

Virginia Department of Taxation

Substitute Forms Specifications

Form 800V – Insurance Premiums License Tax Payment Voucher

Special Notes

- Document ID – 832
- Barcode – No
- Rounding – Yes; the length of 15 for numeric fields includes the 2 places for the “.00” rounded cents.
- Due Date – March 1
- Filing Period – The month is specially displayed as “00” (zero zero) in the OCR Line.
- Neither the OCR Line nor the Account Number field may contain dashes or hyphens (-).
- Review the instructions provided via the [main Forms page](#) when computations are required and/or when amount/numbers must be transferred to/from another form.

Use the Check Digit Calculator to determine the correct digit used in the applicable section of the OCR Line.

OCR Table

Example – 39XXXXXXXXX1001D 832VVVV 1YY00D

| Section | Length | Position | Format / Data | Description / Details |
|----------------------------------|--------|----------------|----------------------------|--|
| Tax Code | 2 | Col. 6, Row 52 | Numeric | 39 = Insurance Premiums License Tax |
| FEIN | 9 | | Numeric | XXXXXXXXX = 9 digits or V with 8 digits |
| External ID Type | 1 | | Numeric | 1 = indicates the 9 digits before it as the FEIN |
| Account Suffix | 3 | | Numeric | 001 |
| Check Digit (for Account Number) | 1 | | Numeric | D = Check Digit Calculator result |
| Blank Space | 1 | | N/A | |
| Doc ID | 3 | | Numeric | 832 |
| Vendor ID | 4 | | Numeric | VVVV = 4 digits of the NACTP Vendor ID code |
| Blank Space | 1 | | N/A | |
| Filing Period | 5 | | Date (1YY00) | Ending date of the Filing Period 1 = Century, YY = Tax Year, 00 = Month |
| Check Digit (for Filing Period) | 1 | Numeric | D = Check Digit Calculator | |

Form Table

| Field | Length | Justified / Position | Format | Negative Allowed? | Description / Details |
|----------------------------|--------|--------------------------|--------------|-------------------|---|
| OCR Line | 31 | Col. 6, Row 52 | Numeric | N/A | See OCR Table for details |
| Federal Employer ID Number | 9 | Left | Alphanumeric | N/A | 9 digits or V with 8 digits |
| NAIC/License # | 6 | Left | Numeric | N/A | 6 digits |
| Company Name | 40 | Left | Alphanumeric | N/A | Name of customer |
| Address (Number & Street) | 40 | Left | Alphanumeric | N/A | Street address of customer |
| City, State & ZIP Code | 52 | Left | Alphanumeric | N/A | City, State Abbreviation & ZIP Code of customer |
| Taxable Year | 4 | Right | Date | N/A | YYYY |
| Amount of this Payment | 15 | Right Col. 60, Row 60 | Numeric | No | Amount |