## FYI - For Your Information

## Computer Form Specifications: DR 1093 IncomeWithholding Transmittals or Annual Reconciliation

Computer form facsimiles must be reviewed and approved by the Department of Revenue prior to use.
The following guidelines must be used for computer-generated withhol ding 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).

Form DR 1093 "Transmittal of State W-2s and 1099s" and Form DR 5315 "Remittance Processing Scan Allowances" can be downloaded from the Web at www.taxcol orado.com

PAPER: Use white, high quality bond, minimum 20 lbs ., or 24 lb . OCR 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 height of $32 / 3$ inches.

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.

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 readableby OCR.

DR 1093 and DR 1094-Withholding Taxes:
Data Font Size: All data must have a font size of 10 point. Preferred font style is "Ariel."
Account Number Format: 99-99999
Period Format: 01/04-03/04 (full-year for Transmittal -01/04-12/04)

## 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 halfinch of the form, front and back, 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 third print line from the bottom (between 11/32 and 15/32 of an inch from the bottom) and MUST conform to the following specifications. Variation will make the line unreadable.


Colorado Department of Revenue Taxpayer Service Division 1375 Sherman St. Denver, Colorado 80261

Forms and other services: (303) 238-FAST (3278) Assistance:
(303) 238-SERV (7378)

Fuel Tax: (303) 205-5602
www.taxcolorado.com
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WITHHOLDING 3 (03/04)

OCR PRINT POSITIONS: Using OCRB 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 11space field, the right-hand 4 spaces are zeros.

## Print spaces from

RIGHT EDGE of form Contents

| $1-21$ | leave black |  |  |
| ---: | :--- | :--- | :--- |
| 22 | check digit \#1 |  | Note on filing period: If the period is <br> for a year, use all 8 spaces. (Example: for |
| $23-33$ | account number |  | J anuary 2003 through December 2003, |
| $34-40$ | leaveblank | the entry would be01031203.) |  |
| 41 | check digit \#2 |  |  |
| $42-48$ | sourcelliability code |  |  |
|  | (1301000) | filing period (seenote) |  |
| $49-56$ |  |  |  |

Use the following computation for check digit \#1 (MOD 10):


Usethefollowingtabletofindcheck digit \#2, usingappropriateyear andfilingperiod:

| REPORTED FOR YEAR | DUE DATE | CHECK DIGIT |
| :---: | :---: | :---: |
|  |  |  |
| 2002 | $02-28-2003$ | 5 |
| 2003 | $03-01-2004$ | 3 |
| 2004 | $02-28-2005$ | 1 |

Please submit $\mathbf{2 0}$ test forms and direct all questions to:
COLORADO DEPARTMENT OF REVENUE
GRAPHICS SECTION RM 302
1375 SHERMAN ST
DENVER CO 80261
(303) 866-2710

## FURTHER INFORMATION

FYIs and commonly used forms are available on the Web at www.taxcol orado.com

