

PACT Act FILE UPLOAD LAYOUT

Detailed instructions on filing requirements can be found at tax.vermont.gov.

Version 11-01-2017

Col.	Field Name	Field Length	Field Format	Upload Requirements R=Required, C=Conditional, O=Optional	Description of Field Contents
A	Account Number	11		R = Required	
B	Reporting Period	8	MMDDYYYY	R = Required	Use last day of reporting period
C	Invoice Number	max 20		R = Required	
D	Date of Shipment	8	MMDDYYYY	R = Required	Must be month of filing period
E	Shipped to Type	1		R = Required	M = Manufacturer, W = Wholesaler, D = Distributor, R = Retailer, C = Consumer
F	Shipped to Name	max 70		R = Required	
G	Shipped to Address 1	max 40		R = Required	
H	Shipped to Address 2	max 40		R = Required	
I	Shipped to City	max 20		R = Required	
J	Shipped to State	2		R = Required	
K	Shipped to Zip	min 5, max 10	#####	R = Required	
L	Shipped to Phone #	max 13	###-###-####	R = Required	
M	Delivery Sale	1	1 or 0	R = Required	Yes = 1, No = 0
N	Delivery Service Company Name	max 70		C = Conditional	If Delivery Sale = 1
O	Delivery Service Address 1	max 40		C = Conditional	If Delivery Sale = 1
P	Delivery Service Address 2	max 40		C = Conditional	If Delivery Sale = 1
Q	Delivery Service City	max 20		C = Conditional	If Delivery Sale = 1
R	Delivery Service State	2		C = Conditional	If Delivery Sale = 1
S	Delivery Service Zip	min 5, max 10	#####	C = Conditional	If Delivery Sale = 1
T	Delivery Service Phone #	max 13	###-###-####	C = Conditional	If Delivery Sale = 1
U	Tobacco Type	1	C, R, or S	R = Required	C = Cigarettes, R = Roll Your Own, S = Smokeless
V	Brand Name	max 40		R = Required	Enter Brand Name; -1 = Other Brand Name
W	Other Brand Name	max 30		C = Conditional	If Brand Name = -1
X	Cigarettes (Sticks)	max 15	#####	C = Conditional	
Y	RYO (Ounces)	max 12 (including decimal)	####.##	C = Conditional	
Z	Smokeless (Ounces)	max 12 (including decimal)	####.##	C = Conditional	
AA	Extended Sale Price	max 12 (including decimal)	####.##	C = Conditional	
AB	Vermont Tax Paid	1	1 or 0	R = Required	Either Vermont stamped or tax paid to Vermont Yes = 1, No = 0

AQ

AR ***Please note: File must be saved and submitted as a .CSV file format.**

AS 1. No Commas can be included in the data. Please remove commas from the names and addresses before converting to .CSV format.

AU 2. Date fields must not include either a slash or dash as separators. Ex.: MMDDYYYY

AV 3. if entering a negative number place a negative symbol '-' at the beginning of the number. Ex.: -123