

Alabama Department of Revenue  
Non-State Administered Export File  
Specifications for ONE SPOT Filings

Effective 12/2/13

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## Daily Payment Export File Specifications

This section describes the Alabama Export Specifications, record formats and export files. File format requirements are as noted below unless specified otherwise:

- ASCII Format
- Numeric data right justified and space filled
- Alpha data left justified and space or null filled
- Fixed length format for all fields and records
- A = Alphanumeric data (Element will accept either alphabetical or numeric data)
- N = Numeric (Element will accept numbers only)
- D = Date (Element stored as date/time)
- R = Required
- O = Optional

The local government export files will be retrieved from an ADOR web application. The local governments and/or their designee will be able to pull only the files for their jurisdiction(s).

<b>ONE SPOT Daily Payment Export File</b>	
Export File Name	AAAAYYMMDD.txt where AAAA = 4 digit Locality Code  YYMMDD = Year, Month, Day  NOTE: Test files will be as follows: AAAA = 4 digit Locality Code YYMMDD = Year, Month, Day
Export Method	Full dump of payments sent to bank on that day.
Export Frequency	Daily (Monday through Friday)
Export Time	5:35 PM EST, 4:35 PM CST
Delivery Time to NSA	9:00 AM EST, 8:00 AM CST
Transfer Method	Web Service
Retrieval Method	Pull
Retrieval By	Locality from ADOR
Estimated Number of Records	Return based
If No Data In File	Will send header and trailer indicating zero records

## Application (Locality) Detail Record Format

Element	Length	Pos.	Requirement	Contents/Notes
Record Type	2	1-2	Required	AD
Payment Method	1	3	Required	2 = E-Check
Filler	13	4-16	Required	Fill with Spaces
Transaction Date	16	17-32	Required	Timestamp of return filing. Format: MM/DD/YYYY HH:MM
Payment Code	2	33-34	Required	1 = Primary Payment
Payment Command Code	2	35-36	Required	1 = Sale
Payment Amount	13	37-49	Required	Dollar amount for this payment. Decimal point is imbedded. Ex. if amount is 15.00, then 15.00 will be in the file. <b>No negative amounts.</b>
Payment Confirmation Number	17	50-66	Required	Unique Payment Confirmation Number from payment processor
Filler	23	67-89	Required	Fill with Spaces
Filler	1	90	Required	Always zero.
Routing Number	9	91-99	Optional	Bank Routing Number.
Account Number	9	100-108	Required	Last four digits of the account number used. If Payment Method = E-Check, this will be the last 4 digits of the bank account used.
First Name	25	109-133	Required	First Name of person making the payment.
Middle Initial	1	134	Optional	Middle initial of person making the payment.
Last Name	50	135-184	Required	Last name of person making the payment.
Account Holder Name	100	185-284	Optional	Full name of person making the payment.
Email Address	75	285-359	Optional	Email address for person making the payment.
Street Name 1	50	360-409	Optional	Street name for person making the payment.
Street Name 2	50	410-459	Optional	Secondary street name for person making the payment.
City	50	460-509	Optional	City for person making the payment.
State	2	510-511	Optional	State for person making the payment.

Zip	10	512-521	Optional	Zip for person making the payment.
Authorization Medium Code	1	522	Required	1 = Web
Jurisdiction Account Number	17	523-539	Required	Account number assigned to taxpayer by local government.
AL DOR Account Number	10	540-549	Required	Alabama DOR Account Number for person making the payment.
Locality Code	4	550-553	Required	Locality code assigned by ADOR
Return Confirmation Number	11	554-564	Required	Confirmation given by the ONE SPOT application. Format: M0000000000 – regular filed B0000000000 – bulk filed
Period	8	565-572	Required	NNMMYYYY Where NN = Number of months (01,03,12) MM = Month (01-12) YYYY = Year (i.e. 2013)
Email	50	573-622		Contact Email address
Phone Number	10	623-632		Contact telephone number
Tax-Type	2	633-634	Required	2 character Tax Type/Tax Code: CU, ST, SU, RT, LL
Rate Type	6	635-640	Required	Rate Types Auto Vend Farm WDFee Gener Linen Mach RmFEE Amuse Rest Alcoh Mine
Filler	135	641-775		Fill with Spaces

### Application Trailer Format

Element	Length	Pos.	Requirement	Contents/Notes
Record Type	2	1-2	Required	AF
Filler	23	3-25	Required	Blank Spaces
Locality Code	13	26-38	Required	4 digit Locality Code
Locality Code	13	39- 51	Required	4 digit Locality Code
Total Records for Entity	13	52-64	Required	Count of all records for the

Application				locality
Total Amount of Records for Entity Application	13	65-77	Required	Total amount of all records for the locality

**Daily Debit Payment Export File Specifications**

This section describes the Alabama Export Specifications, record formats and export files. File format requirements are as noted below unless specified otherwise:

- ASCII Format
- Numeric data right justified and space filled
- Alpha data left justified and space or null filled
- Fixed length format for all fields and records
- A = Alphanumeric data (Element will accept either alphabetical or numeric data)
- N = Numeric (Element will accept numbers only)
- D = Date (Element stored as date/time)
- R = Required
- O = Optional

The local government export files will be retrieved from an ADOR web application. The local governments and/or their designee will be able to pull only the files for their jurisdiction(s).

<b>ONE SPOT Daily Payment Export File</b>	
Export File Name	DAAAAYMMDD.txt where  D = D  AAAA = 4 digit Locality Code  YYMMDD = Year, Month, Day  NOTE: Test files will be as follows: AAAA = 4 digit Locality Code YYMMDD = Year, Month, Day
Export Method	Full dump of payments sent to bank on that day.
Export Frequency	Daily (Monday through Friday)
Export Time	5:35 PM EST, 4:35 PM CST
Delivery Time to NSA	9:00 AM EST, 8:00 AM CST
Transfer Method	Web Service
Retrieval Method	Pull
Retrieval By	Locality from ADOR

Estimated Number of Records	Return based
If No Data In File	Will send header and trailer indicating zero records

**Application (Locality) Detail Record Format**

Element	Length	Pos.	Requirement	Contents/Notes
Record Type	2	1-2	Required	AD
Payment Method	1	3	Required	2 = E-Check
Filler	13	4-16	Required	Fill with Spaces
Transaction Date	16	17-32	Required	Timestamp of return filing. Format: MM/DD/YYYY HH:MM
Payment Code	2	33-34	Required	1 = Primary Payment
Payment Command Code	2	35-36	Required	Standard NACHA Return Code numbers. Ex: 01 = R01 - NSF 03 = R03 - No Acct/Unable to locate acct 04 = R04 - Invalid Account 29 = R29 - Not Authorized (Debit Block) Etc.
Payment Amount	13	37-49	Required	Dollar amount for this debit. Amount will be negative. Decimal point is imbedded. Ex. if the amount is -15.00, then -15.00 will be in the file.
Payment Confirmation Number	17	50-66	Required	Unique Payment Confirmation Number from payment processor
Filler	23	67-89	Required	Fill with Spaces
Filler	1	90	Required	Always zero.
Routing Number	9	91-99	Optional	Bank Routing Number.
Account Number	9	100-108	Required	Last four digits of the account number used. If Payment Method = E-Check, this will be the last 4 digits of the bank account used.
First Name	25	109-133	Required	First Name of person making the payment.
Middle Initial	1	134	Optional	Middle initial of person making the payment.
Last Name	50	135-184	Required	Last name of person making the payment.
Account Holder Name	100	185-284	Optional	Full name of person making the payment.

Email Address	75	285-359	Optional	Email address for person making the payment.
Street Name 1	50	360-409	Optional	Street name for person making the payment.
Street Name 2	50	410-459	Optional	Secondary street name for person making the payment.
City	50	460-509	Optional	City for person making the payment.
State	2	510-511	Optional	State for person making the payment.
Zip	10	512-521	Optional	Zip for person making the payment.
Authorization Medium Code	1	522	Required	1 = Web
Jurisdiction Account Number	17	523-539	Required	Account number assigned to taxpayer by local government.
AL DOR Account Number	10	540-549	Required	Alabama DOR Account Number for person making the payment.
Locality Code	4	550-553	Required	Locality code assigned by ADOR
Return Confirmation Number	11	554-564	Required	Confirmation given by the ONE SPOT application. Format: M0000000000 – regular filed B0000000000 – bulk filed
Period	8	565-572	Required	NNMMYYYY Where NN = Number of months (01,03,12) MM = Month (01-12) YYYY = Year (i.e. 2013)
Email	50	573-622		Contact Email address
Phone Number	10	623-632		Contact telephone number
Tax-Type	2	633-634	Required	2 character Tax Type/Tax Code: CU, ST, SU, RT, LL
Rate Type	6	635-640	Required	Rate Types Auto Vend Farm WDFee Gener Linen Mach RmFEE Amuse Rest Alcoh Mine
Filler	135	641-775		Fill with Spaces

**Application Trailer Format**

Element	Length	Pos.	Requirement	Contents/Notes
Record Type	2	1-2	Required	AF
Filler	23	3-25	Required	Blank Spaces
Locality Code	13	26-38	Required	4 digit Locality Code
Locality Code	13	39- 51	Required	4 digit Locality Code
Total Records for Entity Application	13	52-64	Required	Count of all records for the locality
Total Amount of Records for Entity Application	13	65-77	Required	Total amount of all records for the locality

**Daily Return Export File Specifications**

This section describes the Alabama Export Specifications, record formats and exports files. File format requirements are as noted below unless specified otherwise:

- ASCII Format
- Numeric data right justified and zero filled
- Alpha data left justified and space filled
- Fixed length format for all fields and records
- A = Alphanumeric data (Element will accept either alphabetical or numeric data)
- N = Numeric (Element will accept numbers only)
- D = Date (Element stored as date/time)
- R = Required
- O = Optional
- \*\* Group by Tax Form Number (2100 will be first and so on..) and Form 9501 will be group by Confirmation , Locality code and tax codes.

The local government export files will be retrieved from an ADOR web application. The local governments and/or their designee will be able to pull only the files for their jurisdiction(s).

Alabama Daily Return Export File	
Export File Name	NSA NSAXXXYYMMDD.txt for PROD ( NSAXXXYYMMDD.tst for TEST) **With 'XXXX' being the locality's four-digit identifier.
Export Method	Update (Adds and Updates)
Export Frequency	Daily (Monday through Friday)
Export Time	5:00 PM EST, 4:00 PM CST
Delivery time to NSA	9:00 AM EST, 8:00 AM CST
Transfer Method	Web Service

Retrieval Method	Pull
Retrieval By	Locality from ADOR
Estimated Number of Records	Return based
If No Data In File	Will send header and trailer indicating zero records

**Record Format**

Element	Length	Pos.	Requirement	Contents/Notes
Tax Form	4	1-4	Required	Value "9501"
Jurisdiction Account Number	17	5-21		Account number assigned to taxpayer by local government. Required for all Non-State Administered Returns
ADOR Account Number	10	22-31	Required	ADOR Taxpayer Account Number Alpha Numeric
Vendor-Code	4	32-35	Required	"0005"
Delinquent	1	36	Required	1: If filing previous period, or past due date for current period. Space: for current file on time.
Taxform	4	37-40	Required	"9501"
Filing-Period	8	41-48	Required	Description of filling period NNMMYYYY Where NN = Number of months (01,03,12) MM = Month (01-12) YYYY = Year (i.e. 2013)
Taxpayer's Legal Name	46	49-94	Required	Taxpayer's Legal Name
Confirmation / Control Number	11	95-105	Required	Confirmation given by the ONE SPOT application. Format: M0000000000 – regular filed B0000000000 – bulk filed
Remit	13	106-118	Required	"000000000000"
Filler	13	119-131	Required	Fill with Spaces
Loc-Code	5	132-136	Required	ADOR Locality Code assigned to Taxing Jurisdiction. Left justified with space at the 5 <sup>th</sup> position.
Tax-Type	2	137-138	Required	2 character Tax Type/Tax Code: CU, ST, SU, RT, LL
Gross Amount	13	139-151	Required	Gross Amounts

				(Gross Sales) Right justified – zero filled
Tax-Due	13	152-164	Calculated	Tax Due GrossTax = Net Taxable * Tax Rate Right justified – zero filled
Filler	13	165-177	Required	Right justified – zero filled
Discount	13	178-190	Calculated	Amount – Discount Right justified – zero filled
Total-Due	13	191-203	Calculated	Amount – Total Due NetTaxDue = GrossTax – Discounts + Penalty and Interest. Right justified – zero filled
Filler	8	204-211	Required	Fill with Spaces
EFT-Flag	1	212	Required	E- ACH Debit Payment V – ACH Credit Payment F - IAT Non-Debit Z – Zero Tax due
Filler	2	213-214	Required	Fill with Spaces
Filing Type	1	215	Required	Access Method Type W – Web B – Bulk
Rate Type	6	216-221	Required	Rate Types Auto Vend Farm WDFee Gener Linen Mach RmFEE Amuse Rest Alcoh Mine
Deductions	13	222-234	Calculated	Amount - Deductions Right justified – zero filled
Net Taxable	13	235-247	Calculated	Gross Amount – Deductions Right justified – zero filled
Tax Rate	7	248-254	Required	Tax rate applied will be in 000.000
Epay Payment code	2	255-256	Optional	Payment code returned from ePay module
Settlement date	8	257-264	Optional	Payment Settlement Date (YYYYMMDD)
Filler	14	265-278	Required	Blank spaces
Period End	8	279-286	Required	Period Ending Date Format – ‘YYYYMMDD’
Contact Name	45	287-331	Required	Taxpayer Contact Name
Contact Phone Number	10	332-341	Required	Taxpayer Contact Phone

				Number
Contact E-mail Address	50	342-391	Required	Taxpayer Contact E-mail Address
PJ Indicator	1	392 – 392	Required	Police Jurisdiction N= No - Tax filed at CL rate. Y = Yes - Tax filed at PJ rate.
Filing Method	1	393	Required	Filing Method values: 0 = Regular Filing 1 = DWI Upload Data 2 = Bulk Filing using DWI 3 = Third Party Filing 4 = DWI Upload by Third Party 5 = Bulk Filing
FTTF Penalty	13	394-406	Required	Failure to File penalty Right justified – zero filled
FTTP Penalty	13	407-419	Required	Failure to Pay penalty Right justified – zero filled
Interest	13	420-432	Required	Interest Right justified – zero filled
Filler	1	433	Required	Blank Space
Transaction Date	16	434-449	Required	Timestamp of return filing. Format: MM/DD/YYYY HH:MM
Administered By	5	450-454	Required	Tax administrator: CROCK RDS SELF STACS
Pass Return/ <b>Payment</b> File	1	455	Required	Pass return and payment record to tax administrator: Y or N
Pass Payment	1	456	Required	Pass payment to tax administrator: Y or N
One-Time flag	1	457	Required	One-Time Filer flag: Y or N
Payment Confirmation Number	17	458-474	Optional	Unique Payment Confirmation Number from payment processor
Filler	382	475-856	Required	Filler

**Trailer Format**

Element	Length	Pos.	Requirement	Contents/Notes
Trailer	12	1-12	Required	***TRAILER**
Record Count	12	13-24	Required	Right justified and pre-filled with Zeros With Every return record in the file, Excluding the Header and Trailer Records
Record Amount	13	25-37	Required	Right justified and prefilled with Zeros, sum of every Total-Tax Due in the file.
Filler	769	38-793	Required	Blank Space