

# **Personal Property Tax Relief Act**

## **Procedures for Locality Reimbursements for Tax Years 1999 and Thereafter Updated 2004**



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# Personal Property Tax Relief Act

## Procedures for Locality Reimbursements for Tax Years 1999 and Thereafter

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# **Personal Property Tax Relief Act**

## **Procedures for Locality Reimbursements for Tax Years 1999 and Thereafter**

### **Overview and Data Requirements**

The 2004 Session of the General Assembly passed legislation that changes the Commonwealth's method of reimbursing localities for Personal Property Tax Relief effective with Tax Year 2006. This procedure document is being updated due to this change and will include procedures for the current method and the changes necessary to prepare for the new method. The changes will be effective **December 1, 2004**.

Tax Year is defined as the 12-month period beginning in the calendar year for which tangible personal property taxes are imposed.

Section 58.1-3527 of the Personal Property Tax Relief Act (this section is repealed effective 1/1/2006) stipulates that the Comptroller shall prescribe the form of reimbursement request for tax years 1999 and thereafter.

We have developed two methods for reimbursement. Both provide for the submission of summarized data. The first method is keying the reimbursement request directly on-line into the Commonwealth Accounting and Reporting System (CARS) and receiving your payment through EDI. This is the preferred method. Using this method will get you your reimbursement in a two-business day turnaround. The second method is faxing the required information to the Department of Accounts (DOA). The two-business day turnaround is not guaranteed with this method.

### **Current process:**

Regardless of which method is chosen the information required to process a reimbursement would be the same. All requests will be made in a summary fashion. We will require seven pieces of information to process a request. They are:

**FIPS Number** This is the current Federal Information Processing Standard. It is a three-digit field. It is the number currently entered in the upper right hand of all Deposit Certificates for the Commonwealth. This number will remain the same for every request.

## Overview and Data Requirements

<b>FIPS suffix</b>	The suffix is a two digit field. The suffix will be used to track the number of requests made per day. For example, 01 would be used for your first request, 02 would be used for your second request, etc. This number will reset at 01 at the beginning of each business day.
<b>Vendor Id</b>	The Vendor Id is your nine-digit tax identification number. This information is entered into CARS to access your locality name and address. This information will remain the same for all requests.
<b>Vendor Id Suffix</b>	The vendor Id Suffix is a two-digit field. For payments made through EDI, the suffix directs the EDI payment to the correct bank account if your locality has more than one account. This information will remain the same for all requests, unless you change your bank account.
<b>Transaction Amount</b>	This amount will be the summation of many detailed records at your office and represents the money due to you from the Commonwealth of Virginia.
<b>Invoice Number</b>	This is a twelve-digit field, currently only eleven digits are utilized. The format and requirements for use of the invoice number is defined as follows: The first three spaces will be your FIPS number, spaces four and five will be the FIPS Suffix, and spaces six through eleven will be the date (MMDDYY). When complete your invoice number would follow this format FIPSXMMDDYY. This number is very important to the process because this will be the mechanism used to tie the summarized request to the detailed records maintained at the locality. The invoice number will be referenced on your EDI deposit remittance data so that you can tie the cash disbursement received in the bank to the original request
<b>Due Date</b>	This is an eight digit field (MMDDYYYY). This field will only be utilized for the requests that must be divided into four equal payments. Requests for calendar years 1999, 2000, and 2001 will not require this field except for vehicles assessed at \$1,000 or below. These requests must be divided into four equal payments the first of which will be due to the locality four weeks prior to the customary due date for the property tax in your locality.

## **New Process (effective 12/1/04):**

In order to assist the Auditor of Public Accounts with their certification of Tax Year 2005 actual payments as required by Section 58.1-3524A (Chapter 1, 2004 Special Session 1) additional information on the tax year for the reimbursement request is required.

Regardless of which method is chosen (on-line or fax) the information required to process a reimbursement would be the same. All requests will be made in a summary fashion **by tax year**. We will require ten pieces of information to process a request. They are:

**FIPS Number** This is the current Federal Information Processing Standard. It is a three-digit field. It is the number currently entered in the upper right hand of all Deposit Certificates for the Commonwealth. This number will remain the same for every request.

**FIPS suffix** The suffix is a two digit field. The suffix will be used to track the number of requests made per day. For example, 01 would be used for your first request, 02 would be used for your second request, etc. This number will reset at 01 at the beginning of each business day.

**Vendor Id** The Vendor Id is your nine-digit tax identification number. This information is entered into CARS to access your locality name and address. This information will remain the same for all requests.

**Vendor Id Suffix** The vendor Id Suffix is a two-digit field. For payments made through EDI, the suffix directs the EDI payment to the correct bank account if your locality has more than one account. This information will remain the same for all requests, unless you change your bank account.

**Total Reimbursement Amount** This amount will be the total amount you are requesting for the day. Your individual requests must total (net) to this amount. Any error in this calculation **will delay** the processing of your request.

**Transaction Amount** This amount will be the summation of many detailed records at your office and represents the money due to you from the Commonwealth of Virginia for **a tax year**. A separate request is required for each tax year. If you have an adjustment to make to a tax year (negative amount), you may enter it as a request provided that the total request for the day is a positive. See additional information on adjustments.

## Overview and Data Requirements

### **Invoice**

#### **Number**

This is a twelve-digit field, currently only eleven digits are utilized. The format and requirements for use of the invoice number is defined as follows: The first three spaces will be your FIPS number, spaces four and five will be the FIPS Suffix, and spaces six through eleven will be the date (MMDDYY). When complete your invoice number would follow this format FIP SXMMDDYY. This number is very important to the process because this will be the mechanism used to tie the summarized request to the detailed records maintained at the locality. The invoice number will be referenced on your EDI deposit remittance data so that you can tie the cash disbursement received in the bank to the original request.

#### **Tax Year**

This is the tax year for the reimbursement request. Valid years are 1999 – 2005. This is a required field and is extremely important as the 2005 data will be used to calculate your locality's share of the Commonwealth's future reimbursements.

#### **Credit Adj**

This field is left blank for a normal reimbursement request. If you are netting a credit adjustment for a tax year with positive requests for other years, then a 'Y' should be entered in this field to indicate a negative amount. See additional information on adjustments.

#### **Due Date**

This is an eight digit field (MMDDYYYY). This field will only be utilized for the requests that must be divided into four equal payments. Requests for calendar years 1999, 2000, and 2001 will not require this field except for vehicles assessed at \$1,000 or below. These requests must be divided into four equal payments the first of which will be due to the locality four weeks prior to the customary due date for the property tax in your locality.

## **On-line Method The Preferred Method**

### **Do I have Access to On-line?**

To use the on-line method, a connection to the Virginia Information Technologies Agency (VITA) and a 3270 emulator on your computer is required. If you currently have access to the STARS system at the Department of Taxation, then you already have both of these. If you currently do not have this, and you would like to use the on-line method for submission please contact the Virginia Information Technologies Agency at (804) 786-3932. VITA can provide you with the requirements for obtaining the connection. You will be responsible for providing all hardware and all costs associated with the VITA line.

### **How do I get logon Ids?**

Once the connection to VITA and 3270 emulator have been established you will need a logon ID to access the Personal Property Tax Relief Act system. We will require the locality to have a separate logon for two individuals. The first logon will be for the primary individual responsible for entering the requests, the second logon ID will be for the backup individual. To receive your logon IDs please complete the Request for CARS User Logons for PPTRA (FORM A, see attached) and fax the completed Form to the Department of Accounts at (804) 225-4250. Your logon Ids will be established and you will be notified once complete.

### **How do I signup for EDI?**

If you currently do not receive your payments from the Commonwealth through EDI, and would like to start receiving them in this manner, complete the EDI Payment Agreement (FORM B, 2 pages, see attached). Fax the completed Form to the Department of Accounts at (804) 225-4250.

### **Overview of how the On-line System Works**

The On-line System provides the locality the opportunity to key their requests directly to the Commonwealth Accounting and Reporting System. Each day the locality will be able to enter requests into the system. The system is brought down daily at 6:00 PM to perform the nightly edit. This means that all requests that are entered into the system will be processed each night. The request that you enter into the system today will not be present in the system tomorrow. This is extremely important to understand. Any keying mistakes must be corrected the day that the request is entered. Also, any requests that you do not want to process must be deleted the day that they were entered. Otherwise they will also be processed. Payments will be sent to the localities through EDI. This method will ensure the two-business day turnaround.

**On-Line Method  
The Preferred Method**

**How do I Key a request?**

Once the connection to VITA has been established, you have access to a 3270 emulator, and your logon Ids have been established, you can start to enter your reimbursement requests. On your computer open the 3270 emulator and you should see this screen.

<p>VIRGINIA INFORMATION TECHNOLOGIES AGENCY COMMONWEALTH NETWORK</p> <p>NOTICE AND WARNING: THIS SYSTEM IS THE PROPERTY OF THE COMMONWEALTH OF VIRGINIA. ONLY PERSONS AUTHORIZED BY THE COMMONWEALTH OF VIRGINIA SHALL BE PERMITTED ACCESS TO THIS SYSTEM. PERSONS PERMITTED ACCESS SHALL USE THIS SYSTEM ONLY FOR THOSE PURPOSES FOR WHICH THEY HAVE BEEN AUTHORIZED. ALL ACCESSES AND ACTIVITIES ON THIS SYSTEM ARE MONITORED CONTINUOUSLY. ANY EVIDENCE OF UNAUTHORIZED ACCESS, UNAUTHORIZED USE, MISUSE, OR ABUSE OF THIS SYSTEM OR THE INFORMATION CONTAINED IN THIS SYSTEM SHALL BE PROMPTLY REPORTED TO APPROPRIATE AGENCY MANAGEMENT, SECURITY PERSONNEL, AND FEDERAL, STATE, AND LOCAL LAW ENFORCEMENT OFFICIALS FOR INVESTIGATION AND PROSECUTION TO THE FULLEST EXTENT OF THE LAW.</p> <p>ENTER :</p>
--

This is the Virginia Information Technologies Agency logon screen. At this screen type the word "CARS" after the word "ENTER," and hit enter.

**On-Line Method  
The Preferred Method**

```
09:44:53      TID  508          COMPCARS          User          10/15/98
                                           ULG0
-----      COM-LETE System Logon      -----

User ID .....:
Password .....:
New password .....:

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---
Cont      End
```

This will bring you to the COM-LETE System logon screen, which will require you to enter the logon ID that you obtained from DOA and your password. Hit enter.

NOTE: The security software will require you to change your password periodically. To do this, tab down to “New Password” after entering your User ID and password and enter a new password. You will then be prompted to re-enter the new password. Re-enter the password and hit enter. Your password has been changed.



**On-Line Method**  
**The Preferred Method**

ACTL0100	C A R S - MASTER MENU	S100
ENTER FUNCTION: XX (TWO DIGIT NUMBER FROM LIST BELOW)		
TABLE MAINTENANCE/INQUIRY:	FINANCIAL INQUIRY:	
20-DESCRIPTOR	61-APPROPRIATION	
21-TRANSACTION CODE	62-CASH CONTROL	
22-COST CODE	63-DOCUMENT	
23-VENDOR EDIT	64-PROJECT SUMMARY	
24-PROJECT CONTROL	65-VENDOR PAYMENT DETAIL	
25-SECURITY	66-VENDOR PAYMENTS DISPLAY	
26-SYSTEM MANAGEMENT		
FINANCIAL DATA ENTRY:	1099 ADJUSTMENT SYSTEM:	
40-ENTER ACCOUNTING TRANSACTIONS	70-ADJUSTMENT TRANSACTIONS	
41-RECALL BATCH FOR CORRECTION	75-VIEW DETAIL DATA	
42-VIEW BATCH HEADERS	76-VIEW SUMMARY DATA	
43-VIEW A BATCH		
44-ERROR CORRECTION DATA ENTRY	MISCELLANEOUS	
45-DISPLAY ERROR TRANSACTIONS	91-NEWS BROADCAST	
46-DISPLAY BATCH SYSTEM STATUS	92-STANDARD REPORT REQUEST	
50-LOCAL TREASURERS	99-SIGNOFF	

This screen is the CARS master menu screen. If you look under the category FINANCIAL DATA ENTRY you will see that Item 50 is "LOCAL TREASURERS." Enter "50" at the top of the screen beside "ENTER FUNCTION" and hit enter.

Once data entry is complete you may log-off of the system from the main menu by entering "99" at the top of the screen beside "ENTER FUNCTION" and hit enter.

**On-Line Method**  
**The Preferred Method**

ACTL0500	C A R S - LOCAL TREASURERS MENU	S500
ENTER FUNCTION: XX (TWO DIGIT NUMBER FROM LIST BELOW) (OR PF13 TO RETURN TO MASTER MENU)		
51-ENTER PPTRA TRANSACTIONS 52-ENTER DEPOSIT CERTIFICATES		

This screen is the Local Treasurers Menu. Enter “51” at the top of the screen beside “ENTER FUNCTION” and hit enter.

Once data entry is complete you may return to the main menu by hitting PF13.

**On-Line Method  
The Preferred Method**

**Current Screen:**

ACTL0470	C A R S - PERSONAL PROPERTY TAX TRANSACTION INPUT	S470
ENTER FUNCTION: X (A=ADD, C=CHANGE, D=DELETE, V=VIEW, N=NEXT,PF13=MENU)		
FIPS:	XXX	SUFFIX: XX
VENDOR IDENTIFICATION NUMBER:	XXXXXXXXXX	
VENDOR IDENTIFICATION NUMBER SUFFIX:	XX	
TRANSACTION AMOUNT:	XXXXXXXXXXXXXXXXXX	
INVOICE NUMBER:	XXXXXXXXXXXXXXXXXX	
DUE DATE:	XXXXXXXXXX	

This is the CARS Personal Property Tax Transaction Input Screen. This is where you will enter the data for your request. The fields have been Xed so that you can see where the required data will appear when entered. The functions listed above work as described below.

<u>FUNCTION</u>	<u>DESCRIPTION</u>
ADD	Type "A" in the enter function field to add a reimbursement request. Key in appropriate data and hit enter.
CHANGE	After you have viewed a request and determined that it is incorrect and needs to be updated with the correct data, enter "C" in the enter function field and type over the incorrect information and hit enter. This will update your request with the correct data.
DELETE	After you have viewed a request and determined that it is not necessary, it can be deleted by entering "D" in the enter function field and hitting the enter key. You will be asked to confirm whether you want to delete the item. Enter a "Y" for yes or a "N" for no. Hit enter. This will remove that particular request from your files
VIEW	If you want to look at requests that have been previously keyed that day enter "V" in the enter function field and key the appropriate FIPS number and Suffix.

**On-Line Method**  
**The Preferred Method**

NEXT After you have reviewed a request and you determine you would like to review all requests that follow, enter "N" in the enter function field and hit enter. This will take you to the next request for your locality. Using this feature you can scroll through your request.

PF13 Hit PF13 to return to the Local Treasurers menu.

**Revised Screen:**

ACTL0510	C A R S - PERSONAL PROPERTY TAX TRANSACTION INPUT	S510
ENTER FUNCTION: X (F=ADD SINGLE LINE, T=ADD MULTIPLE LINES, PF13=MENU, C=CHANGE, D=DELETE, V=VIEW, N=VIEW NEXT)		
FIPS: XXX	SUFFIX:	XX
VENDOR IDENTIFICATION NUMBER:		XXXXXXXXXX
VENDOR IDENTIFICATION NUMBER SUFFIX:		XX
TOTAL REIMBURSEMENT REQUEST:		XXXXXXXXXXXXXXXXXX
TAX YR TRANSACTION AMOUNT:		XXXXXXXXXXXXXXXXXX
INVOICE NUMBER:		XXXXXXXXXXXXXX
TAX YEAR(REQUIRED):		XXXX
CREDIT ADJ('Y'-NEGATIVE/BLANK-POSITIVE):		X
DUE DATE:		XXXXXXXX (MMDDYYYY)

This is the CARS Personal Property Tax Transaction Input Screen. This is where you will enter the data for your request. The fields have been Xed so that you can see where the required data will appear when entered. The functions listed above work as described below.

**On-Line Method  
The Preferred Method**

<u>FUNCTION</u>	<u>DESCRIPTION</u>
F - ADD SINGLE LINE	Type "F" in the enter function field to add a single reimbursement request. Key in appropriate data and hit enter.
T - ADD MULTIPLE LINES	Type "T" in the enter function field to add multiple reimbursement requests. Key in appropriate data and hit enter. Data in the FIPS, Vendor Identification Number, Vendor Identification Number Suffix and Total Reimbursement Request fields will be carried forward. (This is similar to the function of the Treasurer's Deposit Screen.)
CHANGE	After you have viewed a request and determined that it is incorrect and needs to be updated with the correct data, enter "C" in the enter function field and type over the incorrect information and hit enter. This will update your request with the correct data.
DELETE	After you have viewed a request and determined that it is not necessary, it can be deleted by entering "D" in the enter function field and hitting the enter key. You will be asked to confirm whether you want to delete the item. Enter a "Y" for yes or a "N" for no. Hit enter. This will remove that particular request from your files
VIEW	If you want to look at requests that have been previously keyed that day enter "V" in the enter function field and key the appropriate FIPS number and Suffix.
NEXT	After you have reviewed a request and you determine you would like to review all requests that follow, enter "N" in the enter function field and hit enter. This will take you to the next request for your locality. Using this feature you can scroll through your request.
PF13	Hit PF13 to return to the Treasurer's menu.

**On-Line Method**  
**The Preferred Method**

During the input of your data you will receive on-line messages. These messages will relay information to you about the request that you are entering into the PPTRA system. Below is a listing of the messages and their intent.

ONLINE MESSAGES

<u>CODE</u>	<u>TITLE</u>	<u>DESCRIPTION</u>
Z01	RECORD SUCCESSFULLY ADDED	Record was accepted for processing.
Z02	RECORD SUCCESSFULLY CHANGED	Function "C" was selected, record previously entered was successfully changed. Changes accepted for processing.
Z03	DO YOU WISH TO DELETE?	Function "D" was selected. Confirmation that you want to delete the selected record.
Z04	RECORD SUCCESSFULLY DELETED	Function "D" was selected and confirmed for deletion. The record has been removed from the system.
Z05	RECORD NOT DELETED	Function "D" was selected and NOT confirmed for deletion. The record remains on system for processing.
Z06	RECORD SUCCESSFULLY DISPLAYED	Function "V" was selected and the record was displayed.
Z07	NEXT RECORD SUCCESSFULLY DISPLAYED	Function "N" was selected. The next record has been displayed.
Z13	RECORD ALREADY EXISTS	The suffix number you are trying to add already exists on the system. Check to see if FIPS and FIPS Suffix are correct.
Z14	RECALL BEFORE CHANGE	You must view a record before using the "C" function to change the record. FIPS and FIPS Suffix can not be changed.

**On-Line Method  
The Preferred Method**

<u>CODE</u>	<u>TITLE</u>	<u>DESCRIPTION</u>
Z96	VENDOR NOT ON VE TABLE	The Vendor Identification Number/Suffix are not in the system. Check to see if you have input your vendor ID correctly.
ZB9	DUE DATE INVALID	The Due Date entered is invalid. Check format – it should be MMDDYYYY. Due Date must be within next Calendar year.
ZC0	FIPS INVALID	The FIPS code entered does not match the FIPS code associated with the Vendor Identification Number entered. Check that the FIPS and Vendor Identification Number are keyed correctly.
ZC1	AMOUNT INVALID	A valid amount must be entered in the Transaction Amount field or Total Reimbursement field. Amount cannot equal zero or contain a decimal or negative sign.
ZC3	INVOICE CANNOT BE BLANK	An invoice number is required for processing.
ZC4	INVOICE NUMBER INVALID	The invoice number contains an invalid character. No special characters are allowed. Use only numbers in this field.
ZE1	TAXYR-PPTRA MUST BE NUMERIC	The Tax Year must be numeric and be 1999 – 2005.
ZE2	TAXYR-PPTRA IS NOT VALID	The Tax Year must be 1999 – 2005.
ZE5	PPTRA-CREDIT-ADJ MUST = Y OR SPACE	The credit-adj field must either be a Y to indicate a negative payment or a blank to indicate a positive.
ZE6	ALL FIELDS BUT CREDIT-ADJ/DUE DATE ARE REQUIRED	A required field has been left blank.

## **Fax Method**

If a locality wants to choose the fax method they will be required to complete the Request To Use Fax Method For PPTRA (FORM C, see attached). This form will provide DOA with the names and signatures of two individuals (primary and backup) who will be responsible for sending and certifying the PPTRA data faxed to DOA.

The fax method will require the same information as the on-line method. This information will be captured by the locality completing the Request For Reimbursement Under PPTRA Using The Fax Method (FORM D, see attached). This form will require the seven data fields to be completed as well as a signature certifying the data. Once this form is completed, the locality will fax it to Department of Accounts. DOA will enter the request into the PPTRA system. The two-business day turnaround will not be guaranteed with this method.

NOTE: If it is decided that your locality does not want to use the On-line system and you do not have access to a FAX machine, you may utilize the FAX method and send the completed Request For Reimbursement Under PPTRA Using The Fax Method (FORM D, see attached) via US mail to the following address:

Department of Accounts  
General Accounting Unit  
PPTRA Transactions  
P.O. Box 1971  
Richmond, VA 23218-1971

# Adjustments, Overpayments and Underpayments

## Adjustments

We realize that over time localities have begun to net adjustments for earlier tax years with reimbursement requests for current tax years. With the changes being made to the data collection it is imperative that all tax year 2005 activity be properly accumulated. Therefore, the new screen and process will allow for a negative adjustment for a tax year as long as the total amount requested for the day nets to a positive amount. Negative adjustment amounts will be identified by keying a “Y” in the Credit Adj field. A negative sign **must not** be entered with the transaction amount.

## Cities/Counties

Once an **overpayment** is discovered by DMV or the locality the amount of the overpayment must be deposited back to the Commonwealth. It must be deposited on a separate DC at your bank by the end of the next business day from discovery. Do not include any other deposits on this DC. Once completed, the deposit certificate should be entered to CARS using the following coding on the Treasurers’ Deposit Certificate Screen.

PPTRA deposit coding:

TC = ‘003’; Agy = ‘850’; Fund/FDET = ‘0920’; FFY = current fiscal year; REV = ‘09084’

TAXYR- PPTRA = ‘Tax Year deposit should be credited to’

The deposit certificate should only be forwarded to DOA for entry if the locality does not key into the deposit certificate screen. Mail the complete deposit information via US mail to the following address:

Department of Accounts  
General Accounting Unit  
PPTRA Transactions  
P.O. Box 1971  
Richmond, VA 23218-1971

Once an **underpayment** has been discovered and DOA is notified by DMV, DOA will take the appropriate steps necessary to submit a reimbursement request for the locality for the amount of underpayment identified.

## **Adjustments, Overpayments and Underpayments**

### **Towns**

Once an **overpayment** is discovered by DMV or the locality the amount of the overpayment must be paid back to the Commonwealth. If you are a Town, you must cut a check in the amount of the overpayment to the Treasurer of Virginia by the end of the next business day from discovery. This check must be mailed via US mail to the following address:

Department of Accounts  
General Accounting Unit  
PPTRA Transactions  
P.O. Box 1971  
Richmond, VA 23218-1971

Once an **underpayment** has been discovered and DOA is notified by DMV, DOA will take the appropriate steps necessary to submit a reimbursement request for the locality for the amount of underpayment identified.

**REQUEST FOR CARS USER LOGONS FOR PPTRA**

A CARS user logon is required to access the PPTRA On-line system. To receive your logons please complete the information below. Two logons will be required. You must identify the primary user and the backup user (in absence of primary user). Whenever there is a change in either of these users you must complete a new form. Once the form is complete, fax to Department of Accounts at (804) 225-4250. You will be notified when your logons have been established.

**Primary User**

---

**Name**

---

**Signature**

---

**Title and  
Locality Name**

---

**Date**

---

**Backup User**

---

**Name**

---

**Signature**

---

**Title and  
Locality Name**

---

**Date**

---

**EDI Payment Agreement**  
**For Grant and Locality Payments**

**FORM B**

This agreement is entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ between the Commonwealth of Virginia ("Commonwealth"), and the \_\_\_\_\_ City/County/Town/GRANTEE/LOCALITY of \_\_\_\_\_ ("GRANTEE/LOCALITY").

GRANTEE/LOCALITY hereby authorizes the Commonwealth to make payments by utilizing, at the Commonwealth's option, electronic data interchange ("EDI"). GRANTEE/LOCALITY acknowledges and agrees that the terms and conditions of all agreements between the GRANTEE/LOCALITY and the Commonwealth concerning the method and timing of payment shall be amended to the extent provided in this Agreement.

The EDI payment shall be deemed completed when the GRANTEE's/LOCALITY's Depository Institution receives or has control of the payment. The Electronic Payment Information Form is an integral part of this agreement.

If CTX is chosen, GRANTEE/LOCALITY understands and acknowledges that the Commonwealth will deliver the remittance data to GRANTEE's/LOCALITY's designated Depository Institution. If CCD is chosen, the Commonwealth agrees to deliver the remittance data in (circle one) 1) Electronic Format, or 2) Paper Advice via Facsimile.

The GRANTEE/LOCALITY shall provide the Commonwealth written notification of any change in the depository institution, payment instructions, or remittance data instructions at least 15 days in advance of such change. Such notification shall be delivered to the Department of Accounts via:

- E-mail to: [edi@doa.virginia.gov](mailto:edi@doa.virginia.gov) ,
- Fax to: (804) 225-4250, or
- U.S. Mail to: Virginia Department of Accounts, General Accounting, P.O. Box 1971, Richmond, VA 23218-1971

A "Trading Partner Notification of Change" form can be printed from DOA's website ([www.doa.virginia.gov](http://www.doa.virginia.gov)) the changed information filled in, and the form faxed or mailed to the fax number or address above, respectively.

In the event of duplicate payment, overpayment, fraudulent payment, or payment made in error, GRANTEE/LOCALITY agrees to return any such payment to the Commonwealth, after the Commonwealth first provides information to the GRANTEE/LOCALITY documenting any duplicate payment, overpayment, fraudulent payment, or payment in error.

The Commonwealth shall be responsible for making all payments required pursuant to this Agreement and for any loss of payment prior to the point at which the GRANTEE's/LOCALITY's Depository Institution shall receive or have control of the payment, except that GRANTEE/LOCALITY shall be responsible for any loss which may arise by reason of any error, mistake, or fraud regarding the information provided herein, or any subsequent changes. Any other loss shall be borne by the Commonwealth, except to the extent that such loss arises by reason of the negligence or willful misconduct of the GRANTEE/LOCALITY. In the event that payment has not been received by GRANTEE/LOCALITY, GRANTEE/LOCALITY shall notify the Commonwealth immediately in writing and the Commonwealth shall have ten (10) business days from the date of receipt of such notice in which to make said payment. Until the expiration of that period, GRANTEE/LOCALITY agrees that it will not have or pursue any rights or remedies against the Commonwealth for any failure to make payment, including without limitation, actual, incidental, or consequential damages.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

FORM B

**AGENCY, GRANT, LOCALITY, and NON-STATE AGENCY  
ELECTRONIC PAYMENT INFORMATION FORM**

**Agency, Grantee, Locality, or Non-State Agency Information (Circle One):**

Name \_\_\_\_\_

Purpose Of Account (Utilities, Education, Etc.) \_\_\_\_\_

Taxpayer ID Number \_\_\_\_\_

Address (Street or P.O. Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

Area Code/Telephone No. \_\_\_\_\_

Payment Format Desired (check one):    CCD \_\_\_\_                            CTX \_\_\_\_

Fax Telephone No. \_\_\_\_\_

---

**Bank Information:**

Name Of Bank \_\_\_\_\_

Address Of Bank (Street or P.O. Box) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

(Check one)    Checking \_\_\_\_\_                            Savings \_\_\_\_\_

Transit Routing Number (9 Digits) For Bank \_\_\_\_\_

Bank Account Number \_\_\_\_\_

Bank Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Bank Area Code & Telephone Number \_\_\_\_\_

**DEPARTMENT OF ACCOUNTS USE ONLY:**

Function:            ADD \_\_\_\_                            CHANGE \_\_\_\_                            DELETE \_\_\_\_

Keyed by \_\_\_\_\_ Date \_\_\_\_\_                            Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

**REQUEST TO USE FAX METHOD FOR PPTRA**

To use the Fax method for PPTRA you will need to identify two individuals that will be responsible for certifying that the information on the Request For Reimbursement Under PPTRA Using The Fax Method (FORM D) is correct, before faxed to DOA. Please complete the information below. You must identify the individual responsible for the primary certification and an individual responsible for the backup certification (in absence of primary individual). Whenever there is a change in either of these individuals you must complete a new form. Once the form is complete, fax to Department of Accounts at (804) 225-4250.

**Primary Certification**

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**Name** \_\_\_\_\_**Signature** \_\_\_\_\_**Title and  
Locality Name** \_\_\_\_\_**Date** \_\_\_\_\_**Backup Certification**

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**Name** \_\_\_\_\_**Signature** \_\_\_\_\_**Title and  
Locality Name** \_\_\_\_\_**Date** \_\_\_\_\_

**REQUEST FOR REIMBURSEMENT UNDER PPTRA  
USING THE FAX METHOD**

FAX TO: DEPARTMENT OF ACCOUNTS  
GENERAL ACCOUNTING UNIT  
PPTRA TRANSACTIONS

FAX NUMBER (804) 225-4250

OR IF FAX UNAVAILABLE SEND IN U.S. MAIL TO:

Department Of Accounts  
General Accounting Unit  
PPTRA Transactions  
P.O. Box 1971  
Richmond, VA 23218-1971

REQUIRED INFORMATION

FIPS \_\_\_\_\_

FIPS SUFFIX \_\_\_\_\_

VENDOR ID NUMBER \_\_\_\_\_

VENDOR ID SUFFIX \_\_\_\_\_

TOTAL REIMBURSE AMOUNT \_\_\_\_\_

TAX YR TRANSACTION AMOUNT \_\_\_\_\_

INVOICE NUMBER \_\_\_\_\_

TAX YEAR \_\_\_\_\_

DUE DATE \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date