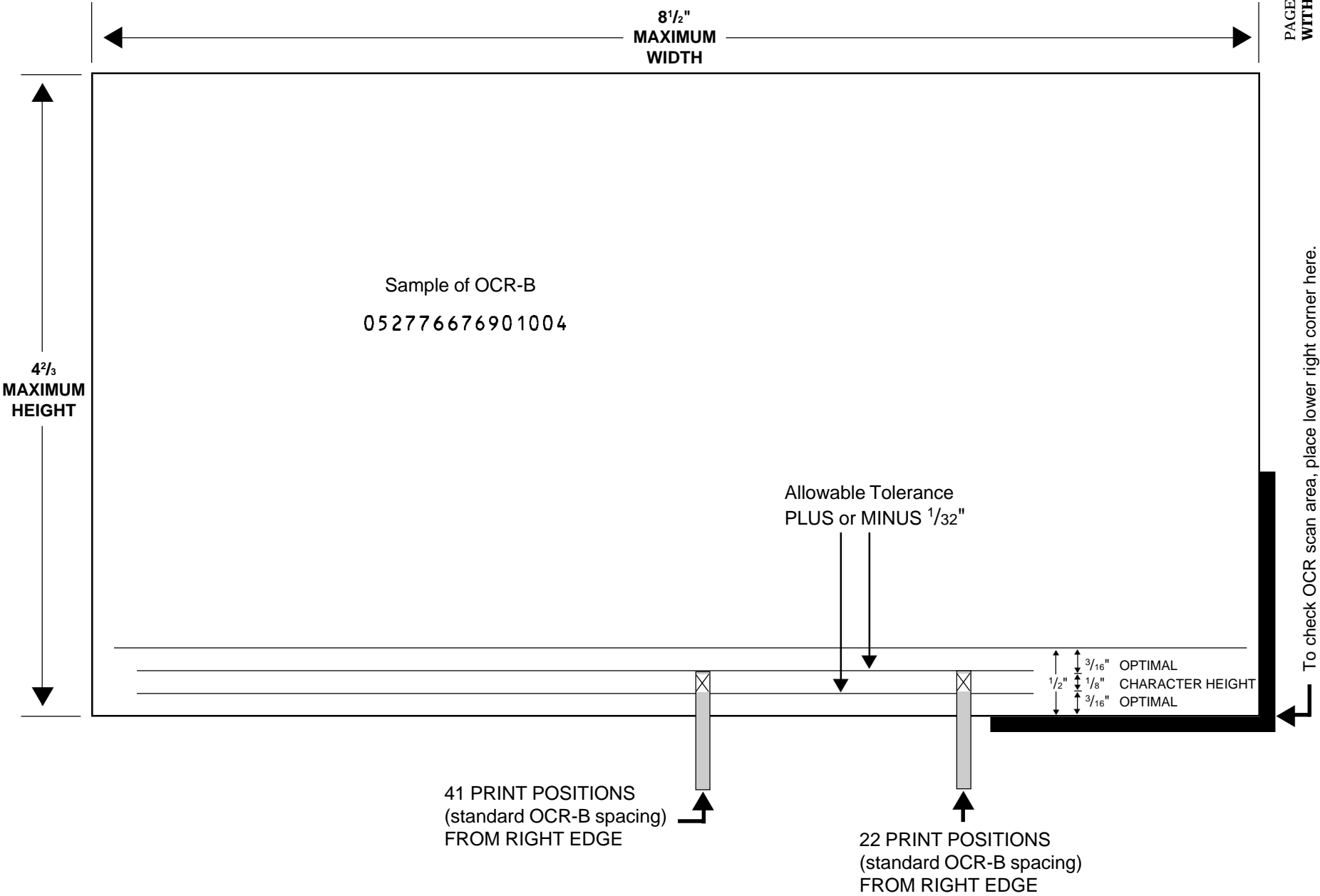
Please use the following table to find check digit #2, using appropriate year and filing period:

REPORTED FOR YEAR	DUE DATE	CHECK DIGIT
1998	03-01-99	5
1999	02-29-2000	3
2000	02-28-2001	9

Please submit 20 tests forms and direct all questions to:

COLORADO DEPARTMENT OF REVENUE
FORMS MANAGEMENT RM 142A
1375 SHERMAN ST
DENVER CO 80261
(303) 866-3372

COLORADO DEPARTMENT OF REVENUE
1375 SHERMAN STREET
DENVER CO 80261

REMITTANCE PROCESSING SCAN ALLOWANCES

8½"
**MAXIMUM
WIDTH**

4⅔
**MAXIMUM
HEIGHT**

Sample of OCR-B

0527766769 01004

Allowable Tolerance
PLUS or MINUS ¹/32"

³/16" OPTIMAL
¹/2" ¹/8" CHARACTER HEIGHT
³/16" OPTIMAL

To check OCR scan area, place lower right corner here.

41 PRINT POSITIONS
(standard OCR-B spacing)
FROM RIGHT EDGE

22 PRINT POSITIONS
(standard OCR-B spacing)
FROM RIGHT EDGE

DR 1093 (11/98)	**COLORADO DEPARTMENT OF REVENUE TRANSMITTAL OF STATE W2's**

1000-130   13

Number of W2's reported: _____

ACCOUNT NO.	**PERIOD**	**DUE DATE**	

Signed under penalty of perjury in the second degree

_____
Signature   Date   Phone

S.S. NO. 1
S.S. NO. 2
F.E.I.N.

	Colorado form (left panel)
1	Colo. income tax withheld per W2's
2	Colo. income tax withheld and paid
3	A. Additional Tax or B. Tax Refund
4	Penalty
5	Interest
6	Amount Paid with this report

DATE PAID:

1 Total Colorado income tax withheld per W-2's attached

2 Total Colorado income taxes withheld and paid during year

3 A. ADDITIONAL TAX DUE **(100)**
or
B. TAX REFUND **(415)**

4 PENALTY **(200)**

5 INTEREST **(300)**

6 Total AMOUNT PAID with this report **(355)**

W-2 TRANSMITTAL INSTRUCTIONS

Every employer is required to file a Transmittal of Income Tax Withheld. Attach to the form:
- A copy of each W-2 furnished for each employee unless filing by magnetic tape or diskette (see below).
- An adding machine tape or summarized list of the W-2 amounts of Colorado income tax withheld.

DUE DATE
- On or before February 29, 2000, or
- Thirty (30) days after closure date of business.

MAGNETIC TAPE - The Colorado Department of Revenue urges all employers to submit magnetic tapes in lieu of copies of Individual Withholding Statements (W-2). Contact the Department of Revenue, at (303) 866-5740 for format specifications.

DISKETTE - Contact Rick Roehling at (303) 866-5740 for information.

COMPLETING THE TRANSMITTAL FORM

Line 1   Total amount of state withholding withheld from all employees per W-2s.

Line 2   Total tax paid during the year from stubs in booklet.
          DO NOT INCLUDE PENALTY AND INTEREST IN THIS AMOUNT.

Line 3   If amount on lines 1 and 2 are the same, enter a zero on line 6.

Line 3A   Additional tax - If line 1 is greater than line 2, complete lines 3A, 4, 5, and 6.

Line 3B   Tax Refund- If line 2 is greater than line 1, complete line 3B.
          A tax refund will be issued to you automatically upon the processing of this transmittal.

A new version of this form will be available November 1999.

Effective for all periods on or after January 1, 2000 deducting wage withholding in whole dollar amounts will be mandatory.