

## Business Banking – Tax Payment Reference

Making Federal Tax, State Tax and Child Support Payments

Log into business banking <u>www.ptcvt.com</u>. Select Move Money>Make/Collect a payment. From the payments screen pictured below, select Make payments>Make a one time payment>select funding account and payment type Tax(CCD). Enter a Payment name and Payment description as a reference.

/hat do you want to do?				
Make payments Collect payments Upload pass through file				
low do you want to pay?				
Make a one time payment	*			
Funding account				
CORPORATE CONNECT ****7315	•	Current: \$47.81	Available: \$47.81	
Payment type				
Tax (CCD)	•			
ACH Company ID				
1123456789	•			
Payment name				
Tax Payment Test				
Payment description				
(Terr				

Select the Tax Authority name for the type of tax payment you wish to make and select tax form number 'ALL'. The remaining fields pictured below are to be completed with your individual company taxpayer information. The crediting account information for each tax payment type will be prefilled. \*It will be important to verify the accuracy of the company taxpayer addenda information entered to ensure proper credit.

Recipient Details				
Tax Authority				
Tax authority name Tax form number   Vermont State Tax Payment ALL - ALL				
Enter the variable addenda information below				
Taxpayer ID 223445566				
Tax Type Code 0001				
Tax Period End Date 07/31/2024				
Tax Amount Type 1				
Tax Amount \$1.00				
Addenda information 705TXP * 223445566 * 0001 * 240731 * 1 * 100 \				
Account				
Bank account type Business Checking Routing number 221172186   Bank account number ====================================				

Once the payment has been submitted and company approved, you will be given the option to save the template for future payments. A secondary company Administrator may need to approve the new template before it is saved to the system and available to authorized online users.

December 100 and 100	and the second will be		DIA FOT Very mere
contacting your financia	al institution.	processed on Jul 22, 2024 by 4:30	J PM EDT. You may car
Save this payment as a	template?		
Yes No			
hat do you want	to do?		
Make payments	Collect payments	Upload pass through file	
Scheduled Payments	Approved Payments	Declined/Failed Payments	Payment Drafts
Scheduled Payments	Approved Payments	Declined/Failed Payments	Payment Drafts
Scheduled Payments	Approved Payments	Declined/Failed Payments	Payment Drafts
Scheduled Payments howing all payments	Approved Payments	Declined/Failed Payments	Payment Drafts
Scheduled Payments howing all payments scheduled Payments ul 23	Approved Payments	Declined/Failed Payments	Payment Drafts
Scheduled Payments Showing all payments Scheduled Payments Jul 23	Approved Payments	Declined/Failed Payments	Payment Drafts Amour -\$1.0

Below is what the saved template payment screen will look like for subsequent payments. Addenda record fields are to be completed with individual company taxpayer information.

1	Vermont State Tax Payment, ALL Checking *0634		\$1.00
Enter the va	riable addenda information below		
Taxpayer ID	00000000000		
Tax Type Code	00000		
Tax Period End Date	MM/DD/YYYY		
Tax Amount Type	0		
Tax Amount	:		
Addenda inf 705TXP * Ta	formation axpayer ID * Tax Type Code * Tax Perioc	l End Date * Tax Amoun	t Type * Tax Amount \

Repeat the same steps for other available tax payment types. Below are examples of what saved templates look like for EFTPS (Federal) and VT Child Support payments and the required fields needed when submitting payments.

1	EFTPS Tax Format Addenda, ALL			\$1.00
	Checking *1009			
Enter the va	riable addenda information below			
Taxpayer ID	00000000			
Taxpayer Type Code	IRS Tax Form #			
Tax Period End Date	MM/DD/YYYY			
Amount Type	1			
Tax Amount				
Amount Type (Optional)	2			
Tax Amount (Optional)				
Amount Type (Optional)	3			
Tax Amount (Optional)				
Addenda inf 705TXP * Ta nt * 3 * Tax	ormation xpayer ID * Taxpayer Type Code * Amount \	Тах	Period End Date * 1 * 1	Fax Amount * 2 * Tax Amou

1	State of Vermont Child Support, ALL Checking *0246		\$1.00
Enter the va	ariable addenda information below		
Case Identifier	000000000		
Pay Date	MM/DD/YYYY		
Payment Amount			
Absent Parent SSN	00000000		
Absent Parent Name (Optional)	000000000		
FIPS Code (Optional)			
Employmer Termination (Optional)	nt		
Addenda in	formation		
705DED * 0 nt Name *	CS * Case Identifier * Pay Date * Payn * Employment Termination \	ent Amount * Absent Parent SS	N * W * Absent Pare