# How to Remit Tax Collections through ACH Credit Processing to the Vermont Department of Taxes Using the Vision Accounts Payable Module

The following instructions provide information for Vermont State agencies and departments to remit tax collections to the Vermont Department of Taxes through the ACH Credit payments using the Vision Accounts Payable Module. The chart below lists the departments and contacts that use this payment system. The charts on page two demonstrate the invoice ID formats required. If you have any questions, please contact the Revenue Accounting Division at <a href="mailto:Tax.RevenueAccounting@vermont.gov">Tax.RevenueAccounting@vermont.gov</a> or (802) 828-2523.

#### **VTax ACH Credit Agency Contact Information**

Name	Tax Filing (Tax Type Code)	Contact	Contact Information	G/L Business Unit
Department of Forests, Parks and Recreation	MRT & SUT (MR or SU)	General	(802) 522-0730	06130
SOV Treasurer's Office	Payroll Garnishments (WH)	General	TRE.ServicesAccounting@ vermont.gov	01260
VTHR Operations Division	Payroll Withholding (WH)	General	(802) 828-6700	01100
Liquor Control	SUT (SU)	General	(802) 828-2345	02300
Vermont Historic Preservation	SUT (SU)	General	(802) 828-3211	07110
Agency of Transportation	SUT (SU)	General	(802) 828-2657	08100
Department of Labor	WIA Payroll Withholding (WH)	General	(802) 828-4000	04100

#### **Vision Invoice ID Format**

To ensure you provide the correct information, carefully follow the Vision Invoice ID Format shown below. You must submit the following:

- G/L Business Unit Character Length: 5
- Tax Type Code Character Length: 2
- Tax Period End Date Character Length: 6
- Two Separators and one Terminator Indicator Character Length: 1
- Total Character Length: 16

### **Vision Accounts Payable Voucher Information: Vermont Department of Taxes**

Required Contents	Format Example	
A/P Vendor ID	0000068723	
Vendor Address	1	
Vendor Location	SINGLE	
Invoice ID	See Below	
Invoice Date (Tax Filing Period)	DDMMYYYY	

## Vision Accounts Payable Invoice ID Format: Maximum Character Limit 300

Required Contents	Character Length	Format Example
G/L Business Unit	5	07150
Separator	1	*
Tax Type Code	2	SU
Separator	1	*
Tax Period End Date	6	YYMMDD
Terminator	1	\
Additional Vision Invoice Line (Optional Content)	14	Dept *Purpose* Your Initials

### **Vision Accounts Payable Invoice ID Examples**

Example 1:	
06130*MR*230930\	
DEPT*FOREST*LS	

Example 2:	
01260*WH*231011\ DEPT*SOVTRE*LG	
DEPT*SOVTRE*LG	

Example 3:	
01100*WH*231112\	
DEPT*VTHRPY*PW	