Annual Purchase Summary Report: File Upload Layout

Below is the summary of the description of the fields on the report file. The file must be saved in a Text (Tab delimited) (*.txt) format.

If you are reporting for an affiliated group, you will need to list the affiliates' purchase summaries in separate rows. If you are not an affiliated group, the vendor information should be the same for all rows.

Parameter Name	Max Size	Required	Description	Notes
Vendor ID (FEIN or SSN)	10	X	9 digits	
Vendor Name	255	X	Full name	
Tax Year	4	X	Tax year being reported	
Vendor Mailing Street	255	X	Street of mailing address	
Vendor Mailing City	100	X	City of mailing address	
Vendor Mailing State	2	X	Drop-down menu of State Abbreviations	
Vendor Mailing Zip	10	X	Zip of vendor mailing	
Vendor Location Street	255		Street of vendor location	
Vendor Location City	100		City of vendor location	
Vendor Location State	2		State of vendor location	
Vendor Location Zip	10		Zip of vendor location	
Customer ID	20	X	Unique identifier for a customer account. Once customer account can have multiple entries. Customer records will be grouped by a unique customer ID chosen by the retailer/vendor.	Customer records are grouped by a unique Customer ID. The Customer ID is chosen by the retailer/vendor. It can be any unique alphanumeric combination from 1 to 20 characters long.
Billing Last Name	255	X	Last name of customer	
Billing First Name	50	X	First name of customer	
Billing MI	1		Middle initial of the customer	One character with no period
Billing Addr1	255	X	Street address of the customer (first line)	
Billing Addr2	255		Street address of the customer (second line)	
Billing City	100	X	City of the customer	
Billing State	2	X	State of the customer	
Billing Zip	10	X	Postal code of the customer	
Shipping Last Name	255	X	Last name of the person receiving the purchase	
Shipping First Name	50	X	First name of the person receiving the purchase	
Shipping MI	1		MI of the person receiving the purchase	
Shipping Addr1	255	X	Street address of the person receiving the purchase (first line)	
Shipping Addr2	255		Street address of the person receiving the purchase (second line)	
Shipping City	100	X	City of the person receiving the purchase	
Shipping State	2	X	State of the person receiving the purchase	Please report only purchases shipped to Vermont
Shipping Zip	10	X	Postal code of the customer person receiving the purchase	
Total Purchases	<=9,999,999,999.99	X	Total customer purchases for the unique billing/shipping address combination associated with the customer account	Purchase amounts should include two decimal places and no commas (Example: 5000.00)
Notice Address	255	X	Address the vendor could use to communicate with the purchaser. It can be an email	

VERMONT
DEPARTMENT OF TAXES