

ACH CREDIT OPTION

To use the ACH Credit option, you must first contact your bank to determine if your bank offers ACH origination. Please have your bank complete the specific portion of the Authorization Agreement (Form EFT-1) as verification that your bank can conform to these standards. Also, please complete the contact person information before returning the form to the Franchise Tax Unit of the Department.

Supplemental filing information must be sent with your payment using the ACH standard CCD+ format and the TXP addenda record. The Cash Concentration or Disbursement (CCD) is the most basic form of ACH payment. The CCD format can be processed by all ACH-member banks. The TXP addenda record allows the format to carry additional characters of payment-related data. The TXP will be used for Department identification number, tax type code, tax period end date.

You will initiate the credit transaction through your bank to the state's bank account for the amount of your tax payment.

An ACH origination charge from your bank will be incurred by you if you select the ACH Credit option.

Important characteristics of the ACH Credit transactions are:

- * Credit transactions require you to enter all payments related data in the standard CCD+TXP.
- * The costs of the ACH Credit transactions are incurred by you.
- * You are responsible for your own proof of payment.

ACH DEBIT OPTION

Effective immediately the interactive voice response (IVR) system to do electronic funds transfer as an ACH/DEBIT option is no longer available. Please use the ACH/Credit option or Wire transfer.

*The costs of the ACH Credit or Wire transfer transactions are incurred by you. *You are responsible for your own proof of payment. If you have any further questions regarding your ACH payments please call and leave a message on 767-1940 (voicemail only).

INSTRUCTIONS FOR SDAT EFT-1

Section A - This section must be completed by ALL taxpayers.

- **EFT contact person:** The primary contact person should be someone within your company who will be directly involved in all phases of the EFT registration process, systems implementation and the payment of the tax. You should also designate a secondary contact person.
- **Address:** Indicate the mailing address to be used for correspondence regarding electronic funds transfer.
- **Telephone number:** Indicate the telephone number(s) for the EFT contact persons.
- **Signature of officer:** Authorized signature of officer of the company.

Section B - Complete this section only if you are choosing the ACH Credit option.

- **Name and address of bank:** Provide the name and address of the bank you will be using for electronic fund transfers.
- **Printed name and signature of bank representative (include bank representative's telephone number).** You must have a bank representative sign this form to confirm that you and your bank are capable of initiating ACH Credit transactions in the CCD+TXP format. You cannot use the ACH Credit option unless your bank can initiate transactions in this form.

Mail this completed form to:

**Department of Assessments and Taxation
Franchise Tax Unit
301 W. Preston Street
Baltimore, Maryland 21201-2395**

Tax Type: Public Service Company Franchise Tax

Name of Corporation:

Department I.D. Number:

THIS SECTION MUST BE COMPLETED BY ALL TAXPAYERS

A C O N T A C T P E R S O N (S)	Primary EFT contact person _____
	Address _____
	City _____ State _____ Zip _____ Telephone Number _____
	Secondary EFT contact Person _____
	Address _____
	City _____ State _____ Zip _____ Telephone Number _____
Signature of officer _____ Title _____ Date _____	

B A C H C R E D I T	<u>This section to be completed only if you choose the ACH CREDIT OPTION</u>
	An AUTHORIZED REPRESENTATIVE of your bank must complete and sign this section confirming that you and your bank are capable of initiating ACH CREDITS in the required CCD+ TXP format.
	Bank Name _____
	Bank Address _____
	City _____ State _____ Zip _____
	Printed name of bank representative (optional) _____ Telephone Number _____
Signature of bank representative _____ Date _____	

MARYLAND ACH CREDIT TAX PAYMENT INSTRUCTIONS PUBLIC SERVICE COMPANY FRANCHISE TAX

The Department provides for the payment of franchise taxes by means of Electronic Funds Transfer. Tax payments may be made by sending an Automated Clearing House (ACH) CCD+ record to:

Routing/Transit #121000248	- Wells Fargo Bank, N.A.
Bank Account # 4104095823	- Maryland Department of Assessments & Taxation

The Automated Clearing House (ACH) CCD+ record should include the following information in the receiver defined "individual name" field of the entry detail record,

240300 ASSESS TAX

and a TXP addendum convention in the addendum record "Payment Related Information" field. An example of the TXP addendum convention is attached.

PLEASE NOTE:

- (1) TXPO1 field must contain the nine digit Department identification number assigned by the Department of Assessments and Taxation.
- (2) TXPO2 field must contain "04600" for a public service company franchise tax payment.
- (3) TXPO3 field must contain the ending date of the tax period in YYMMDD format.
- (4) TXPO4 field must contain "T".
- (5) TXPO5 field must contain the amount of taxes due as reported for this period. Amounts are to be positive and entered without dollar signs, commas or decimal points.

Each field, even blank fields, must be separated by an * and the entire record must be followed by \.

Any questions concerning these instructions or the record layout should be directed to the Department of Assessments and Taxation at (410) 767-1940 (message only).

EXAMPLE OF AN ACH CREDIT RECORD LAYOUT

CODES
M - Mandatory
O - Optional
C - Conditional

Name of Taxpayer: ABC Telephone, Inc.
Account Number: F01234567
Type of Tax: Public Service Company Franchise Tax (04600)
Amount Due: \$10,000.00

For Tax Period Ending: December 31, 2022

ENTRY DETAIL RECORD

DATA ELEMENT NAME	RECORD TYPE CODE	TRANSACTION CODE	RECEIVING DPI IDENTIFICATION	CHECK DIGIT	DPI ACCOUNT NUMBER	AMOUNT	INDIVIDUAL IDENTIFICATION NUMBER	INDIVIDUAL NAME	DISCRETIONARY DATA	ADDENDA RECORD INDICATOR	TRACE NUMBER
Field Requirement	M	M	M	M	M	M	O	M	O	M	M
Contents	6	22	121000248	3	4104095823	1000000		240300 Assess Tax		1	
Length	1	2	8	1	17	10	15	22	2	1	15
Position	01-01	02-03	04-11	12-12	13-29	30-39	40-54	55-76	77-78	79-79	80-94

ADDENDUM RECORD

DATA ELEMENT NAME	RECORD TYPE CODE	ADDENDA TYPE CODE	PAYMENT RELATED INFORMATION	SPECIAL ADDENDA SEQUENCE NUMBER	ENTRY DETAIL SEQUENCE NUMBER
Field Requirements	M	M	M	M	M
Contents	7	05	TXP*F01234567*04600*221231*T*1000000* * * * * \	1	
Length	1	2	80	4	7
Position	01-01	02-03	04-83	84-87	88-94