XML Schema Definition: CT-19

General Instructions:									
	1. This document provides the list of all the fields that are applicable for bulk filing. Refer 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, constraints)								
	Element							**Maps To**	
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:**
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 must be "IDORSpecialTaxTransmission2014V1.0" if you are an existing filer using the 2014 schema version. If you are a new filer using the 2022 schema version, you must use "IDORSpecialTaxTransmission2022"		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						"P"		Constant
	ReturnState								
		stateSchemaVersion					This is an attribute and the value must be "IDORSpecialTax2014V1.0" if you are an existing filer using the 2014 schema version. If you are a new filer using the 2022 schema version, you must use "IDORSpecialTax2022".		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 2022 return this element would be 2022-10-01.	CT-19	Tax Period being filed
			TaxPeriodEndDate				The last day of the period month being filed. Format is YYYY-MM-DD. Example: For an October 2022 return this element would be 2022-10-31.	CT-19	Tax Period being filed
			TaxYear				YYYY format will contain the tax year being processed. Example: 2022	CT-19	Tax being year 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.		

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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:
				EmailAddress			The email address of the person who approves this electronic submission.		
			Originator						
				EFIN			"123456"		Constant
				Type			"ERO"		Constant
			SoftwareId				"SUBMITTER"		Constant
			ReturnType				"CT19"		Constant
			Filer						
				BusinessEntity					
					FEIN		Federal ID number of taxpayer. Do not include hyphens.		
					EntityName				
						BusinessNameLine1	The Entity name. The XML will not accept the following special characters: comma (,), period (.), semi-colon (;), colon (:), plus sign (+), and equal sign (=).		
				Address					
					USAddress				
						AddressLine1	Business street address (physical address)		
						City	City (physical address)		
						State	State (physical address)		
						ZipCode	Zip (physical address)		
				StateId			Ten-digit Indiana Taxpayer ID code.		
				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				"0722"		Constant
			TaxTypeCd				"CIG"		Constant
			SubmissionId				Submission Id is generated by using the following format: Prefix T for Test file or P for Production file, Followed by Department assigned id number plus six digit unique sequence number.		
		ReturnDataState							
			FormCIGCT19						
				ReturnSectionA					
					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 entity/business from whom you purchased the cigarettes or roll-your-own tobacco	CT-19	Address
						City	City of the entity/business from whom you purchased the cigarettes or roll-your-own tobacco	CT-19	City

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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:
						State	State of the entity/business from whom you purchased the cigarettes or roll-your-own tobacco	CT-19	State
						ZipCode	Zip Code of the entity/business from whom you purchased the cigarettes or roll-your-own tobacco	CT-19	Zip Code
						BrandFamily	List the brand family of the purchased cigarettes 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	CT-19	Roll-Your-Own Tobacco Ounces
						RYOUnits	The conversion of the roll-your-own tobacco to units	CT-19	Roll-Your-Own Tobacco Units
				ReturnSectionB					
					ReturnFilingType		Required: Valid codes are "O" = Original, "A" = Amended, "ONA" = Original No Activity, "ANA" = Amended No Activity.		