

**Michigan Department of Treasury
Tobacco Manufacturers
ASCII FILE FORMAT**

INSTRUCTIONS:

Using this file layout provides the ability to meet data requirements for reporting manufacturer information.

1. Detail Shipment Format:

The file layout can be found on page 2 and examples start on page 3.

2. Zero Activity Report Format:

If no tobacco activity was performed for a specific month, the filer must submit a zero activity record to indicate NO ACTIVITY for this particular tax type and that they have filed for the month.

File layout and example can be found on page 7.

Always submit either a Zero Activity Record (item 2 above) or detail shipments (items 1 above).

*****CHANGES MADE FOR VERSION 5 ARE FLAGGED BY USING RED FONT*****

FILE LAYOUT

Provide all data in **FIXED WIDTH** format. Use space (ASCII character=32) to fill any missing information except as noted otherwise. Use any product you wish to generate the ASCII file. Use the following table to determine the number of field elements, expected length, and format of expected data.

FIELD REQUIREMENT Definitions: M – Mandatory, P – Provide if available, N – Not a Data Requirement of this Report

Col No.	Record Position	DATA ELEMENT	DATA TYPE	Max Size	FORMAT	FIELD REQUIREMENT	EXPLANATION
1	1 – 2	Jurisdiction Code	Text	2	MI	M	MI
2	3 – 3	Data Mode	Text	1	A	M	A – ASCII File Format
3	4 – 4	Return Type	Text	1	O / A	M	O – Original A – Amendment`
4	5 – 6	Tax Type	Text	2	NM	M	NM – Non Participating Manufacturer PM – Participating Manufacturer
5	7 – 12	Reporting Period	Text	6	YYYYMM	M	Example: June 2005 = 200506
6	13 - 17	Schedule Number	Text	5		M	C108M T108M
7	18 – 26	Manufacturers Account Number	Text	9		M	FEIN, ME#, or TR#
8	27 - 35	Manufacturers License	Text	9		M	Michigan State License
9	36 – 38	Brand Code	Text	3		P	NPM product only
10	39 – 73	Brand Name	Text	35		P	NPM product only
11	74 – 82	Customer Account Number	Text	9		M	FEIN, ME#, or TR#
12	83– 91	Customer Branch Location	Text	9		M	Customer Branch license number where product was delivered.
13	92 – 121	Customer Name	Text	30		M	
14	122 – 151	Customer Street Address	Text	30		O	Street address where shipment was sent if available.
15	152 – 171	Customer City	Text	20		M	City where shipment was delivered.
16	172 – 173	Customer State	Text	2		M	State where shipment was delivered.
17	174 – 182	Customer Zip Code	Text	9		O	Optional
18	183 – 212	Invoice Number	Text	30		M	
19	213 – 220	Invoice Date	Number	8	MMDDYYYY	M	
20	221 – 233	Total Cigarettes	Number	13	-999999999999	M	Cigarette product only
21	234 – 246	OTP Wholesale Price	Number	13	-999999999.99	M	OTP product only
22	247 – 259	OTP Total Ounces	Number	13	-999999999999	P	OTP NPM product only
23	260 – 279	Ship From Location City	Text	20		M	
24	280 – 281	Ship From Location State	Text	2		M	

EXAMPLE - WITHOUT DIVISORS (CIGARETTES)

```

                                     1
                                     0
      1   1       2       3   3       5       6       7   7       8       9
12345678901234567890123456789012345678901234567890123456789012345678901234567890
-----
MIAOPM2005111C108M224536544000500311045ZIG ZAG SMOKES AND TOBACCO          345654321000500457SAMS SMOK
-----
1           1       1       1       1       1       1   1       1   1       2
0           2       3       4       5       6       7   7       8       8       0
123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
-----
E SHOP ON MAIN ST.   1234 MAIN STREET #12           WIBIMIJI           MI85008       I1226554
-----
      2       2       2       2       2       2       2       2
      1       2       3       4       6       7       8
12345678901234567890123456789012345678901234567890123456789012345678901
-----
      0611201024200           RICHMOND           VA

```


Zero Activity Record Required Fields

When a Zero Activity Return (no business transacted) is submitted, place the following information in a single record for each tax type:

1.	1 – 2	Jurisdiction Code	MI
2.	3 – 3	Data Mode	A
3.	4 – 4	Return Type	O
4.	5 – 6	Tax Type	NM, PM
5.	7 – 12	Reporting Period	200601
6.	13 – 17	Schedule Number	00000 (five zeros)
7.	18 – 26	Manufacturers Account Number	123456789
8.	27 – 35	Manufacturers St. License Number	000500999
20.	221 - 233	Total Cigarettes	0
21.	234 – 246	OTP Wholesale Price	0
22.	247 - 259	OTP Total Ounces	0

Field positions listed above are Mandatory. The example records here break at 100 characters but a TRUE file submission does NOT require a break until the last character (267 per line).

Manufacturer's Report Example: Zero Activity Record :

```

1
1 1 2 3 3 5 6 7 7 8 9 1
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
-----
MIAOPM20051100000224536544000500311
-----
1 1 1 1 1 1 1 1 2
0 2 3 4 5 6 7 7 8 0
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901234567890
-----
2 2 2 2 2 2 2 2
1 2 3 4 6 7 8
1234567890123456789012345678901234567890123456789012345678901234567890123456789012345678901
-----
0 0 0

```