## XML Schema Definition: CIG-TS

Constal										r r	1		
	nstructio		provides	the list a	f all the f	iolds that are applicable for bulk film	g. Refer to the directions for each section to find out which fields are required and v	which are	ontional			 	1
						nould be populated (e.g. calculations		which are		<u>}</u>			
	2. mis ut	Jument	uescribe:	s now ea									
					Elemen	t		-	Maps To				
	Parent	Child	Grand	Great-	Great-	Great-great-great-grand child							
Schema	raient			grand	great-	Great-great-great-grand child	Contents/Reject Rules						
Seriema				child	grand		contents/ reject rules		Source Field for this				
				cinic	child			Form Id	data:				
					cinia		All the fields listed below in the IDORTransmission Section are required. Any	1 on 10					
							additional fields that are in the schema header are not required.						
IDORTrar	nsmission	1											
	Count						This is an attribute and the value should always be "1".		Constant				
							This is an attribute and the value should always be						
	xsmnSch	emaVers	ion				"IDORSpecialTaxTransmission2022".		Constant				
			-				Must be the DOR assigned vendor code (VendorCd) concatenated with the						
							Julian Date concatenated with a six digit unique identifier, generally sequential.						
	Transmis	sionId											
					1		DOR will provide this code during the Bulk File registration and certification						
	VendorC	d					process.		Constant				
	ProcessT	ype			1		T for TEST or P for Production file.		Constant				
	ReturnSt												
							This is an attribute and the value should always be "IDORSpecialTax2022"						
		stateSch	emaVers	ion					Constant				
		ReturnH	eaderSta	te									
			Jurisdict	ion			Two character state code = IN		Constant				
							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						
			TimeSta	mp			Time of your job to set it.						
							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.						
			TaxPerio	odBeginD	ate			CIG-RM	Tax Period being filed				
							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.						
				dEndDat	e				Tax Period being filed				
			TaxYear				YYYY format will contain the tax year being processed. Example: 2022	CIG-RM	Tax being year filed				
			Prepare										
				Name	1		Name of person who approves this electronic submission						
							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						
				CON av F			numbers. For example, "11111111". Do not include hyphens.						
				SSN or F			The phone number of the person who approves this electronic submission. Do	-		<u>}</u>			
				Phone			The phone number of the person who approves this electronic submission. Do not include hyphens.						
				rione	1		The email address of the person who approves this electronic submission.	-		<u>}</u>			
				EmailAd	dress		The email address of the person who approves this electronic submission.						
			Originate							+ +			1
				EFIN			"123456"		Constant	+ +			
				Туре			"ERO"		Constant				
			Software		1		"SUBMITTER"		Constant				
			ReturnT				"CIG-TS"		Constant				
			Filer	//	1								
			-	Busines	sEntitv								
					FEIN		Federal ID number of taxpayer. Do not include hyphens.						
					EntityNa	ame							
			1					1	1	I I			

## XML Schema Definition: CIG-TS

				1	Element				Maps To			
	Parent	Child	Grand	Great-	Great-	Great-great-great-grand child						
chema			child	grand	great-		Contents/Reject Rules					
				child	grand				Source Field for this			
					child			Form Id	data:			
							The Entity name. The XML will not accept the following special characters:					
							comma (,), period (.), semi-colon (;), colon (:), plus sign (+), and equal sign (=).					
						BusinessNameLine1						
				Address								
					USAddre	255						
						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.					
				LOCINDI			Provide the email address of the person DOR should contact if there is a			 		-
			EmailAd	drass			problem with this electronic submission.					
			FilingMe				"ELF"		Constant	<u> </u>	-	_
			•	ourceCd			FTP"					+
					adCd				Constant			+
				urceMeth			"BULK" "0722"		Constant		_	+
				rsionCode	5				Constant	 	_	_
			ТахТуре	Ca			"CIG"		Constant	 		_
							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					
			Submiss	ionld			unique sequence number.			 		_
		ReturnD								 		_
			FormCIG	1	L					 		_
				CIGTSPu	1	ldSection						
					CIGTSPu	rchasedSoldRepeatSection						
						ScheduleCode	Code that describes the movement of product: 1A, 1B, 1C, 1D, 2A, 2B, 2C, 2D	CIG-TS	Schedule Code			
						Schedulecode	Date provided on the vendor/customer invoice. If multiple dates listed, use the					
						DocumentDate	date the product was picked up by the carrier for delivery.	CIG-TS	Document Date			
						DocumentDate	Code for document type: Invoice, Purchase Order, Credit Memo, Affidavit,		Document Date			-
						DocumentType	Returned Goods Authorization, Bill of Lading, Confirmation		Document Type			
						DocumentNumber	Invoice or Ducment number as provided		Document Number	<u> </u>	_	
							Type of customer: Subjobber, Employee, Customer, Wholesaler, Delivery Seller,	510-15		<u> </u>	_	
							Native American, Government, Military, InterBranch Transfer, Distribution					
						PurchaserSellerType	Center		Type of Customer			
			<u> </u>						Name			+
						PurchaserSellerName	Name of the entity purchased from		Name Customer FEIN			+
						PurchaserSellerFEIN	Customer FEIN		Customer FEIN			+
			<u> </u>			PurchaserSellerTaxIDNum	Not Required					+
			<u> </u>			PurchaserSellerAddress	Customer Street Address		Street Address			+
			<u> </u>			PurchaserSellerCity	Customer City	CIG-TS				+
						PurchaserSellerState	Customer State	CIG-TS				_
			ļ			PurchaserSellerCountry	Customer Country		Country			+
						PurchaserSellerZip	Customer Zip	CIG-TS	ZIP Code			_
							If you have no activity to report for the month you must specify either "ONA" or					
							"ANA" for ReturnFilingType. You must also enter zero in all fields, otherwise the					
				CIGTSTra	ansaction		file will be rejected.				_	_
			ļ		CIGTSTra	ansaction Repeat Section						_
							Code that describes the movement of product: 1A, 1B, 1C, 1D, 2A, 2B, 2C, 2D		Schedule Code(From			
			1	1	1	ScheduleCode			matching purchaser)			1

## XML Schema Definition: CIG-TS

	Element					t			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:		
							Invoice or Document number as provided				
						DocumentNumber		CIG-TS	Document Number(From matching purchaser)		
							Type of cigarette based on the federal definition: Cigarette or Small Cigar				
						SaleFedDescription		CIG-TS	Fed Desc		
						SaleMSAStatus	OPM, SPM, or NPM. Indicating if the cigarette was manufactured by an original participating, subsequent participating, or non-participating to the Master Settlement Agreement		MSA Status		
						SalePrice	Sale price of the cigarettes	CIG-TS	Price		
			L			SaleTaxJurisdiction	Enter the applicable tax jurisdiction code.		Tax Jurisdiction		
						SaleUPCNumber	Universal Product Code assigned to the product brand reported.	CIG-TS	UPC Number		
						SaleUPCUOM	Unit of Measure of the UPC being reported: "PAK" = Pack, "CAR" = Carton, "CSE" = Case	CIG-TS	UPC's Unit of Measure(UOM)		
						SaleManufacturer	Manufacturer of the product reported	CIG-TS	Manufacturer		
						SaleManufacturerFEIN	Manufacturer FEIN	CIG-TS	Manufacturer FEIN		
							Brand family of the product reported. This should agree with the UPC identified				
						SaleBrand	in the UPC number field		Brand Family		
						SaleQuantity	Total quantity of the packs being reported.		Quantity		
						SaleSticksPerPack	Total number of sticks per pack you are reporting	CIG-TS	Sticks Per Pack		
						SaleTotalCigarettes	Total number of cigarettes reported	CIG-TS	Total Cigarettes(No. of Sticks)		
				CIGTSDe	eliverySec						
					CIGTSDe	liverySectionRepeatSection					
						DocumentNumber	Invoice or Document number as provided		Document Number(From matching purchaser)		
						DeliveryName	Company name of delivery service		Name		
			L			DeliveryAddress	Location address of delivery service		Street Address		
						DeliveryCity	City of delivery service		City	 	
					ļ	DeliveryState	State of delivery service		State		
						DeliveryZIP	ZIP of delivery service	CIG-TS	ZIP	 	
						DeliveryCountry	Country of delivery service	CIG-TS	Country	 	
						DeliveryPhoneNumber	Phone number of delivery service		Telephone Number		
						DeliveryFEIN	FEIN of delivery service	CIG-TS	FEIN		
				CIGTSRe	eturnSecti	on				 	
					ReturnFi	lingType	Required: Valid codes are "O" = Original, "A" = Amended, "ONA" = Original No Activity, "ANA" = Amended No Activity.				