

November 7, 2003

Publication 1346 - Record Layout Changes #3

Record Layouts dated 11/03/03 and 11/05/03

Changes are identified by two vertical bars in the right margin (||).

Deletions are identified by a hyphen followed by two vertical bars (-||).

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Attached are updates for:

1. Form 1040 Page 1  
New Byte Count: 1392  
Seq 0368 renumbered to 0367.  
Seq 0368: Changed the Identification to "Adoption Literal",  
Length to 3,  
Field Description "AB", "SNE" or blank.  
Seq 0369: Changed the Identification to "Adoption Amt",  
Length to 12,  
Field Description to N.
2. Form 1040A Page 1  
New Byte Count: 1092  
Seq 0368 renumbered to 0367  
Seq 0368: Changed the Identification to "Adoption Literal",  
Length to 3,  
Field Description "AB", "SNE" or blank.  
Seq 0369: Changed the Identification to "Adoption Amt",  
Length to 12,  
Field Description to N.
3. Form 2210 Page 2  
Seq 0233 - the Field No. has been changed from 0233 to @0233
4. Form 2210 Page 3  
I failed to include Seqs 0305 and 0645 as New Fields in the memo. (**Memo only**)  
  
New Byte Count: **0601**  
Seq 0660 - the Field No. has been changed from 0660 to @0660;  
the Length has been changed from 12 to **6**;  
the Field Description has been changed from N to "STMbnn" **or blank**.
5. Schedule K-1 Page 1 (Form 8865)  
New Byte Count: **1005**  
Seq 0455 - the Length has been changed from 6 to **12**.

**\*Please note that page numbers for Record Layout updates/changes will be numbered according to Form number (i.e. each Form will begin with Page 1 and continue until next form number begins). If there is any Record Layout change/updates added thereafter sub-numbering will be used such as Page 1.1, 1.2., etc.**

Field Identification No.	Form Ref.	Length	Field Description
		4	"1392" for Fixed; "nnnn" for variable format
		4	Value "*****"
0000	Record ID	6	"RETbbb"
0001	Type	6	"1040bb"
0002	Page Number	5	"PG01b"
0003	Taxpayer Identification Number	9	N (Primary SSN)
0004	Filler	1	blank
0005	Tax Period	6	Value "200312", YYYYMM
0006	Filler	1	blank
0007	Return Sequence Number	16	N
0008	Declaration Control Number	14	N
0010	Primary SSN	9	N (Your Social Security Number)
0020	Primary Date of Death	8	YYYYMMDD or blank
0030	Secondary SSN	9	N or blank
0040	Secondary Date of Death	8	YYYYMMDD or blank
0050	Primary Name Control	4	First 4 significant characters of taxpayer's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)

Field Identification No.	Form Ref.	Length	Field Description
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0055	Spouse's Name Control	4	First 4 significant characters of spouse's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
0060	Name Line 1	35	AN Taxpayer's name allowable special characters are: space, less-than (<), hyphen (-) and ampersand (&)
0062	Foreign Street Address	35	AN, Allowable special characters are space, slash, and hyphen
0064	Foreign City, State or Province, Postal Code	35	AN, Allowable special characters are space, slash, and hyphen
0066	Foreign Country	22	A, Allowable special character is space
0070	Name Line 2	35	AN, in care of Addressee, or address continuation. Allowable special characters are space, ampersand, slash, hyphen and percent (%)
0080	Street Address	35	AN, Allowable special characters are space, slash, hyphen and Literal "NONE"
0083	City	22	A, Allowable special character is space
0087	State Abbreviation	2	A (Standard Postal State Abbreviations) or "SO" (State-Only return data attached)
0095	Zip Code	12	N (left-justified)

Field Identification No.		Form Ref.	Length	Field Description
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0097	Address Ind		1	1 = APO/FPO Address, 2 = Stateside Military Address, 3 = Foreign Address, or blank
0100	Special Processing Literal		22	"DESERTbSTORM", "HAITI", "FORMERbYUGOSLAVIA", "UNbOPERATION", "JOINTbGUARD", "JOINTbFORGE", "NORTHERNbWATCH", "OPERATIONbALLIEDbFORCE" "NORTHERNbFORGE", "ENDURINGbFREEDOM", "COMBATbZONE", "COMBATbZONEbYYYYMMDD" (where YYYYMMDD = deployment date), or blank
0110	PECF Primary Yes		1	"X" or blank
0115	PECF Primary No		1	"X" or blank
0120	PECF Spouse Yes		1	"X" or blank
0125	PECF Spouse No		1	"X" or blank
0130	Filing Status	1-5	1	Value 1, 2, 3, 4 or 5 (Applicable block, lines 1-5)
@0135	Overseas Extension Explanation		6	"STMbnn" or blank
0140	Spouse's Name	3	25	AN (must be present if filing status = 3, otherwise blank)
0150	Qualifying Name for H of Household	4	25	A or blank
0153	SSN for Qual Name	4	9	N
0160	Exempt Self	6a	1	"X" or blank
0163	Exempt Spouse	6b	1	"X" or blank
0167	Total Box 6a and 6b		1	Values 0, 1 or 2

Field Identification No.		Form Ref.	Length	Field Description
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*0170	Dependent First Name 1	6c(1)	10	AN (first name, blank) or "STMbnn"
+0171	Dependent Last Name 1	6c(1)	15	AN (last name) or blank.
+0172	Dependent Name Control - 1		4	First 4 significant characters of dependent's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
+0175	Dependent's SSN - 1	6c(2)	9	N or blank
+0177	Relationship - 1	6c(3)	11	Values: "CHILD", "FOSTERCHILD", "GRANDCHILD", "GRANDPARENT", "PARENT", "BROTHER", "SISTER", "AUNT", "UNCLE", "NEPHEW", "NIECE", "NONE", "SON", "DAUGHTER", "OTHER"
+0178	Eligibility for Child Tax Credit - 1	6c(4)	1	"X" or blank
0180	Dependent First Name 2	6c(1)	10	AN (first name, blank)
0181	Dependent Last Name 2	6c(1)	15	'See 1st Occ.'
0182	Dependent Name control 2		4	'See 1st Occ.'
0185	Dependent's SSN - 2	6c(2)	9	'See 1st Occ.'
0187	Relationship - 2	6c(3)	11	'See 1st Occ.'
0188	Eligibility for Child Tax Credit - 2	6c(4)	1	'See 1st Occ.'
0190	Dependent First Name 3	6c(1)	10	'See 2nd Occ.'
0191	Dependent Last Name 3	6c(1)	15	'See 1st Occ.'

Field No.	Identification	Form Ref.	Length	Field Description
-----	-----	-----	-----	-----
0192	Dependent Name Control - 3		4	'See 1st Occ.'
0195	Dependent's SSN - 3	6c(2)	9	'See 1st Occ.'
0197	Relationship - 3	6c(3)	11	'See 1st Occ.'
0198	Eligibility for Child Tax Credit - 3	6c(4)	1	'See 1st Occ.'
0200	Dependent First Name 4	6c(1)	10	'See 2nd Occ.'
0201	Dependent Last Name 4	6c(1)	15	'See 1st Occ.'
0202	Dependent Name Control 4		4	'See 1st Occ.'
0205	Dependent's SSN - 4	6c(2)	9	'See 1st Occ.'
0207	Relationship - 4	6c(3)	11	'See 1st Occ.'
0208	Eligibility for Child Tax Credit - 4	6c(4)	1	'See 1st Occ.'
0210	Dependent First Name 5	6c(1)	10	'See 2nd Occ.'
0211	Dependent Last Name 5	6c(1)	15	'See 1st Occ.'
0212	Dependent Name Control 5		4	'See 1st Occ.'
0215	Dependent's SSN - 5	6c(2)	9	'See 1st Occ.'
0217	Relationship - 5	6c(3)	11	'See 1st Occ.'
0218	Eligibility for Child Tax Credit - 5	6c(4)	1	'See 1st Occ.'
0240	Number of Children Who Lived with You	6c	2	Value Range 00-99
0247	Number of Children Not living With You	6c	2	Value Range 00-99
0350	Number of Other Dependents Listed	6c	2	Value Range 00-99
0355	Total Exemptions	6d	2	Value Range 00-99

Field No.	Identification	Form Ref.	Length	Field Description
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0357	Deferred Compensation Plan Literal	7	3	"DFC" or blank
0358	Deferred Compensation Plan Amount	7	12	N
0362	Prisoner Earned Income Literal	7	3	"PRI" or blank
0364	Prisoner Earned Income Amount	7	12	N
0366	Household Help Literal	7	3	"HSH" or blank
0367	Household Help Amt	7	12	N
0368	Adoption Literal	7	3	"AB", "SNE" or blank
0369	Adoption Amt	7	12	N
0370	Fringe Benefit Literal	7	2	"FB" or blank
0371	Dependent Care Benefits Literal	7	3	"DCB" or blank
0372	Scholarship Literal	7	3	"SCH" or blank
0373	Scholarship Amount	7	12	N
@0374	Non-W2 Disability Payment Explanation	7	6	"STMbnn" or blank
0375	Wages, Salaries, Tips	7	12	N
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				--
0378	Foreign Employer Compensation Literal	7	3	"FEC" or blank
0379	Foreign Employer Compensation Total	7	12	N or blank
0380	Taxable Interest	8a	12	N
0385	Tax-Exempt Interest	8b	12	N
0394	Total Ordinary Dividends	9a	12	N

Field No.	Identification	Form Ref.	Length	Field Description
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0396	Qualified Dividends	9b	12	N
0420	State/Local Income Tax Refund	10	12	N
0430	Alimony Received	11	12	N
0440	Business Income/Loss	12	12	N
0447	Capital Distribution Box	13a	1	"X" or blank
0450	Capital Gain/Loss	13a	12	N
0455	15% Rate Capital Gain Distributions	13b	12	N
0460	F4684 Literal	14	5	"F4684" or blank
0470	Other Gain/Loss	14	12	N
0475	IRA Distributions Received	15a	12	N
0477	IRA Distribution Literal	15b	8	"ROLLOVER" or blank
@0479	IRA Distribution Explanation	15b	6	"STMBnn" or blank
0480	Taxable IRA Amount	15b	12	N
0485	Pensions Annuities Received	16a	12	N
0487	Pensions and Annuities Literal	16b	8	"ROLLOVER" or blank
0495	Taxable Pensions Amount	16b	12	N
0510	Rent/Royalty/Part/Estates/Trusts Inc	17	12	N
0520	Farm Income	18	12	N
0545	Repayment Literal	19	6	"REPAID" or blank
0551	Repayment Amount	19	12	N
0552	Unemployment Compensation	19	12	N



Field Identification No.		Form Ref.	Length	Field Description
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0553	Social Security Benefits	20a	12	N
0555	SS Benefit Indicator	20a	3	"D", "LSE" or blank
0557	Taxable Amount of Social Security	20b	12	N
*0560	Type of Other Income	21	25	AN, "MSA", "LTC", "MED&MSA" or "STMbnn"
+0570	Amount of Other Income	21	12	N
*0574	Housing/Foreign Earned Income Exclusion Literal	21	12	Values "FORMb2555", "FORMb2555-EZ", "STMbnn" or blank
+0577	Housing/Foreign Earned Income Exclusion Amount	21	12	N
0590	Total Other Income	21	12	N
0600	Total Income	22	12	N
0623	Educator Expenses	23	12	N
0626	IRA Deduction	24	12	N
0628	Student Loan Interest Deduction	25	12	N
0630	Tuition and Fees Deduction	26	12	N
0637	Current Year Moving Expenses	27	12	N
0640	Self-Employed Deduction Schedule SE	28	12	N
0645	Self-Employed Health Insurance Ded	29	12	N
0650	Keogh/SEP/SIMPLE Deduction	30	12	N
0680	Early Withdrawal Penalty	31	12	N

Field Identification No.	Form Ref.	Length	Field Description
*0693	Recip Soc Sec No.	32b	9 N or "STMbnn"
+0695	Alimony Amount	32a	12 N
0697	Total Alimony Paid	32a	12 N
*0720	Other Adjustments Literal	33	11 Values are   "RFST", "SUB-PAYbTRA", "QPA", "JURYbPAY", "501 (C) (18)", "PPR", "CLEAN-FUEL", "FBO", "FORMb2555", "STMbnn" or blank
+0730	Other Adjustment Amount	33	12 N
0732	MSA Literal	33	3 "MSA" or blank
0733	MSA Amount	33	12 N
0735	Total Other Adjustments	33	12 N
0740	Total Adjustments	33	12 N
0750	Adjusted Gross Income	34	12 N
	Record Terminus Character		1 Value "#"

Field Identification No.	Form Ref.	Length	Field Description
-----	----	-----	-----
		4	"1092" for Fixed; "nnnn" for variable format
		4	Value "*****"
0000	Record ID	6	"RETbbb"
0001	Type	6	"1040Ab"
0002	Page Number	5	"PG01b"
0003	Taxpayer Identification Number	9	N (Primary SSN)
0004	Filler	1	blank
0005	Tax Period	6	Value "200312", YYYYMM
0006	Filler	1	blank
0007	Return Sequence Number	16	N
0008	Declaration Control Number	14	N
0010	Primary SSN	9	N (Your Social Security Number)
0020	Primary Date of Death	8	YYYYMMDD or blank
0030	Secondary SSN	9	N or blank
0040	Secondary Date of Death	8	YYYYMMDD or blank
0050	Primary Name Control	4	First 4 significant characters of taxpayer's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)

Field Identification No.		Form Ref.	Length	Field Description
-----	-----	----	-----	-----
0055	Spouse's Name Control		4	First 4 significant characters of spouse's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
0060	Name Line 1		35	AN Taxpayer's name allowable special characters are: space, less-than (<), hyphen (-) and ampersand (&).
0062	Foreign Street Address		35	AN, Allowable special characters are space, slash, and hyphen
0064	Foreign City, State or Province, Postal Code		35	AN, Allowable special characters are space, slash, and hyphen
0066	Foreign Country		22	A, Allowable special character is space
0070	Name Line 2		35	AN, in care of addressee or address continuation. Allowable special characters are space, ampersand, slash, hyphen and percent.
0080	Street Address		35	AN, Allowable special characters are space, slash, hyphen and Literal "NONE"
0083	City		22	A, Allowable special character is space.
0087	State Abbreviation		2	A (Standard Postal State Abbreviations)
0095	Zip Code		12	N (left-justified)
0097	Address Ind		1	1 = APO/FPO Address, 2 = Stateside Military Address, 3 = Foreign Address, or blank

Field Identification No.		Form Ref.	Length	Field Description
-----	-----	----	-----	-----
0100	Special Processing Literal		22	"DESERTbSTORM", "HAITI", "FORMERbYUGOSLAVIA", "UNbOPERATION", "JOINTbGUARD", "JOINTbFORGE", "NORTHERNbWATCH", "OPERATIONbALLIEDbFORCE", "NORTHERNbFORGE", "ENDURINGbFREEDOM", "COMBATbZONE", "COMBATbZONEbYYYYMMDD" (where YYYYMMDD = deployment date), or blank
0110	PECF Primary Yes		1	"X" or blank
0115	PECF Primary No		1	"X" or blank
0120	PECF Spouse Yes		1	"X" or blank
0125	PECF Spouse No		1	"X" or blank
0130	Filing Status	1-5	1	Value 1, 2, 3, 4 or 5 (Applicable block, lines 1-5)
@0135	Overseas Extension Explanation		6	"STMbnn" or blank
0140	Spouse's Name	3	25	AN (must be present if filing status = 3, otherwise blank)
0150	Qualifying Name for H of Household	4	25	A or blank
0153	SSN for Qual Name	4	9	N
0160	Exempt Self	6a	1	"X" or blank
0163	Exempt Spouse	6b	1	"X" or blank
0167	Total Box 6a and 6b		1	Values 0, 1 or 2
*0170	Dependent First Name 1	6c(1)	10	AN (first name, blank) or "STMbnn"
+0171	Dependent Last Name - 1	6c(1)	15	AN (last name) or blank

Field Identification No.		Form Ref.	Length	Field Description
-----	-----	----	-----	-----
+0172	Dependent Name Control - 1		4	First 4 significant characters of dependent's last name, no leading or embedded spaces; allowable characters are alpha, hyphen or space (see special instructions)
+0175	Dependent's SSN - 1	6c(2)	9	N or blank
+0177	Relationship - 1	6c(3)	11	Values: "CHILD", "FOSTERCHILD", "GRANDCHILD", "GRANDPARENT", "PARENT", "BROTHER", "SISTER", "AUNT", "UNCLE", "NEPHEW", "NIECE", "NONE", "SON", "DAUGHTER", "OTHER"
+0178	Eligibility for Child Tax Credit - 1	6c(4)	1	"X" or blank
0180	Dependent First Name 2	6c(1)	10	AN (first name, blank)
0181	Dependent Last Name 2	6c(1)	15	'See 1st Occ.'
0182	Dependent Name control - 2		4	'See 1st Occ.'
0185	Dependent's SSN - 2	6c(2)	9	'See 1st Occ.'
0187	Relationship - 2	6c(3)	11	'See 1st Occ.'
0188	Eligibility for Child Tax Credit - 2	6c(4)	1	'See 1st Occ.'
0190	Dependent First Name 3	6c(1)	10	'See 2nd Occ.'
0191	Dependent Last Name 3	6c(1)	15	'See 1st Occ.'
0192	Dependent Name Control - 3		4	'See 1st Occ.'
0195	Dependent's SSN - 3	6c(2)	9	'See 1st Occ.'
0197	Relationship - 3	6c(3)	11	'See 1st Occ.'

Field Identification No.		Form Ref.	Length	Field Description
-----	-----	----	-----	-----
0198	Eligibility for Child Tax Credit - 3	6c(4)	1	'See 1st Occ.'
0200	Dependent First Name 4	6c(1)	10	'See 2nd Occ.'
0201	Dependent Last Name 4	6c(1)	15	'See 1st Occ.'
0202	Dependent Name Control - 4		4	'See 1st Occ.'
0205	Dependent's SSN - 4	6c(2)	9	'See 1st Occ.'
0207	Relationship - 4	6c(3)	11	'See 1st Occ.'
0208	Eligibility for Child Tax Credit - 4	6c(4)	1	'See 1st Occ.'
0210	Dependent First Name 5	6c(1)	10	'See 2nd Occ.'
0211	Dependent Last Name 5	6c(1)	15	'See 1st Occ.'
0212	Dependent Name Control - 5		4	'See 1st Occ.'
0215	Dependent's SSN - 5	6c(2)	9	'See 1st Occ.'
0217	Relationship - 5	6c(3)	11	'See 1st Occ.'
0218	Eligibility for Child Tax Credit - 5	6c(4)	1	'See 1st Occ.'
0240	Number of Children Who Lived with You		2	Value Range 00-99
0247	Number of Children Not living With You		2	Value Range 00-99
0350	Number of Other Dependents Listed		2	Value Range 00-99
0355	Total Exemptions	6d	2	Value Range 00-99
0357	Deferred Compensation Plan Literal	7	3	"DFC" or blank

Field No.	Identification	Form Ref.	Length	Field Description
0358	Deferred Compensation Plan Amount	7	12	N
0362	Prisoner Earned Income Literal	7	3	"PRI" or blank
0364	Prisoner Earned Income Amount	7	12	N
0366	Household Help Literal	7	3	"HSH" or blank
0367	Household Help Amt	7	12	N
0368	Adoption Literal	7	3	"AB", "SNE" or blank
0369	Adoption Amt	7	12	N
0370	Fringe Benefit Literal		2	"FB" or blank
0371	Dependent Care Benefits Literal		3	"DCB" or blank
0372	Scholarship Literal		3	"SCH" or blank
0373	Scholarship Amount		12	N
0375	Wages, Salaries, Tips	7	12	N
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				--
0378	Foreign Employer Compensation Literal	7	3	"FEC" or blank
0379	Foreign Employer Compensation Total	7	12	N or blank
0380	Taxable Interest	8a	12	N
0385	Tax-Exempt Interest	8b	12	N
0394	Total Ordinary Dividends	9a	12	N
0396	Qualified Dividends	9b	12	N
0450	Total Capital Gain/Loss	10a	12	N
0455	Post-May 5 CGD	10b	12	N



Field No.	Identification	Form Ref.	Length	Field Description
-----	-----	-----	-----	-----
0475	IRA Distributions Received	11a	12	N
0477	IRA Distribution Literal	11b	8	"ROLLOVER" or blank
@0479	IRA Distribution Explanation	11b	6	"STMbnn" or blank
0480	Taxable IRA Amount	11b	12	N
0485	Pensions Annuities Received	12a	12	N
0487	Pensions and Annuities Literal	12b	8	"ROLLOVER" or blank
0495	Taxable Pensions Amount	12b	12	N
0545	Repayment Literal		6	"REPAID" or blank
0551	Repayment Amount		12	N
0552	Unemployment Compensation	13	12	N
0553	Social Security Benefits	14a	12	N
0555	SS Benefit Indicator	14a	3	"D", "LSE" or blank
0557	Taxable Amount of Social Security	14b	12	N
0600	Total Income	15	12	N
0623	Education Expenses	16	12	N
0626	IRA Deduction	17	12	N
0628	Student Loan Interest Deduction	18	12	N
0630	Tuition and Fees Deduction	19	12	N
0740	Total Adjustments	20	12	N
0750	Adjusted Gross Income	21	12	N

Field Identification No.	Form Ref.	Length	Field Description
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Record Terminus Character		1	Value "#"
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Field Identification No.	Form Ref.	Length	Field Description	
-----	-----	-----	-----	
		4	Byte Count	
		4	"0170" for Fixed; "nnnn" for variable format	
		4	Start of Record Sentinel	
0175		6	Value "*****"	
		6	Record ID	
		6	"FRMbbb"	
0176		6	Form Number	
		6	"2210bb"	
0177		5	Page Number	
		5	"PG02b"	
0178		9	Taxpayer Identification Number	
		9	N (Primary SSN)	
0182		1	Filler	
		1	blank	
0184		7	Form Occurrence Number	
		7	N 0000001	
0185	10	12	Line 9 Amount, Form 2210	
		12	N	
0187	11	12	Line 6 Amount	
		12	N	
0195	12	12	Total Estimated Tax Payments	
		12	N	
0197	13	12	Add Lines 11 and 12	
		12	N	
0201	14	12	Total Underpayment for Year	
		12	N	
0205	15	12	Multiply Line 14 by Applicable %	
		12	N	
0215	16	12	Due Date Pd Multiplied Amount	
		12	N	
0225	17	13	Waived Literal/ Short Method	
		13	"AMOUNTbWAIVED" or blank	
0227	17	12	Waived Amount/short Method	
		12	N	
@0233	17	6	Waived Explanation/ Short Method	
		6	"STMbnn" or blank	
0245	17	12	Penalty	
		12	N	



Field Identification No.	Form Ref.	Length	Field Description
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Record Terminus Character	1	Value "#"
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Field Identification No.	Form Ref.	Length	Field Description
Byte Count		4	"0601" for Fixed; "nnnn" for variable format
Start of Record Sentinel		4	Value "*****"
0246 Record ID		6	"FRMbbb"
0248 Form Number		6	"2210bb"
0258 Page Number		5	"PG03b"
0262 Taxpayer Identification Number		9	N (Primary SSN)
0263 Filler		1	Blank
0264 Form Occurrence Number		7	N 0000001
0265 Required Installment A	18 (a)	12	N
0275 Required Installment B	18 (b)	12	N
0285 Required Installment C	18 (c)	12	N
0295 Required Installment D	18 (d)	12	N
0298 Estimated Tax Paid and Withheld A	19 (a)	12	N
0303 Estimated Tax Paid and Withheld B	19 (b)	12	N
0305 Estimated Tax paid and withheld C	19 (c)	12	N
0308 Estimated Tax Paid and Withheld D	19 (d)	12	N
0315 Applied Overpayment A	23 (a)	12	N
0325 Underpayment A	25 (a)	12	N
0335 Overpayment A	26 (a)	12	N

Field No.	Identification -----	Form Ref. ----	Length -----	Field Description -----	
0355	Previous Column Overpayment B	20 (b)	12	N	
0365	Tax To Be Applied B	21 (b)	12	N	
0375	Taxes Due Column B	22 (b)	12	N	
0385	Applied Overpayment B	23 (b)	12	N	
0395	Applied Underpayment B	24 (b)	12	N	
0405	Underpayment B	25 (b)	12	N	
0415	Overpayment B	26 (b)	12	N	
0435	Previous Column Overpayment C	20 (c)	12	N	
0445	Tax To Be Applied C	21 (c)	12	N	
0455	Taxes Due Column C	22 (c)	12	N	
0465	Applied Overpayment C	23 (c)	12	N	
0475	Applied Underpayment C	24 (c)	12	N	
0485	Underpayment C	25 (c)	12	N	
0495	Overpayment C	26 (c)	12	N	
0515	Previous Column Overpayment D	20 (d)	12	N	
0525	Tax To Be Applied D	21 (d)	12	N	
0535	Taxes Due Column D	22 (d)	12	N	
0545	Applied Overpayment D	23 (d)	12	N	
0565	Underpayment D	25 (d)	12	N	
0580	Number of Days Computed A	27 (a)	12	N	
0590	Penalty A	28 (a)	12	N	

Field Identification No.		Form Ref.	Length	Field Description	
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0595	Period 2 Days Computed A	29(a)	12	N	
0600	Period 2 Penalty A	30(a)	12	N	
0605	Number of Days Computed B	27(b)	12	N	
0610	Penalty B	28(b)	12	N	
0615	Period 2 Days Computed B	29(b)	12	N	
0620	Period 2 Penalty B	30(b)	12	N	
0625	Number of Days Computed C	27(c)	12	N	
0630	Penalty C	28(c)	12	N	
0635	Period 2 Days Computed C	29(c)	12	N	
0640	Period 2 Penalty C	30(c)	12	N	
0645	Period 2 Days Computed D	29(d)	12	N	
0650	Period 2 Penalty D	30(d)	12	N	
0655	Waived Amount	31	12	N	
@0660	Waiver Explanation	31	6	"STMbnn" or blank	
0670	Total Underpayment	31	12	N	

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Field Identification No.	Form Ref.	Length	Field Description
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Record Terminus Character		1	Value "#"

Field Identification No.	Form Ref.	Length	Field Description
		4	Byte Count "1005" for Fixed; "nnnn" for variable format
		4	Start of Record Sentinel Value "*****"
0000		6	Record ID "SCHbK1"
0001		6	Schedule Type "8865bb"
0002		5	Page Number "PG01b"
0003		9	Taxpayer Identification Number N (Primary SSN)
0004		1	Filler Blank
0005		7	Schedule Occurrence Number N 0000001 - 0000005
0010		8	Fiscal Year Beginning YYYYMMDD
0020		8	Fiscal Year Ending YYYYMMDD
0030		9	Partner's Identifying Number (EIN or SSN) N, "APPLD FOR" OR "FOREIGNUS"
0040		35	Partner's Name 1 AN
0045		35	Partner's Name 2 AN
0050		35	Partner's Address 1 AN
0055		35	Partner's Address 2 AN
0060		22	Partner's City AN
0070		2	Partner's State A OR ".b"
0080		12	Partner's Zip Code N OR nnnnnbbbbbbb OR nnnnnnnnnbbb OR BLANK
0140		9	Identifying Number N or "FOREIGNUS"
0150		35	Partnership's Name 1 AN
0160		35	Partnership's Name 2 AN

Field No.	Identification	Form Ref.	Length	Field Description
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0170	Partnership's Address		35	AN
0175	Partnership's Address 2		35	AN
0180	Partnership's City		22	AN
0190	Partnership's State		2	A OR ".b"
0200	Partnership's Zip Code		12	N or nnnnnbbsbbbbb or nnnnnnnnnnbbb or blank
0210	Partner's % Of Profits Beginning Of Tax Year	(a)	6	R
0220	Partner's % Of Profits End Of Tax Year	(b)	6	R
0230	Partner's % Of Capital Beginning Of Tax Year	(a)	6	R
0240	Partner's % Of Capital End Of Tax Year	(b)	6	R
0250	Partner's % Of Deductions Beginning Of Tax Year	(a)	6	R
0260	Partner's % Of Deductions End Of Tax Year	(b)	6	R
0270	Partner's % Of Losses Beginning Of Tax Year	(a)	6	R
0280	Partner's % Of Losses End Of Tax Year	(b)	6	R
0290	Capital Account At Beginning Of Year	(a)	12	N

SCHEDULE K-1 PAGE 1 (FORM 8865) Partner's Share of Income, Credits,  
Deductions, ..

Field No.	Identification	Form Ref.	Length	Field Description
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0300	Capital Contributed During Year	(b)	12	N
0310	Partner's Share	(c)	12	N
0320	Withdrawals And Distribution	(d)	12	N
0330	Capital Account At End Of Year	(e)	12	N
0340	Ordinary Income (Loss) From Trade Or Business	1	12	N
@0345	More Than One Trade	1	6	"STMbnn" or blank
0350	Net Income (Loss) From Rental Real Estate	2	12	N
@0355	More Than One Real Estate Rental Activity	2	6	"STMbnn" or blank
0360	Net Income (Loss) From Other Rental Activities	3	12	N
@0365	More Than One Rental Activity	3	6	"STMbnn" or blank
0370	Interest	4a	12	N
0375	Qualified Dividends	4b(1)	12	N
0380	Total Ordinary Dividends	4b(2)	12	N
0390	Royalties	4c	12	N
0395	Net S-T Post-May 5 Capital Gain (Loss)	4d(1)	12	N
0400	Net S-T Entire Year Capital Gain (Loss)	4d(2)	12	N
0405	Net L-T Post-May 5 Capital Gain (Loss)	4e(1)	12	N

SCHEDULE K-1 PAGE 1 (FORM 8865) Partner's Share of Income, Credits,  
Deductions, ..

Field No.	Identification	Form Ref.	Length	Field Description
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0410	Net L-T Entire Year Capital Gain (Loss) Total	4e(2)	12	N
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				--
0430	Other Portfolio Income (Loss)	4f	12	N
@0435	Attach Statement Other Porfolio Info	4f	6	"STMbnn" or blank
0440	Guaranteed Payments To Partner	5	12	N
0450	Net Section 1231 Post-May 5 Gain (Loss)	6	12	N
0455	Net Section 1231 Entire Year Gain (Loss)	6b	12	N
0460	Other Income (Loss)	7	12	N
@0465	Attach Schedule of Other Income	7	6	"STMbnn" or blank
0470	Charitable Contributions	8	12	N
@0475	Attach Schedule of Charitable Contributions	8	6	"STMbnn" or blank
0480	Section 179 Expense Deduction	9	12	N
0490	Deductions Related To Portfolio Income	10	12	N
@0495	Attach Schedule of Portfolio Deductions	10	6	"STMbnn" or blank
0500	Other Deductions	11	12	N
@0505	Attach Schedule of Other Deductions	11	6	"STMbnn" or blank

SCHEDULE K-1 PAGE 1 (FORM 8865) Partner's Share of Income, Credits,  
Deductions, ..

Field No.	Identification	Form Ref.	Length	Field Description
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0510	Low Income Housing Credit 42(J) (5)	12a(1)	12	N
@0515	Line 12a(1) Attachment	12a(1)	6	"STMBnn" or blank
0520	Low Income Housing Credit Other	12a(2)	12	N
@0525	Line 12a(2) Attachment	12a(2)	6	"STMBnn" or blank
*0545	Form 3468 Line Reference	12b	6	AN or "STMBnn" or blank
+0550	Qualified Rehabilitation Expenditures	12b	12	N
+0555	Type of Expenditures	12b	15	AN
0557	Statement Reference - BMF Use Only	12b	6	Blank
*0560	Credits Related To Rental Real Estates Activities	12c	12	N or "STMBnn" or blank
+0565	Identify Type Of Rental Credits	12c	15	AN
0567	Statement Reference - BMF Use Only	12c	6	Blank
*0570	Credits Related To Other Rental Activities	12d	12	N or "STMBnn" or blank
+0575	Identify Type Of Other Rental Credits	12d	15	AN
0577	Statement Reference - BMF Use Only	12d	6	Blank
*0580	Other Credits	13	12	N or "STMBnn" or blank
+0585	Identify Type Of Other Credits	13	15	AN
0587	Statement Reference - BMF Use Only	13	6	Blank



Field Identification No.	Form Ref.	Length	Field Description
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@0590	Schedule K-1 Page 1 Global Statement	6	"STMbnn" or blank
	Record Terminus Character	1	Value "#"