



Transient Lodging
Data Exchange

Participant Guide

Special Program
Administration (SPA)

In 2017, the Oregon Legislature passed House Bill (HB) 3180 (ORS 320.332 and OAR 150-320-0060) requiring the Department of Revenue (DOR) to exchange lodging tax data with local governments that have a local lodging tax. This is a quarterly reciprocal exchange for DOR and local governments to securely exchange data using Revenue Online (ROL).

Prior to opting in	Information needed from local government
Required forms provided by DOR	<ul style="list-style-type: none"> • Opt-in • Secrecy certificate • Import template
Opting in	<ul style="list-style-type: none"> • DOR form provided to participate
Accessing Revenue Online	<ul style="list-style-type: none"> • Link to DOR secure system
Submitting an electronic data file	<ul style="list-style-type: none"> • Quarterly electronic data file • Quarterly manual entry of data
Submitting secrecy certificate	<ul style="list-style-type: none"> • New hire • Annually (every February)
Opting out	Electronic opt out option
File exchange timeline	Date for quarterly file exchange
Key code	Codes used in the state lodging return
Format and rules	Format for the import template
Error codes	Error message when submitting a file

Prior to opting in:

It's important for each local government interested in participating to determine which of their staff members are to be their main and secondary contacts to Revenue.

Required forms provided by DOR:

- **Opt in form:** Approved form for local governments who want to participate in a quarterly electronic exchange of transient lodging tax return data.
- **Secrecy certificate:** Approved form required by anyone who may access the transient lodging tax data while in custody of the local government.
- **Import template:** Approved DOR template for participating local government to exchange transient lodging tax data electronically.

Opting in:

1. The main contact will email the information below and send it to: tera.l.lum@oregon.gov
 - Main contact's name and title.
 - Main contact's work phone number.
 - Main contact work hours.
 - Main contact email address.
 - Second contact name and title.
 - Second contact work phone number.
 - Second contact work hours.
 - Second contact email address.
 - Locality contact(s) represent.

- Mailing address for the local government being represented.
2. Upon receipt of the information, DOR will email the main contact the required opt-in form and two secrecy certificates for the main and secondary contacts to fill out.
 3. The main contact will email the signed forms back to DOR.
 4. DOR will register the participating local government as a Government Agency in ROL and provide access to the main and secondary contacts to the Lodging Data Access account.
 5. The main and secondary contacts must log in to ROL within 24 hours to change the temporary password to a permanent password.
 6. Contact Tera Lum if you need assistance by calling 503-877-0611.

Access Revenue Online

[https://revenueonline.dor.oregon.gov/tap/ /](https://revenueonline.dor.oregon.gov/tap/)

1. Using your email address and the temporary password provided by DOR, log in to ROL.
2. Click on “Settings” and then “Change Password” to set up your permanent password.

Settings Settings Log Out

Home > Settings

Profile Access Payment Channels Activity

Logon Edit Alerts

There are no alerts

I Want To

- Change password
- Authorized Agent
- Additional logons
- Cancel my access

Submitting an electronic data file:

1. Log in to ROL using your username and password.
2. Click on the Lodging Data Access (LDA) account link.

Revenue Online Welcome, [redacted] Settings Log Out

Home

Logon Alerts I Want To

tera.l.lum@oregon.gov
Last logged on 05-Jul-2019
Balance: \$0.00

There are 5 unread messages

Make a payment
Send a message

Accounts Submissions Correspondence Names and Addresses Logons

Accounts View Accounts

Filter		
Lodging Data Access	[redacted]	\$0.00

3. Under “I Want To” select the action you want.

Lodging Data Access Welcome, [redacted] Settings Log Out

Home > Lodging Data Access

Account Account Alerts I Want To

There are 5 unread messages

Send Lodging file to DOR
Submit secrecy certificates
Submit opt-out request

Lodging Data Access
003847544-32
Balance: \$0.00

Periods Submissions Correspondence Names and Addresses Logins

Periods View Periods

4. If you selected “Send Lodging file to DOR,” you’ll see this:

Lodging Data Share Welcome, [User] Settings Log Out

Home > Lodging Data Access > Lodging Data Share

1. Submission Type

Submission Type

How will you be submitting the State Lodging data?

Spreadsheet from DOR template

Manual Entry

Filing Period

Save Cancel Next >

- Select your submission method:
 - Spreadsheet from DOR template
 - Manual Entry
- Enter the filing period or quarter you are submitting.
- Click “Next” to continue.

Electronic file submission:

The LDA import template provided by DOR has four tabs. Depending on how you upload your data into this template will determine what fields are populated. The template has set format fields and if you choose to copy and paste into this template, you will need to paste values only as not to alter the format.

There must be a master record for each return being reported. The required fields are:

- **Record Type:** provides what tab the data is from. M equals Master, I equals Intermediaries, F equals Facilities and O equals Owners
- **Agency ID:** is a set identification number DOR will provide to each participant. This number should be in the Agency ID field for each return you are reporting.
- **Return ID:** is the number your local government assigns when a return is received and processed.

Filing period: is the quarter or month in which the sales and tax are “earned” that the return is reporting. Other tabs will have the same required fields and also require the Sequence.

- **Sequence:** is the order you establish for a return, which doesn’t have to be in any specific order for DOR purposes but can’t be the same number used for any other return ID in this report.

1. Click “Add” to select the location of your saved file.

Lodging Data Share Welcome, [User] Settings Log Out

Home > Lodging Data Access > Lodging Data Share

1. Submission Type 2. File Upload

File Upload

Click the 'Add' button to attach your file. We will only accept 1 file, up to 20 MBs.

No attachments added.

Attachments Add

Type	File Name	Description	Size

Save Cancel Previous Submit

2. Add a Description for the file you are submitting.
3. Click "Choose File" and browse to locate your saved file, then click "Open" to attach it.
4. Click "Save".

This is a testing environment, please do not perform any actions unless expressly requested to do so.

Lodging Data Share Settings Log Out

Home > Lodging Data Access > Lodging Data Share

1. Submission Type 2. File Upload

File Upload

Click the 'Add' button to attach your file. We will only accept 1 file, up to 20 MBs.

No attachments added.

Attachments Add

Type	File Name	Description	Size

Save Cancel Previous Submit

Select a file to attach

Type: State Lodging Data Share

Description: 3rd QTR 2019 Required

Choose File: No file chosen

Save Cancel

5. Check for an "Error Message" and correct any errors using the Error Code List in this handout.



Please correct file errors and resubmit.

Validation returned 85 errors (first 100 displayed):

1. Master - row 2 - Record type value must be M.
2. Master - row 2 - Agency ID cannot be more than 20 character(s).
3. Master - row 2 - Return ID cannot be more than 20 character(s).
4. Master - row 2 - Filing period date must be in MM/DD/YYYY format.
5. Master - row 2 - Region cannot be more than 2 character(s).
6. Master - row 2 - ID type cannot be more than 30 character(s).
7. Master - row 2 - ID cannot be more than 30 character(s).
8. Master - row 2 - Date received date must be in MM/DD/YYYY format.
9. Master - row 2 - Amended enter 1 for true, 0 for false, or remove value.
10. Master - row 2 - Mailing address change enter 1 for true, 0 for false, or remove value.

6. If no errors, or after correcting any errors, click "Submit".

File Upload

Click the "Add" button to attach your file. We will only accept 1 file, up to 20 MBs.

File attached.



Attachments

Add

Type	File Name	Description	Size	
State Lodging Data Sha	03_31_2019_ [REDACTED]	3QTR 2019	35	Remove

Save

Cancel

< Previous

Submit

7. Enter your password to complete the file transfer.

Manual file submission:

1. Click "Manual Entry"

☰ Lodging Data Share
Welcome, [REDACTED] Settings Log Out

Home > Lodging Data Access > Lodging Data Share

1. Submission Type

Submission Type

How will you be submitting the State Lodging data?

Spreadsheet from DOR template

Manual Entry

Filing Period

Save Cancel

Next >

2. Enter the filing period or quarter you are submitting.
3. Click "Next" to continue to the manual entry master record.

- Click “Add a Record” to begin filling in the master record. One master record must be submitted for each filer reporting for the period.

Lodging Data Share Welcome, [redacted] Settings Log Out

Home > Lodging Data Access > Lodging Data Share

1. Submission Type > 2. Master

Master

Master Add a Record

	Filing period	Date received	Business name	Collector type	Total gross receipts
+	Add a Record				

Save Cancel < Previous Next >

- Once you have completed the first master record, click “Add a Record” to begin the second return information you’re submitting.

Lodging Data Share Welcome, [redacted] Settings Log Out

Home > Lodging Data Access > Lodging Data Share

1. Submission Type > 2. Master

Master

Master Record 1 Record 2 Record 3

Record 2	Delete this Record	Copy row	Add a Record

- After you have completed a master record for each filer, click “Next” to get to the local intermediaries you’re reporting.

Lodging Data Share Welcome, [redacted]

Home > Lodging Data Access > Lodging Data Share

1. Submission Type > 2. Master > 3. Local Intermediaries Form

Local Intermediaries Form

Local Intermediaries Form Add a Record

	Return ID	Filing period	Intermediary n	Tax collected b	Payment	Outside US	Intermediary cc	Intermediary st	Intermediary st	Intermediary ci
+	Add a Record									

Save Cancel < Previous Next >

- After you’ve completed the intermediary’s record for each master you’re reporting for, click “Next” to get to the facilities you’re reporting.

Lodging Data Share Welcome, [REDACTED]

Home > Lodging Data Access > Lodging Data Share

1. Submission Type > 2. Master > 3. Local Intermediaries Form > 4. **Local Facilities Form**

Local Facilities Form

Local Facilities Form Add a Record

Return ID	Filing period	Sequence	Facility name	Facility address	Facility city	Facility state	Facility ZIP	Accommodatio
Add a Record								

Save Cancel < Previous Next >

8. After you've completed the facility's record for each filer you're reporting, click "Next" to complete the owner's record you're reporting.

Lodging Data Share Welcome, [REDACTED] Settings Log Out

Home > Lodging Data Access > Lodging Data Share

1. Submission Type > 2. Master > 3. Local Intermediaries Form > 4. Local Facilities Form > 5. **Local Owners Form**

Local Owners Form

Local Owners Form Add a Record

Return ID	Filing period	Owner ID	Owner first nar	Owner last nar	Owner address	Owner city	Owner state	Owner ZIP
Add a Record								

Save Cancel < Previous Submit

9. After you've completed the owner's record for each filer you're reporting, you're ready to submit the file and sign the submission with your password.

✕

I, the taxpayer or authorized representative, agree that this request, including any accompanying schedule, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete request.

Your password will act as your signature.

Password Required

OK **Cancel**

- After submitting your file, you'll receive a web message in the account under "Account Alerts," you'll also receive an email with a confirmation number of the transaction you completed.

Revenue Online Welcome, [redacted] Settings Log Out

Home

Logon [redacted] tera.l.lum@oregon.gov Last logged on 08-Jul-2019 Balance: \$0.00

Alerts There is 1 unread message

I Want To Make a payment Send a message

Accounts **Submissions** Correspondence Names and Addresses Logons

Draft Submissions None need attention

Submitted Lodging Data Share

Processed None have been processed View Submissions

- You may review the file you submitted by clicking on “Submissions” and then on the “Lodging Data Share” link under “Submitted”.

Lodging Data Share Welcome, [redacted] Settings Log Out

Home > Lodging Data Share

Submission [redacted] Lodging Data Access [redacted] Submission Lodging Data Share

Status Submitted Confirmation #1-148-954-112 Submitted 08-Jul-2019 07:55:30

I Want To View Submission Edit Submission Delete Submission

- You may select the action you want from the available options under “I Want To”.
- If you log in and don’t see these options under “I Want To”, DOR may have already processed the file. In that case, you’ll only see “View Submission”.

Submitting a secrecy certificate:

- Please sign and date the PDF secrecy certificate and save to your secure location.
- Log in to ROL using your username and password.
- Click on the Lodging Data Access account link.
- Under “I Want To” select “Submit secrecy certificates”.

Lodging Data Access Welcome, [redacted] Settings Log Out

Home > Lodging Data Access

Account [redacted] Lodging Data Access 003847544-32 Balance: \$0.00

Account Alerts There are 5 unread messages

I Want To Send Lodging file to DOR Submit secrecy certificates Submit opt-out request

Periods Submissions Correspondence Names and Addresses Logins

Periods View Periods

5. You'll use this link to submit the annual secrecy certificates due each February and to submit a new secrecy certificate for any new hire that may have access to the state's data.
6. The secrecy certificate submission year defaults to 2019. This year should be changed to the current year when submitting the annual secrecy certificates. Leave the year if you're submitting a new hire secrecy certificate.

☰ **Secrecy Certificate Submission**
Welcome, [REDACTED] [Settings](#) [Log Out](#)

Home > Lodging Data Access > **Secrecy Certificate Submission**

1. Attach Secrecy Certificates

Attach Secrecy Certificates

I am attaching secrecy certificates for the following year. Year

Contact Name Contact Phone

Click the 'Add' button to attach your files. We accept up to 5 files, up to 20 MBs each.

You may attach the following file types: DOC, DOCX, PNG, XLS, XLSX, JPEG, JPG, TXT, PDF, and ZIP.

No attachments added.

Attachments Add

Type	File Name	Description	Size

Cancel
Submit

7. Click "Add" to browse to and select the location of your saved file.
8. Add a description for the file you're submitting.
9. Click "Choose File," locate your saved file and click "Open" to attach it.
10. Click "Save".
11. Click "Submit".
12. Enter your password to complete the file transfer.

1. Attach Secrecy Certificates

Attach Secrecy Certificates

I am attaching secrecy certificates for the

Contact Name Required

Click the 'Add' button to attach your files. We a

You may attach the following file types: DOC, D
TXT, PDF, and ZIP.

No attachments added.

Attachments Add

Type	File Name	Description	Size

Cancel Submit

Opting out:

1. Log in to ROL using your username and password.
2. Click on the Lodging Data Access account link.
3. Under "I Want To" select "Submit opt-out request".

Lodging Data Access Welcome, [REDACTED] Settings Log Out

Home > Lodging Data Access

Account Account Alerts I Want To

[REDACTED] There are 5 unread messages Send Lodging file to DOR

> Lodging Data Access Submit secrecy certificates

003847544-32 Submit opt-out request

Balance: \$0.00

Periods Submissions Correspondence Names and Addresses Logins

View Periods

4. Input the Reason for request, Contact name, and Contact phone number then click "Submit".
Options in the Reason for request drop down menu include:
 - Data not beneficial
 - Too burdensome
 - Unable to manage data received

Home > Lodging Data Access > Lodging Data Share Opt-out

Opt-out

We no longer wish to participate in the exchange of transient lodging tax data with the Oregon Department of Revenue. Please remove our access and discontinue sending us state transient lodging tax data.

Reason for request Required

Contact name Required Contact phone Required

Submit Cancel

5. Enter your password to complete the request.

Home > Lodging Data Access > Lodging Data Share Opt-out

Opt-out

We no longer wish to participate in the exchange of transient lodging tax data with the Oregon Department of Revenue. Please remove our access and discontinue sending us state transient lodging tax data.

Reason for request

Contact name

I, the taxpayer or authorized representative, agree that this request, including any accompanying schedule, has been examined by me and to the best of my knowledge and belief is a true, correct, and complete request.

Your password will act as your signature.

Password Required

OK Cancel

Submit Cancel

DOR will call the person submitting the opt-out request, prior to closing the lodging data access account and log on accesses, to confirm the opt out.

DOR outgoing file timeline:

- February 15 (Or next business day if a holiday or weekend):
 - Participating local government logons will receive a web notice the DOR 4th quarter file is available.
- May 15 (Or next business day if a holiday or weekend):
 - Participating local government logons will receive a web notice the DOR 1st quarter file is available.
- August 15 (Or next business day if a holiday or weekend):
 - Participating local government logons will receive a web notice the DOR 2nd quarter file is available.
- November 15 ((Or next business day if a holiday or weekend):
 - Participating local government logons will receive a web notice the DOR 3rd quarter file is available.

Local participant input file timeline:

- Participating local government will upload their 1st quarter file to DOR between 5/1 and 7/31.
- Participating local government will upload their 2nd quarter file to DOR between 8/1 and 10/31.
- Participating local government will upload their 3rd quarter file to DOR between 11/1 and 1/31.
- Participating local government will upload their 4th quarter file to DOR between 2/1 and 4/30.

Other Important dates and actions:

- February 1 (Or next business day if a holiday or weekend):
 - Participating local government will receive a web notice if their 3rd quarter file to DOR was not submitted by 1/31.
 - Participating local government will receive web notice the annual secrecy certificate is due on or before 2/28.
- May 1 (Or next business day if a holiday or weekend):
 - Participating local government will receive a web notice if their 4th quarter file to DOR was not submitted by 4/30.
- August 1 (Or next business day if a holiday or weekend):
 - Participating local government will receive a web notice if their 1st quarter file to DOR was not submitted by 7/31.
- November 1 (Or next business day if a holiday or weekend):
 - Participating local government will receive a web notice if their 2nd quarter file to DOR was not submitted by 10/31.

NOTE: DOR program staff will receive the same web notice and will call or email the main contact to request the missing quarterly file.

Key code:

Facility Accommodation Type	Three digit SLT code
Vacation Rental	010
Motel	020
Hotel	040
Bed & Breakfast	B&B
Campground/RV Site	100
Other	160

Collector Type	Single text SLT code
Managing Agent	M
Owner/Operator	O
Transient Lodging Intermediary	T

Commence Reason	Three text SLT code
New Business	NEW
Successor to previously existing business	SUC

Final Filer Date Business was:	SLT code
No longer doing business in Oregon	CLS
No longer managing operations	CLM
Sold, merged or reorganized	SMR

TRUE means	FALSE means
Yes	No
Zero means	One means
Yes	No
	Blank means
	No

Closed	Still Open
True date 12/30/19	High date of 12/31/9999

Region	No more than Two digit code
One	01
Two	02
Three	03
Four	04
Five	05
Six	06
Seven	07
Eight	08
Nine	09
Ten	10

State/District	Postal Code
Alabama	AL
Alaska	AK
Arizona	AZ
Arkansas	AR
California	CA
Colorado	CO
Connecticut	CT
Delaware	DE
District of Columbia	DC
Florida	FL
Georgia	GA
Hawaii	HI
Idaho	ID
Illinois	IL
Indiana	IN
Iowa	IA
Kansas	KS
Kentucky	KY
Louisiana	LA
Maine	ME
Maryland	MD
Massachusetts	MA
Michigan	MI
Minnesota	MN

Unit Type Description	Standard Unit type code
#	#
APARTMENT	APT
BUILDING	BLDG
BASEMENT	BSMT
DEPARTMENT	DEPT
FLOOR	FL
FRONT	FRNT
HANGAR	HNGR
LOBBY	LBBY
LOT	LOT
LOWER	LOWR
NUM	NUM
OFFICE	OFC
PENTHOUSE	PH
PIER	PIER
REAR	REAR
ROOM	RM
SIDE	SIDE
SLIP	SLIP
SPACE	SPC
SUITE	STE
STOP	STOP
TRAILER	TRLR
UNIT	UNIT
UPPER	UPPR

Mississippi	MS
Missouri	MO
Montana	MT
Nebraska	NE
Nevada	NV
New Hampshire	NH
New Jersey	NJ
New Mexico	NM
New York	NY
North Carolina	NC
North Dakota	ND
Ohio	OH
Oklahoma	OK
Oregon	OR
Pennsylvania	PA
Rhode Island	RI
South Carolina	SC
South Dakota	SD
Tennessee	TN
Texas	TX
Utah	UT
Vermont	VT
Virginia	VA
Washington	WA
West Virginia	WV
Wisconsin	WI
Wyoming	WY

Format and rules:**Master tab format and rules:**

Display Name	Data Type	Size	Description
Record Type	Text	1	Tells which type of table this is – M for main Form. Required
Agency ID	Text	20	Unique identifier for each agency opting in to the program given by DOR. Required
Return ID	Text	20	Value that ties all the tables together. Required
Filing Period	Date		Filing period of the record MMDDYYYY. Required
Region	Number	2	Tells us the region the local government is reporting from. Data may contain multiple regions
ID Type	Text	6	The type of ID to be used to match the warehouse data to GenTax customers and accounts. Number the local government assigns for each account or licensee
ID	Text	30	The ID to be used to match the warehouse data to GenTax customers and accounts. Account number or license number assigned by the local government.
Date Received	Date		Date the return was received – format should be MMDDYYYY
Date Generated	Date		Date an estimated return was generated for filing enforcement MMDDYYYY
Amended	Number	0, 1 or blank	True means this is amended return. This will be a 1, 0, or blank with 1 being True and 0/Blank being False.
Mailing Address Change	Number	0, 1 or blank	True means the mailing address has changed with this return. This will be a 1, 0, or Blank with 1 being True and 0/Blank being False.
New Name	Number	0, 1 or blank	True means the name was changed with this return. This will be a 1, 0, or Blank with 1 being True and 0/Blank being False.
No Taxable Gross Receipts	Number	0, 1 or blank	True means there are no taxable gross receipts with this return. This will be a 1, 0, or Blank with 1 being True and 0/Blank being False.
BIN	Number	9	Business Identification Number from return (DOR number)
FEIN	Number	9	Federal Employer Identification Number from return
SSN	Number	9	Social Security Number from return
Business Name	Text	100	Business name from return
First Name	Text	100	First name from the return
Middle Name	Text	100	Middle name from the return
Last Name	Text	100	Last name from the return
DBA	Text	100	Doing Business As from the return
Collector Type	Text	10	Collector type from the return – this may be Owner -O, Managing Agent - M, or transient lodging intermediary -I.
Phone Number	Special	10	Phone number from the return
Phone Extension	Number	10	Phone extension from return
Fax Number	Special	10	Fax number from the return
Fax Extension	Number	10	Fax extension from the return
Contact Person	Text	100	Contact person from the return
Contact Title	Text	100	Contact title from the return
Email Address	Text	100	Email address from the return
Website	Text	100	Website from the return
Mailing Country	Text	100	Mailing country from the return
Mailing Street	Text	100	Mailing street from the return

Mailing Street 2	Text	100	Mailing street line 2 from the return
Mailing Unit Type	Text	100	Mailing unit type from the return
Mailing Unit Number	Text	10	Mailing unit number from the return
Mailing City	Text	100	Mailing city from the return
Mailing State	Text	2	Mailing state from the IRS
Mailing ZIP	Text	9	Mailing ZIP from return
First Time Filer	Number	0, 1 or blank	True means this return is marked as a first time filer. This will be a 1, 0, or Blank with 1 being True and 0/Blank being False.
Previous Name	Text	100	Previous name from return
Previous FEIN	Number	9	Previous FEIN
Previous SSN	Number	9	Previous SSN from return
Commence Reason	Text	100	Commence reason from return
Final Return	Number	0, 1 or blank	True means this return was marked as a final return. This will be a 1, 0, or Blank with 1 being True and 0/Blank being False.
New Business Name	Text	100	From new owner name on return
New FEIN	Number	9	From new owner FEIN field on the return
New SSN	Number	9	From new owner SSN field on the return
Date of Closure	Date		Cease date from the return MMDDYYYY
Closure Reason	Text	100	Cease reason from the return
Total taxable sales	Number	15	Total taxable sales from the return
Tax Rate	Number	15	Tax rate
Tax From Rate	Number	15	Tax from rate
Admin Fee Rate	Number	15	Admin fee rate
Admin Fee	Number	15	Admin fee
Tax Due	Number	15	Tax due
Estimate	Number	0, 1 or blank	True means this is an estimated return as part of filing enforcement. This will be a 1, 0, or Blank with 1 being True and 0/Blank being False.
Date generated	Date		Date the estimated return was assessed
Estimate Amount	Number	15	Estimated tax due amount
Audited	Number	0, 1 or blank	Return was audited. This will be a 1, 0, or Blank with 1 being True and 0/Blank being False.
Property Multiple Owners	Number	0, 1 or blank	True means the return has listed multiple property owners. This will be a 1, 0, or Blank with 1 being True and 0/Blank being False.
Total Gross Receipts	Number	15	Total gross receipts
Total Nontaxable Intermediary	Number	15	Total nontaxable intermediaries
Total Nontaxable Sales Fed	Number	15	Total nontaxable sales fed
Total Nontaxable Sales Long	Number	15	Total nontaxable sales long term
Total Nontaxable Sales	Number	15	Total Nontaxable sales

Intermediaries tab format and rules:

Display Name	Data Type	Size	Description
Record Type	Text	1	Identifies which type of table this is – I = Intermediaries. Required
Agency ID	Text	20	Unique identifier for each agency that has opted in given by DOR. Required
Return ID	Text	20	Identifier for return – used to tie all the return table records to one return. Required
Filing Period	Date		Filing period of the record MMDDYYYY. Required
Sequence	Number	15	Sequential number, zero or many intermediaries may be listed. The doc key and sequence must be unique in this table. Required
Intermediary Name	Text	100	Intermediary name
Tax Collected by intermediary	Number	0, 1 or blank	True means that the intermediary collected the tax. This will be a 1, 0, or blank with 1 being True and 0/Blank being False.
Payment	Number	15	Payment made with return
Outside US	Number	0, 1 or blank	True means intermediary address is outside USA. This will be a 1, 0, or blank with 1 being True and 0/Blank being False.
Country	Text	100	Intermediary country
Street 1	Text	100	First street address line for intermediary
Street 2	Text	100	Second street address line for intermediary
City	Text	100	Intermediary city
State	Text	100	Intermediary state
ZIP	Text	9	Intermediary ZIP

Facilities tab format and rules:

Display Name	Data Type	Size	Description
Record Type	Text	1	Identifies which table this is – F = Facilities Table. Required
Agency ID	Text	20	Unique identifier for each agency opting in given by DOR. Required
Return ID	Text	20	Return identifier – links all the child tables to the parent. Required
Filing Period	Date		Filing period of the record MMDDYYYY. Required
Sequence	Number	15	Sequential number, zero or many facilities may be listed. The doc key and sequence must be unique in this table. Required
Facility Region	Number	2	Tells us the region the facility is located
Facility Name	Text	100	Name of facility
Facility Address	Text	100	Address of facility
Facility City	Text	100	City of facility
Facility State	Text	2	State of facility
Facility ZIP	Text	9	ZIP of facility
Accommodation Type	Text	3	Type of accommodation, vacation rental, hotel, motel, campground, RV park
Lodging Units	Number	6	Number of units
New Rental	Number	0, 1 or blank	True means return identified the facility as a new rental. This will be a 1, 0, or blank with 1 being True and 0/Blank being False.

Owners tab format and rules:

Display Name	Data Type	Size	Description
--------------	-----------	------	-------------

Record Type	Text	1	Identifies type of table this is – O = Owners. Required
Agency ID	Text	20	Unique Identifier for each agency that has opted in given by DOR. Required
Return ID	Text	20	Return identifier – used to tie all the tables to the return. Required
Filing Period	Date		Filing period of the record MMDDYYYY. Required
Sequence	Number	16	Sequential number, zero or many owners may be listed. The doc key and sequence must be unique in this table. Required
Owner ID	Number	9	ID number for owner
Owner First Name	Text	100	First name of owner
Owner Last Name	Text	100	Last name of owner
Owner Address	Text	100	Address of owner
Owner City	Text	100	City of owner
Owner State	Text	50	State of owner
Owner ZIP	Text	9	ZIP code of owner

Error codes and fixes:

Master tab error codes:

Name On ROL (manual entry)	Template Input (spreadsheet)	Data Type Detail Explanation on Error
N/A	Record type (column A)	Master - row X - Record type value must be M.
N/A	Agency ID (column B)	Master - row X - Agency ID cannot be more than 20 character(s). OR Agency ID is required.
Return ID	Return ID (column C)	Master - row X - Return ID cannot be more than 20 character(s). OR Return ID is required.
Filing period	Filing period (column D)	Master - row X - Filing Period date must be in MM/DD/YYYY format. OR Filing period date has correct format but is invalid. OR Filing period is required.
Region (drop-down)	Region (column E)	Master - row X - Region cannot be more than 2 character(s).
ID type	ID type (column F)	Master - row X - ID Type cannot be more than 30 character(s).
ID	ID (column G)	Master - row X - ID cannot be more than 30 character(s).
Date received	Date received (column H)	Master - row X- Date received date must be in MM/DD/YYYY format. OR Date received date has correct format but is invalid.
Amended (checkbox)	Amended (1, 0, or blank) (column I)	Master - row X - Amended enter 1 for true, 0 for false, or remove value.
Mailing address change (checkbox)	Mailing address change (1, 0, or blank) (column J)	Master - row X - Mailing address change enter 1 for true, 0 for false, or remove value.
New name (checkbox)	New name (1, 0, or blank) (column K)	Master - row X - New name enter 1 for true, 0 for false, or remove value.
No taxable gross receipts (checkbox)	No taxable gross receipts (1, 0, or blank) (column L)	Master - row X - No taxable gross receipts enter 1 for true, 0 for false, or remove value.
BIN	BIN (column M)	Master - row X - BIN cannot be more than 9 character(s).
FEIN	FEIN (column N)	Master - row X - FEIN cannot be more than 9 character(s).
SSN	SSN (column O)	Master - row X - SSN cannot be more than 9 character(s).
Business name	Business name (column P)	Master - row X - Business name cannot be more than 100 character(s).
First name	First name (column Q)	Master - row X - First name cannot be more than 100 character(s).
Middle name	Middle name (column R)	Master - row X - Middle name cannot be more than 100 character(s).
Last name	Last name (column S)	Master - row X - Last name cannot be more than 100 character(s).
DBA	DBA (column T)	Master - row X - DBA cannot be more than 100 character(s).
Collector type	Collector type (column U)	Master - row X - Collector type cannot be more than 30 character(s).
Phone number	Phone number (column V)	Master - row X - Phone number cannot be more than 10 character(s).
Phone extension	Phone extension (column W)	Master - row X - Phone extension cannot be more than 10 character(s).
Fax number	Fax number (column X)	Master - row X - Fax number cannot be more than 10 character(s). OR Fax number is invalid.

Fax extension	Fax extension (column Y)	Master - row X - Fax extension cannot be more than 10 character(s).
Contact person	Contact person (column Z)	Master - row X - Contact person cannot be more than 100 character(s).
Contact title	Contact title (column AA)	Master - row X - Contact title cannot be more than 100 character(s).
Email address	Email address (column AB)	Master - row X - Email address cannot be more than 100 character(s).
Website	Website (column AC)	Master - row X - Website cannot be more than 100 character(s).
Mailing country	Mailing country (column AD)	Master - row X - Mailing country cannot be more than 100 character(s).
Mailing street	Mailing street (column AE)	Master - row X - Mailing street cannot be more than 100 character(s).
Mailing street 2	Mailing street 2 (column AF)	Master - row X - Mailing street 2 cannot be more than 100 character(s).
Mailing unit type	Mailing unit type (column AG)	Master - row X - Mailing unit type cannot be more than 100 character(s).
Mailing unit number	Mailing unit number (column AH)	Master - row X - Mailing unit number cannot be more than 10 character(s).
Mailing city	Mailing city (column AI)	Master - row X - Mailing city cannot be more than 100 character(s).
Mailing state (drop-down)	Mailing state (column AJ)	Master - row X - State value must be the standard 2 letter state abbreviation.
Mailing ZIP	Mailing ZIP (column AK)	Master - row X - Mailing ZIP is invalid.
First time filer (checkbox)	First time filer (1, 0, or blank) (column AL)	Master - row X - First time filer enter 1 for true, 0 for false, or remove value.
Previous name	Previous name (column AM)	Master - row X - Previous name cannot be more than 100 character(s).
Previous FEIN	Previous FEIN (column AN)	Master - row X - Previous FEIN cannot be more than 9 character(s).
Previous SSN	Previous SSN (column AO)	Master - row X - Previous SSN cannot be more than 9 character(s).
Commence reason	Commence reason (column AP)	Master - row X - Commence reason cannot be more than 100 character(s).
Final return (checkbox)	Final return (1, 0, or blank) (column AQ)	Master - row X - Final return enter 1 for true, 0 for false, or remove value.
Final filers business name	Final filers business name (column AR)	Master - row X - Final filer business name cannot be more than 100 character(s).
Final filers FEIN	Final filers FEIN (column AS)	Master - row X - Final filers FEIN cannot be more than 9 character(s).
Final filers SSN	Final filers SSN (column AT)	Master - row X - Final filers SSN cannot be more than 9 character(s).
Date of closure	Date of closure (column AU)	Master - row X - Date of closure date must be in MM/DD/YYYY format. OR Date of closure date has correct format but is invalid.
Closure reason	Closure reason (column AV)	Master - row X - Closure reason cannot be more than 100 character(s).
Total taxable sales	Total taxable sales (column AW)	Master - row X - Total taxable sales cannot be more than 15 character(s).
Tax rate	Tax rate (column AX)	Master - row X - Tax rate cannot be more than 15 character(s). OR Tax rate is invalid.
Tax from rate	Tax from rate (column AY)	Master - row X - Tax from rate cannot be more than 15 character(s).
Admin fee rate	Admin fee rate (column AZ)	Master - row X - Admin Fee Rate cannot be more than 15 character(s). OR Admin fee rate is invalid.

Admin fee rate	Admin fee (column BA)	Master - row X - Admin fee cannot be more than 15 character(s).
Tax due	Tax due (column BB)	Master - row X - Tax due cannot be more than 15 character(s).
Estimate (checkbox)	Estimate (1, 0, or blank) (column BC)	Master - row X - Estimate enter 1 for true, 0 for false, or remove value.
Date generated (after the Estimate check box is selected)	Date generated (column BD)	Master - row X - Date generated date must be in MM/DD/YYYY format. OR Date generated date has correct format but is invalid.
Estimate amount (after the Estimate check box is selected)	Estimate amount (column BE)	Master - row X - Estimate amount cannot be more than 15 character(s).
Audited (checkbox)	Audited (1, 0, or blank) (column BF)	Master - row X - Audited enter 1 for true, 0 for false, or remove value.
Property has multiple owners (checkbox)	Property has multiple owners (1, 0, or blank) (column BG)	Master - row X - Property has multiple owners enter 1 for true, 0 for false, or remove value.
Total gross receipts	Total gross receipts (column BH)	Master - row X - Total gross receipts cannot be more than 15 character(s).
Total nontaxable intermediaries	Total nontaxable intermediaries (column BI)	Master - row X - Total nontaxable intermediaries cannot be more than 15 character(s).
Total nontaxable sales federal	Total nontaxable sales federal (column BJ)	Master - row X - Total nontaxable sales federal cannot be more than 15 character(s).
Total nontaxable sales long-term	Total nontaxable sales long-term (column BK)	Master - row X - Total nontaxable sales long-term cannot be more than 15 character(s).
Total nontaxable sales	Total nontaxable sales (column BL)	Master - row X - Total nontaxable sales cannot be more than 15 character(s).

Intermediaries tab error codes:

Name On ROL (manual)	Template Input (spreadsheet)	Data Type Detail Explanation on Error
N/A	Record type (column A)	Intermediaries - row X - Record Type value must be I.
N/A	Agency ID (column B)	Intermediaries - row X - Agency ID cannot be more than 20 character(s). OR Agency ID is required.
Return ID	Return ID (column C)	Intermediaries - row X - Return ID and Filing Period does not exist in the master sheet OR Return ID cannot be more than 20 character(s). OR Return ID is required.
Filing period	Filing period (column D)	Intermediaries - row X - Return ID and Filing Period does not exist in the master sheet OR Filing Period date must be in MM/DD/YYYY format. OR Filing period is required.
N/A	Sequence (column E)	Intermediaries - row X - Seq cannot be more than 15 character(s). OR Sequence is required. OR Sequence must be unique to Agency ID, Return ID, and Filing period.
Intermediary name	Intermediary name (column F)	Intermediaries - row X - Intermediary name cannot be more than 100 character(s).
Tax collected by intermediary (checkbox)	Tax Collected by intermediary (1, 0, or blank) (column G)	Intermediaries - row X - Tax collected by intermediary enter 1 for true, 0 for false, or remove value.
Payment	Payment (column H)	Intermediaries - row X - Payment cannot be more than 15 character(s).
Outside US (checkbox)	Outside US (1, 0, or blank) (column I)	Intermediaries - row X - Outside US enter 1 for true, 0 for false, or remove value.
Intermediary country	Intermediary country (column J)	Intermediaries - row X - Intermediary country cannot be more than 100 character(s).
Intermediary street 1	Intermediary street 1 (column K)	Intermediaries - row X - Intermediary street 1 cannot be more than 100 character(s).

Intermediary street 2	Intermediary street 2 (column L)	Intermediaries - row X - Intermediary street 2 cannot be more than 100 character(s).
Intermediary city	Intermediary city (column M)	Intermediaries - row X - Intermediary city cannot be more than 100 character(s).
Intermediary state (drop-down)	Intermediary state (column N)	Intermediaries - row X - Intermediary state value must be the standard 2 letter state abbreviation. OR Intermediary state is invalid.
Intermediary ZIP	Intermediary ZIP (column O)	Intermediaries - row X - Intermediary ZIP is invalid.

Facilities tab error codes:

Name On ROL (manual)	Template Input (spreadsheet)	Data Type Detail Explanation on Error
N/A	N/A	N/A
N/A	Record type (column A)	Facilities - row X - Record Type value must be F.
N/A	Agency ID (column B)	Facilities - row X - Agency ID cannot be more than 20 character(s). OR Agency ID is required.
Return ID	Return ID (column C)	Facilities - row X - Return ID and Filing Period does not exist in the master sheet OR Return ID cannot be more than 20 character(s). OR Return ID is required.
Filing period	Filing period (column D)	Facilities - row X - Return ID and Filing Period does not exist in the master sheet OR Filing Period date must be in MM/DD/YYYY format. OR Filing period is required.
N/A	Sequence (column E)	Facilities - row X - Seq cannot be more than 15 character(s). OR Sequence is required. OR Sequence must be unique to Agency ID, Return ID, and Filing period.
Facility region (drop-down)	Facility region (column F)	Facilities - row X - Facility region cannot be more than 2 character(s).
Facility name	Facility name (column G)	Facilities - row X - Facility name cannot be more than 100 character(s).
Facility address	Facility address (column H)	Facilities - row X - Facility address cannot be more than 100 character(s).
Facility city	Facility city (column I)	Facilities - row X - Facility city cannot be more than 100 character(s).
Facility state (drop-down)	Facility state (column J)	Facilities - row X - Intermediary state is invalid. OR Facility state value must be the standard 2 letter state abbreviation.
Facility ZIP	Facility ZIP (column K)	Facilities - row X - Facility Zip is invalid.
Accommodation type (drop-down)	Accommodation type (column L)	Facilities - row X - Accommodation type cannot be more than 3 character(s).
Lodging units	Lodging units (column M)	Facilities - row X - Lodging units cannot be more than 6 character(s).
New rental (checkbox)	New rental (1, 0, or blank) (column N)	Facilities - row X - New rental enter 1 for true, 0 for false, or remove value.

Owners tab error codes:

Name On ROL (manual)	Template Input (spreadsheet)	Data Type Detail Explanation on Error
N/A	Record type (column A)	Owners - row X - Record Type value must be O.
N/A	Agency ID (column B)	Owners - row X - Agency ID cannot be more than 20 character(s). OR Agency ID is required.
Return ID	Return ID (column C)	Owners - row X - Return ID and Filing Period does not exist in the master sheet OR Return ID date must be in MM/DD/YYYY format. OR Return ID is required.

Filing period	Filing period (column D)	Owners - row X - Return ID and Filing Period does not exist in the master sheet OR Filing Period date must be in MM/DD/YYYY format. OR Filing period is required.
N/A	Sequence (column E)	Owners - row X - Seq cannot be more than 15 character(s). OR Sequence is required. OR Sequence must be unique to Agency ID, Return ID, and Filing period
Owner ID	Owner ID (column F)	Owners - row X - Owner ID cannot be more than 100 character(s).
Owner first name	Owner first name (column G)	Owners - row X - Owner first name cannot be more than 100 character(s).
Owner last name	Owner last name (column H)	Owners - row X - Owner last name cannot be more than 100 character(s).
Owner address	Owner address (column I)	Owners - row X - Owner address cannot be more than 100 character(s).
Owner city	Owner city (column J)	Owners - row X - Owner city cannot be more than 100 character(s).
Owner state (drop-down)	Owner state (column K)	Owners - row X - Owner State value must be the standard 2 letter state abbreviation. OR Owner state is invalid.
Owner ZIP	Owner ZIP (column L)	Owners - row X - Owner Zip is invalid.