Disabled Veterans Credit Abstract			
Pipe "|" Delimited File Layout			
Field Number	Field Name	Field Type	Description
1	Year	String	Four Digit Year
2	County Number	String	Two Digit County Code *
3	County Name	String	County Name
4	Applicant Name	String	Name of Applicant
5	Property Type	String	"M" for Mobile Home or "R" for Real Property **
6	Address	String	Complete Address of Property
7	Marital Status	String	"M" for Married or "S" for Single
8	District Number	String	District Number
9	Parcel Number	String	Parcel Number
10	Legal Description	String	Legal Description
11	Taxable Value	Decimal	Taxable Value ***
12	% Interest	Decimal	Ownership Percentage ***
13	% Disabled	Decimal	Disabled Percentage ***
14	Months Owned	Integer	Months Owned the Property in a Year
15	Proration Percentage	Decimal	Proration Percentage Rate ***
16	Credit Allowed	Decimal	Taxable Value of Credit Allowed ***
17	Mill Rate	Decimal	Total Mill Rate ***†
18	Payment to County	Decimal	Payment to County ***

* All positions for this field must be zero filled – Example, County Code 1 must be 01.

**Only an "M" or "R" will be allowed in this field.

***All amount fields will be treated as numeric instead of strings. Do not enter dollar signs. Commas are ok and a decimal point is required for cents. Negative amounts start with the Hyphen "-".

† Total mill rate minus 1 mill for State Medical School