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)								

| 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 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	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:
							Element		**Maps To**
				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 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:
						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.		