FLD_DESC,C,60	FORMFLD_TEXT,C,60
Client #	STA Client Code
Company Name..........................	STA Client Company
Name........................	STA Client Name
Address.....................	STA Client Address
City..............	STA Client City
1	STA Client State
Zip....	STA Client Zip Code
City, ST Zip..................	STA Client City, ST Zip
Country...........	STA Client Country
Country2..........	STA Client Country2
Code #1	STA Client Postal Code
City, Pv1 Code #1..............	STA Client City, Province Postal Code
Phone #1...	STA Client Phone 1
Phone #2...	STA Client Phone 2
Phone #3...	STA Client Phone 3
Phone #4...	STA Client Phone 4
Lst Py	STA Client Last Payment
Lst Pu	STA Client Last Invoice
Balance..	STA Client Balance
Company Name #2........................	STA Client Company 2
Name #2.....................	STA Client Name 2
Address #2..................	STA Client Address 2
City #2...........	STA Client City 2
2	STA Client State 2
Zip #2.	STA Client Zip Code 2
City #2, ST2 Zip #2..........	STA Client City2, ST2 Zip Code2
Code #2	STA Client Postal Code 2
City #2, Pv2 Code #2..........	STA Client City2, Province 2 Postal Code 2
Client Comments.......................	STA Client Comments
CurrDt	STA Current Date
Statement Text........................	STA Statement Text
TotAmtDue.	STA Total Amount Due
Invoice#	STA Invoice Number
Iv Dte	STA Invoice Date
Du Dte	STA Invoice Due Date
Description.................	STA Invoice Description
T	STA Invoice Type
Inv Bal..	STA Invoice Balance
Your Company Name...........	STA Your Company Name
Your Address #1.............	STA Your Address 1
Your Address #2.............	STA Your Address 2
Your City....	STA Your City
3	STA Your State
Your Zp	STA Your Zip Code
Your City, ST Zip.............	STA Your City, ST Zip Code
P3	STA Your Province
Your Cd	STA Your Postal Code
Your City, Pv Code............	STA Your City, Province Postal Code

Your Phone	STA	Your Phone
Fur. Due.	STA	Future Due Amount
Over 30..	STA	Over 30 Days Due Amount
Over 60..	STA	Over 60 Days Due Amount
Over 90..	STA	Over 90 Days Due Amount
Client #	INV	Client Code
Company Name.........................	INV	Client Company
Address.....................	INV	Client Address
Name.......................	INV	Client Name
City..............	INV	Client City
1	INV	Client State
Zip....	INV	Client Zip Code
City, ST Zip..................	INV	Client City, ST Zip Code
Country...........	INV	Client Country
Country2..........	INV	Client Country 2
P1	INV	Client State 2
Code #1	INV	Client Postal Code
City, Pv1 Code #1..............	INV	Client City, Province Postal Code
Ship TO #1.................	INV	Client Ship Name
Ship TO #2.................	INV	Client Ship to Address1
Ship TO #3.................	INV	Client Ship to Address2
Ship TO #4.................	INV	Client Ship to Address3
Phone #1...	INV	Client Phone 1
Phone #2...	INV	Client Phone 2
Phone #3...	INV	Client Phone 3
Phone #4...	INV	Client Phone 4
Lst Py	INV	Last Payment
Lst Pu	INV	Last Purchase
Balance..	INV	Client Balance
Company Name #2.......................	INV	Client Company 2
Name #2.....................	INV	Client Name 2
Address #2..................	INV	Client Address 2
City #2...........	INV	Client City 2
2	INV	Client State 2
Zip #2.	INV	Client Zip Code 2
City #2, ST2 Zip #2..........	INV	Client City2, ST2 Zip Code 2
P2	INV	Client Province 2
Code #2	INV	Client Postal Code 2
City #2, Pv2 Code #2..........	INV	Client City 2, Province 2 Postal Code 2
Client Comments.......................	INV	Client Comments
Ref Number...	INV	Reference Number
PO Number....	INV	PO Number
Job #...	INV	Job Number
Sl	INV	Salesperson
Invoice#	INV	Invoice Number
Iv Dte	INV	Invoice Date
Du Dte	INV	Due Date
Amt Paid	INV	Amount Paid
Sal Tx	INV	Sales Tax

GST Tx	INV	GST Tax
Frght	INV	Freight
Sub Tot..	INV	Sub Total
Sub Tot2.	INV	Sub Total 2
Inv Bal..	INV	Invoice Balance
Invoice Description.........	INV	Invoice Description
Your Company Name...........	INV	Your Company
Your Address #1.............	INV	Your Address 1
Your Address #2.............	INV	Your Address 2
Your City....	INV	Your City
3	INV	Your State
Your Zp	INV	Your Zip Code
Your City, ST Zip.............	INV	Your City, ST Zip Code
P3	INV	Your Province
Your Cd	INV	Your Postal Code
Your City, Pv Code............	INV	Your City, Province Postal Code
Your Phone	INV	Your Phone
Code #..	INV	Product/Service/Message Number
Description...........................	INV	Product/Service/Message Description
cQty	INV	Quantity
Price.	INV	Price
Extend.	INV	Extended Amount
X	INV	GST Flag
Vendor #	PUR	Vendor Number
Company Name..........................	PUR	Vendor Company
Name........................	PUR	Vendor Name
Address.....................	PUR	Vendor Address
City.............	PUR	Vendor City
1	PUR	Vendor State
Zip....	PUR	Vendor Zip Code
City, ST Zip..................	PUR	Vendor City, ST Zip Code
Country...........	PUR	Vendor Country
P1	PUR	Vendor Province
Code #1	PUR	Vendor Postal Code
City, Pv1 Code #1..............	PUR	Vendor City, Province Postal Code
Phone 1....	PUR	Vendor Phone 1
Phone 2....	PUR	Vendor Phone 2
Lst Py	PUR	Last Payment
Lst Pu	PUR	Last Purchase
Balance..	PUR	Vendor Balance
Purch #	PUR	Purchase Order Number
Iv Dte	PUR	Purchase Date
Du Dte	PUR	Due Date
Sal Tx	PUR	Sales Tax
GST Tx	PUR	GST Tax
Sub Tot..	PUR	Sub Total
Inv Bal..	PUR	Purchase Order Amount
Purchase Description........	PUR	Purchase Order Description
Your Company Name...........	PUR	Your Company

Your Address #1.............	PUR	Your Address 1
Your Address #2.............	PUR	Your Address 2
Your City....	PUR	Your City
3	PUR	Your State
Your Zp	PUR	Your Zip Code
Your City, ST Zip.............	PUR	Your City, ST Zip Code
P3	PUR	Your Province
Your Cd	PUR	Your Postal Code
Your City, Pv Code............	PUR	Your City, Province Postal Code
Your Phone	PUR	Your Phone
Code #..	PUR	Product/Service/Message Number
Description...........................	PUR	Product/Service/Message Description
cQty	PUR	Quantity Ordered
Price.	PUR	Cost
Extend.	PUR	Extended Amount
X	PUR	GST Flag
Vendor #	REC	Vendor Number
Company Name..........................	REC	Vendor Company
Name........................	REC	Vendor Name
Address.....................	REC	Vendor Address
City..............	REC	Vendor City
1	REC	Vendor State
Zip....	REC	Vendor Zip Code
City, ST Zip..................	REC	Vendor City, ST Zip Code
Country...........	REC	Vendor Country
P1	REC	Vendor Province
Code #1	REC	Vendor Postal Code
City, Pv1 Code #1..............	REC	Vendor City, Province Postal Code
Phone 1....	REC	Vendor Phone 1
Phone 2....	REC	Vendor Phone 2
Lst Py	REC	Last Payment
Lst Pu	REC	Last Purchase
Balance..	REC	Vendor Balance
Purch #	REC	Received Purchase Order Number
Iv Dte	REC	Received Purchase Order Date
Du Dte	REC	Due Date
Amt Paid	REC	Amount Paid
Sal Tx	REC	Sales Tax
Frght	REC	Freight
GST Tx	REC	GST Tax
Sub Tot..	REC	Sub Total
Inv Bal..	REC	Invoice Balance
Received Description........	REC	Received Purchase Order Description
Your Company Name...........	REC	Your Company
Your Address #1.............	REC	Your Address 1
Your Address #2.............	REC	Your Address 2
Your City....	REC	Your City
3	REC	Your State
Your Zp	REC	Your Zip Code

Your City, ST Zip.............	REC	Your City, ST Zip Code
P3	REC	Your Province
Your Cd	REC	Your Postal Code
Your City, Pv Code............	REC	Your City, Province Postal Code
Your Phone	REC	Your Phone
Code #..	REC	Product/Service/Message Number
Description...........................	REC	Product/Service/Message Description
cQty	REC	Quantity Received
Price.	REC	Cost
Extend.	REC	Extended Amount
X	REC	GST Flag
Vendor.#	CHK	Vendor Code
Pay To Name.................	CHK	Pay to Name
Address1....................	CHK	Address 1
Address2....................	CHK	Address 2
Check #.	CHK	Check Number
Chk Date	CHK	Check Date
Ref Numb	CHK	Reference Number
Job Numb	CHK	Job Number
Check Memo..................	CHK	Check Memo
Chk Amt	CHK	Check Amount
Text Amount.....................................	CHK	Text Amount
Invoice#	CHK	Invoice Number
Iv Dte	CHK	Invoice Date
Du Dte	CHK	Due Date
Amt Paid	CHK	Amount Paid
EMPLOYEE	PCK	Employee Code
Employee Name........................	PCK	Employee First and Last Name
Employee Address............	PCK	Employee Mailing Address
City, ST ZIP................	PCK	Employee City, State, Zip
Social #.	PCK	Social Security Number
Check #.	PCK	Check Number
Chk Date	PCK	Check Date
Desc D1.	PCK	Special Deduction #1 Description
Desc D2.	PCK	Special Deduction #2 Description
Desc D3.	PCK	Special Deduction #3 Description
Gross..	PCK	Gross Pay Amount
NetPay.	PCK	Net Pay Amount
FICA..	PCK	FICA Withholding (Social Security)
MEDICA	PCK	Medicare Withholdings
FUTA..	PCK	FUTA Liability (Federal UnEmployment)
FWH...	PCK	FWH Amount (Federal Withholding)
Ex FWH	PCK	Extra FWH Amount (Federal Withholding)
Allot.	PCK	Allotment Withholding Amount
ChldSp	PCK	Child Support Withholding Amount
SWH...	PCK	SWH Amount (State Withholding)
SUTA..	PCK	SUTA Liability (State UnEmployment)
SDIF..	PCK	SDIF Amount (State Disability Insurance Fund)
CWH...	PCK	CWH Amount (City/Local Withholding)

DED1..	PCK	Special Deduction #1
DED2..	PCK	Special Deduction #2
DED3..	PCK	Special Deduction #3
Text Amount...	PCK	Check Text Amount
M_GROSS	PCK	MTD Gross Withholding
M_FICA	PCK	MTD FICA Withholding (Social Security)
M_MED.	PCK	MTD Medicare Withholdings
M_FWH.	PCK	MTD FWH (Federal Withholding)
M_FUTA	PCK	MTD FUTA (Federal UnEmployment)
M_SUTA	PCK	MTD (State UnEmployement)
M_SDIF	PCK	MTD SDIF (State Disability Insurance Fund)
M_SWH.	PCK	MTD SWH (State Withholding)
M_CHSP	PCK	MTD Child Support Withholding
M_ALLT	PCK	MTD Allotment Withholding
M_CWH.	PCK	MTD CWH (City/Local Withholding)
M_DED1	PCK	MTD Special Deduction #1
M_DED2	PCK	MTD Special Deduction #2
M_DED3	PCK	MTD Special Deduction #3
Q_GROSS	PCK	QTD Gross Withholding
Q_FICA	PCK	QTD FICA Withholding (Social Security)
Q_MED.	PCK	QTD Medicare Withholdings
Q_FWH.	PCK	QTD FWH (Federal Withholding)
Q_FUTA	PCK	QTD FUTA (Federal UnEmployment)
Q_SUTA	PCK	QTD (State UnEmployement)
Q_SDIF	PCK	QTD SDIF (State Disability Insurance Fund)
Q_SWH.	PCK	QTD SWH (State Withholding)
Q_CHSP	PCK	QTD Child Support Withholding
Q_ALLT	PCK	QTD Allotment Withholding
Q_CWH.	PCK	QTD CWH (City/Local Withholding)
Q_DED1	PCK	QTD Special Deduction #1
Q_DED2	PCK	QTD Special Deduction #2
Q_DED3	PCK	QTD Special Deduction #3
Y_GROSS	PCK	YTD Gross Withholding
Y_FICA	PCK	YTD FICA Withholding (Social Security)
Y_MED.	PCK	YTD Medicare Withholdings
Y_FWH.	PCK	YTD FWH (Federal Withholding)
Y_FUTA	PCK	YTD FUTA (Federal UnEmployment)
Y_SUTA	PCK	YTD (State UnEmployement)
Y_SDIF	PCK	YTD SDIF (State Disability Insurance Fund)
Y_SWH.	PCK	YTD SWH (State Withholding)
Y_CHSP	PCK	YTD Child Support Withholding
Y_ALLT	PCK	YTD Allotment Withholding
Y_CWH.	PCK	YTD CWH (City/Local Withholding)
Y_DED1	PCK	YTD Special Deduction #1
Y_DED2	PCK	YTD Special Deduction #2
Y_DED3	PCK	YTD Special Deduction #3
C_FWH.	PCK	Canada-Federal Withholding
C_PWH.	PCK	Canada-Providence Withholding
C_CPP.	PCK	Canada-Canadian Pension Plan

C_UI..	PCK	Canada-Unemployment Insurace Premium
C_UN..	PCK	Canada-Union Dues
C_RPP.	PCK	Canada-Registered Pension Plan
C_HARD	PCK	Canada-Hardship Deduction
CM_FWH	PCK	Canada-MTD Federal Withholding
CM_PWH	PCK	Canada-MTD Providence Withholding
CM_CPP	PCK	Canada-Canadian Pension Plan
CM_UI.	PCK	Canada-Unemployment Insurance Premium
CQ_FWH	PCK	Canada-MTD Federal Withholding
CQ_PWH	PCK	Canada-MTD Providence Withholding
CQ_CPP	PCK	Canada-Canadian Pension Plan
CQ_UI.	PCK	Canada-Unemployment Insurance Premium
CY_FWH	PCK	Canada-MTD Federal Withholding
CY_PWH	PCK	Canada-MTD Providence Withholding
CY_CPP	PCK	Canada-Canadian Pension Plan
CY_UI.	PCK	Canada-Unemployment Insurance Premium
⬚	STA	Skip to next line
⬚	INV	Skip to next line
⬚	PUR	Skip to next line
⬚	REC	Skip to next line
⬚	CHK	Skip to next line