

# Virginia Department of Taxation

## Tax Year 2024 - 760CG Exact Positioning Specifications (Rev. 9/24)

**Format Codes:** A = Alphanumeric, D = Date, N = Number  
**2D Barcode # Locations:** 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

*Review tax form instructions for computations, attachments, codes and other related details.*

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
<b>Form 760CG Page 1</b>													
1	Header Data	N/A	N/A	2D Barcode 1 Header Version Number	1	1	2	N/A	N/A	2	N/A	N/A	
2	Header Data	N/A	N/A	Developer Code	1	2	4	N/A	N/A	4	N/A	N/A	
3	760CG	1	Top Left	1D Barcode	N/A	N/A	N/A	11	6	N/A	N/A	N/A	*VA0760124999* See Font Requirements in "Guidelines and Standards" document.
4	760CG	1	Top Left	Anchor	N/A	N/A	N/A	14	17	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
5	760CG	1	Top Right	Anchor	N/A	N/A	N/A	78	17	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
6	760CG	1	Top Left	First Name - primary taxpayer	1	3	12	6	10	12	A	Left	1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods
7	760CG	1	Top Left	Middle Initial - primary taxpayer	1	4	1	19	10	1	A	Left	
8	760CG	1	Top Left	Last Name - primary taxpayer	1	5	15	21	10	15	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
9	760CG	1	Top Left	Suffix - primary taxpayer	1	6	3	37	10	3	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
10	760CG	1	Top Left	First Name - secondary taxpayer	1	7	12	6	11	12	A	Left	1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods
11	760CG	1	Top Left	Middle Initial - secondary taxpayer	1	8	1	19	11	1	A	Left	
12	760CG	1	Top Left	Last Name - secondary taxpayer	1	9	15	21	11	15	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
13	760CG	1	Top Left	Suffix - secondary taxpayer	1	10	3	37	11	3	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
14	760CG	1	Top Left	Address Line 1	1	11	34	6	12	34	A	Left	1 space may separate 2 names Allowed: hyphens and ampersands Not Allowed: apostrophes, commas or periods
15	760CG	1	Top Left	Address Line 2	1	12	34	6	13	34	A	Left	1 space may separate 2 names Allowed: hyphens and ampersands Not Allowed: apostrophes, commas or periods
16	760CG	1	Top Left	City	1	13	20	6	14	20	A	Left	1 space may separate 2 names Allowed: hyphens and ampersands Not Allowed: pound signs, apostrophes, commas or periods
17	760CG	1	Top Left	State	1	14	2	27	14	2	A	Left	
18	760CG	1	Top Left	Zip	1	15	9	30	14	9	A	Left	
19	760CG	1	Top Left	Partial Last Name - You	1	16	4	18	17	4	A	Left	
20	760CG	1	Top Left	SSN - You	1	17	9	29	17	9	N	Right	
21	760CG	1	Top Left	Partial Last Name - Spouse	1	18	4	18	19	4	A	Left	
22	760CG	1	Top Left	SSN - Spouse	1	19	9	29	19	9	N	Right	
23	760CG	1	Top Right	Vendor ID	1	20	5	54	17	5	A	Left	4-digit NACTP code -- Optional: 1-character software version # or company code

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		#	Line #		#	Position	Length	Col.	Row				
24	760CG	1	Top Right	XXXXX Message (e-Filed Return)	1	N/A	N/A	67	17	5	N	Left	Per Special e-File Guide Instructions, only display 'XXXXX' visual message on Page 1
25	760CG	1	Line 1	Federal Adjusted Gross Income (FAGI)	1	21	10	28	21	10	N	Right	Allowed: negative sign; must float to print next to number with no space
26	760CG	1	Line 2	Additions	1	22	9	29	23	9	N	Right	
27	760CG	1	Line 3	Subtotal	1	23	10	28	25	10	N	Right	Allowed: negative sign; must float to print next to number with no space
28	760CG	1	Line 4A	Age Deduction - You	1	24	5	33	27	5	N	Right	
29	760CG	1	Line 4B	Age Deduction - Spouse	1	25	5	33	29	5	N	Right	
30	760CG	1	Line 5	Soc Sec & Tier 1 Railroad	1	26	9	29	31	9	N	Right	
31	760CG	1	Line 6	State Income Tax Overpayment	1	27	9	29	33	9	N	Right	
32	760CG	1	Line 7	Subtractions	1	28	9	29	35	9	N	Right	
33	760CG	1	Line 8	Subtotal Subtractions	1	29	9	29	37	9	N	Right	
34	760CG	1	Line 9	Total VA Adjusted Gross Income (VAGI)	1	30	10	28	39	10	N	Right	Allowed: negative sign; must float to print next to number with no space
35	760CG	1	Line 10	Itemized Deductions - VA Sch A	1	31	9	29	41	9	N	Right	
36	760CG	1	Line 11	Standard Deduction	1	32	9	29	43	9	N	Right	
37	760CG	1	Line 12	Exemptions	1	33	9	29	45	9	N	Right	
38	760CG	1	Line 13	Deductions	1	34	10	28	47	9	N	Right	Allowed: negative sign; must float to print next to number with no space
39	760CG	1	Line 14	Subtotal (Deductions & Exemptions)	1	35	10	28	49	10	N	Right	Allowed: negative sign; must float to print next to number with no space
40	760CG	1	Line 15	VA Taxable Income	1	36	10	28	51	10	N	Right	Allowed: negative sign; must float to print next to number with no space
41	760CG	1	Line 16	Amount of Tax	1	37	9	29	53	10	N	Right	
42	760CG	1	Line 17	Spouse Tax Adjustment (STA)	1	38	3	35	55	9	N	Right	
43	760CG	1	Line 17A	VAGI - Spouse	1	39	10	28	57	3	N	Right	Allowed: negative sign; must float to print next to number with no space
44	760CG	1	Line 18	Net Amount of Tax	1	40	9	29	59	10	N	Right	
45	760CG	1	Line 19A	Withholding (VA) - You	1	41	9	69	21	9	N	Right	
46	760CG	1	Line 19B	Withholding (VA) - Spouse	1	42	9	69	23	9	N	Right	
47	760CG	1	Line 20	Estimated Payments	1	43	9	69	25	9	N	Right	
48	760CG	1	Line 21	2023 Overpayment	1	44	9	69	27	9	N	Right	
49	760CG	1	Line 22	Extension Payments	1	45	9	69	29	9	N	Right	
50	760CG	1	Line 23	Credit - Low Income or EIC	1	46	5	73	31	9	N	Right	
51	760CG	1	Line 24	Credit - Schedule OSC	1	47	9	69	33	5	N	Right	
52	760CG	1	Line 25	Credits - Schedule CR	1	48	9	69	35	9	N	Right	
53	760CG	1	Line 26	Total Payments / Credits	1	49	9	69	37	9	N	Right	
54	760CG	1	Line 27	Tax You Owe	1	50	9	69	39	9	N	Right	
55	760CG	1	Line 28	Tax Overpayment	1	51	9	69	41	9	N	Right	
56	760CG	1	Line 29	Overpayment Credited to Next Year	1	52	9	69	43	9	N	Right	
57	760CG	1	Line 30	VAC - College Savings / ABLEnow	1	53	9	69	45	9	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
58	760CG	1	Line 31	VAC - Other Contributions	1	54	9	69	47	9	N	Right	
59	760CG	1	Line 32	Addition to Tax, Penalty & Interest	1	55	9	69	49	9	N	Right	
60	760CG	1	Line 33	Sales and Use Tax	1	56	9	69	51	9	N	Right	If reporting zero, leave field blank and only use related indicator on Page 2.
61	760CG	1	Bottom Right	Amount You Owe	1	57	9	69	53	9	N	Right	
62	760CG	1	Bottom Right	Will Pay by Credit / Debit Card Chckbx	1	58	1	58	54	1	N	Right	Display 'Y' if paying by credit/debit Display 'N' if not paying by credit/debit
63	760CG	1	Bottom Right	Your Refund	1	59	9	69	55	9	N	Right	
64	760CG	1	Bottom Right	Checking or Savings Indicator	1	60	1	61	58	1	A	Right	Display 'C' if checking account Display 'S' if savings account
65	760CG	1	Bottom Right	Bank Routing #	1	61	9	70	58	9	N	Right	
66	760CG	1	Bottom Right	Bank Account #	1	62	17	62	60	1	A	Right	Only populated if refund is due
67	760CG	1	Bottom Left	Amended Message	1	N/A	N/A	6	63	7	A	Left	Only display 'Amended' visual message on Page 1 if the "Amended" indicator on Page 2 is populated
68	760CG	1	Bottom Center	Locality Office Use Fields	1	N/A	N/A	35	63	N/A	A	Left	Display fields per to 760CG form
69	760CG	1	Bottom Right	Page 1 of 2	N/A	N/A	N/A	75	63	11	A	Left	Display always
70	760CG	1	Bottom Left	Anchor	N/A	N/A	N/A	18	61	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
71	760CG	1	Bottom Right	Anchor	N/A	N/A	N/A	61	51	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
<b>Form 760CG Page 2</b>													
72	760CG	2	Top Center	Primary SSN	N/A	N/A	N/A	32	4	9	N		
73	760CG	2	Top Left	1D Barcode	N/A	N/A	N/A	11	6	N/A	N/A	N/A	*VA0760224999* See Font Requirements in "Guidelines and Standards" document.
74	760CG	2	Top Left	Anchor	N/A	N/A	N/A	6	14	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
75	760CG	2	Top Right	Anchor	N/A	N/A	N/A	79	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
76	760CG	2	Top Left	Filing Status	1	63	1	38	18	1	N	Right	
77	760CG	2	Top Left	Federal Head of Household	1	64	1	38	20	1	A	Right	Display 'X' if applicable
78	760CG	2	Top Left	DOB - You	1	65	8	31	22	8	D	Right	Date: MMDDYYYY
79	760CG	2	Top Left	VA Driver's License ID - You	1	66	9	30	24	9	A	Right	
80	760CG	2	Top Left	VA Driver's License - Issue Date - You	1	67	8	31	26	8	D	Right	Date: MMDDYYYY
81	760CG	2	Middle Left	Spouse Name (Filing Status 3 Only)	N/A	N/A	N/A	8	29	28	N	Left	1 space may separate First & Last Name Not Allowed: hyphens, pound signs, apostrophes, commas or periods
82	760CG	2	Middle Left	DOB - Spouse	1	68	8	31	31	8	D	Right	Date: MMDDYYYY
83	760CG	2	Middle Left	VA Driver's License ID - Spouse	1	69	9	30	33	9	A	Right	
84	760CG	2	Middle Left	VA Driver's License - Issue Date - Spouse	1	70	8	31	35	8	D	Right	Date: MMDDYYYY
85	760CG	2	Middle Left	Exemptions (A) - You	1	71	1	18	38	1	N	Right	Field is only populated with '1'
86	760CG	2	Middle Left	Exemptions (A) - Spouse	1	72	1	18	40	1	N	Right	
87	760CG	2	Middle Left	Exemptions (A) - Dependents	1	73	2	17	42	2	N	Right	
88	760CG	2	Middle Left	Exemptions (A) - Total (A)	1	74	2	17	44	2	N	Right	
89	760CG	2	Middle Left	Exemptions (B) 65 & Over - You	1	75	1	38	38	1	N	Right	
90	760CG	2	Middle Left	Exemptions (B) 65 & Over - Spouse	1	76	1	38	40	1	N	Right	
91	760CG	2	Middle Left	Exemptions (B) Blind - You	1	77	1	38	42	1	N	Right	

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92	760CG	2	Middle Left	Exemptions (B) Blind - Spouse	1	78	1	38	44	1	N	Right	
93	760CG	2	Middle Left	Exemptions (B) - Total (B)	1	79	1	38	46	1	N	Right	
94	760CG	2	Top Right	Locality	1	80	3	76	18	3	N	Right	
95	760CG	2	Top Right	Uninsured and Authorize DMAS	1	81	1	78	20	1	A	Right	Display 'X' if applicable
96	760CG	2	Top Right	Name or Filing Change	1	82	1	78	22	1	A	Right	Display 'X' if applicable
97	760CG	2	Top Right	Address Change	1	83	1	78	24	1	A	Right	Display 'X' if applicable
98	760CG	2	Top Right	VA Return Not Filed Last Year	1	84	1	78	26	1	A	Right	Display 'X' if applicable
99	760CG	2	Top Right	Dependent on Another's Return	1	85	1	78	28	1	A	Right	Display 'X' if applicable
100	760CG	2	Top Right	Farmer / Fisherman / Merchant Seaman	1	86	1	78	30	1	A	Right	Display 'X' if applicable
101	760CG	2	Top Right	Amended	1	87	1	78	32	1	A	Right	Display 'X' if applicable
102	760CG	2	Top Right	Reason Code	1	88	2	77	34	2	N	Right	
103	760CG	2	Middle Right	Overseas on Due Date	1	89	1	78	36	1	A	Right	Display 'X' if applicable
104	760CG	2	Middle Right	Federal EIC Amount	1	90	4	65	38	4	N	Right	
105	760CG	2	Middle Right	Federal EIC Indicator	1	91	1	78	38	1	A	Right	Display 'X' if applicable
106	760CG	2	Middle Right	Deceased Indicator	1	92	1	78	40	1	N	Right	Display a blank if none deceased. Display '1' if primary SSN deceased, '2' if spouse SSN deceased or '3' if both deceased.
107	760CG	2	Middle Right	Form 760C or 760F Chkbox	1	93	1	78	42	1	A	Right	Display 'X' if applicable
108	760CG	2	Middle Right	No Sales & Use Tax Due Indicator	1	94	1	78	44	1	A	Right	Display 'X' if applicable
109	760CG	2	Middle Right	Obtain Electronic 1099G	1	95	1	78	46	1	A	Right	Display 'X' if applicable
110	760CG	2	Middle Right	ID Theft PIN	1	96	7	72	48	7	A	Right	See Individual e-File Schema for details.
111	760CG	2	Bottom Left	Signature - You	N/A	N/A	N/A	12	52	N/A	N/A	Right	Print field name with line for signature
112	760CG	2	Bottom Center	Date (You Line)	N/A	N/A	N/A	39	52	6	D	Right	Date: MMDDYY
113	760CG	2	Bottom Right	Phone - You	1	97	10	69	53	10	N	Right	
114	760CG	2	Bottom Left	Signature - Spouse	N/A	N/A	N/A	15	54	N/A	N/A	Right	Print field name with line for signature
115	760CG	2	Bottom Center	Date (Spouse Line)	N/A	N/A	N/A	39	54	6	D	Right	Date: MMDDYY
116	760CG	2	Bottom Right	Phone - Spouse	1	98	10	69	55	10	N	Right	
117	760CG	2	Bottom Left	Signature - Preparer	N/A	N/A	N/A	15	56	N/A	N/A	Right	Print field name with line for signature
118	760CG	2	Bottom Center	Date (Preparer Line)	N/A	N/A	N/A	39	56	6	D	Right	Date: MMDDYY
119	760CG	2	Bottom Right	Phone - Preparer	N/A	N/A	N/A	69	57	10	N	Right	
120	760CG	2	Bottom Right	Authorization Indicator	1	99	1	39	59	1	A	Right	Display 'X' if applicable
121	760CG	2	Bottom Right	Filing Election	1	100	1	64	59	1	N	Right	Display '0' if not prepared by tax preparer Display '7' if electronically filed See 760 Instructions for other codes.
122	760CG	2	Bottom Right	Preparer Information	1	101	9	70	59	9	N	Right	
123	760CG	2	Bottom Left	Due Date Message	N/A	N/A	N/A	13	61	N/A	A	Left	Display due date message and instructions always. See form.
124	760CG	2	Bottom Right	Tax Preparer's Name	N/A	N/A	N/A	41	60	30	A	Left	Free formatting within field length
125	760CG	2	Bottom Right	Tax Preparer's Company	N/A	N/A	N/A	41	61	30	A	Left	Free formatting within field length
126	760CG	2	Bottom Right	Company's Street Address	N/A	N/A	N/A	41	62	30	A	Left	Free formatting within field length
127	760CG	2	Bottom Right	Company's City, State and Zip Code	N/A	N/A	N/A	41	63	30	A	Left	Free formatting within field length
128	760CG	2	Bottom Right	Page 2 of 2	N/A	N/A	N/A	75	63	11	A	Left	Display always
129	760CG	2	Bottom Left	Anchor	N/A	N/A	N/A	6	61	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
130	760CG	2	Bottom Right	Anchor	N/A	N/A	N/A	79	61	-	N/A	N/A	2/10 inch by 1/6 inch. See form.

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		#	Line #		#	Position	Length	Col.	Row				
<b>Schedule A</b>													
131	SCH A/CG	1	Top Center	Primary SSN	N/A	102	9	35	4	9	N	Right	
132	SCH A/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VASCHA124999* See Font Requirements in "Guidelines and Standards" document.
133	SCH A/CG	1	Top Left	Anchor	N/A	N/A	N/A	56	8	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
134	SCH A/CG	1	Top Right	Anchor	N/A	N/A	N/A	75	8	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
135	SCH A/CG	1	Top Left	Filing Status Claimed on Federal Return	1	103	1	52	10	1	N	Right	
136	SCH A/CG	1	Line 1	Medical and Dental Expenses	1	104	9	64	11	9	N	Right	
137	SCH A/CG	1	Line 2	Adjusted Gross Income	1	105	9	64	13	9	N	Right	
138	SCH A/CG	1	Line 3	Multiply Line 2 by 10%	1	106	9	64	15	9	N	Right	
139	SCH A/CG	1	Line 4	Subtract Line 3 from Line 1	1	107	9	64	17	9	N	Right	
140	SCH A/CG	1	Top Center	Claiming General Sales Tax Checkbox	1	108	1	52	19	1	A	Right	Display 'Y' if claiming deduction for sales taxes. Display 'N' if not claiming deduction for sales taxes.
141	SCH A/CG	1	Line 5a	State and Local Taxes	1	109	9	64	19	9	N	Right	
142	SCH A/CG	1	Line 5b	State and Local Real Estate Taxes	1	110	9	64	21	9	N	Right	
143	SCH A/CG	1	Line 5c	State and Local Pers Prop Taxes	1	111	9	64	23	9	N	Right	
144	SCH A/CG	1	Line 6	Other Deductible Taxes - Type	1	N/A	9	37	25	9		Right	
145	SCH A/CG	1	Line 6	Other Deductible Taxes - Amount	1	112	9	64	25	9	N	Right	Only display 'See Attached' visual message if attaching list of types/amounts to be reported for Line 6 Amount.
146	SCH A/CG	1	Line 6	Foreign Income Taxes Paid	1	113	9	27	26	9	N	Right	
147	SCH A/CG	1	Line 7	Add Lines 5a, 5b, 5c, and 6	1	114	9	64	27	9	N	Right	
148	SCH A/CG	1	Center	Didn't Use Mortgage Chkbox	1	115	1	52	29	1	A	Right	Display 'Y' if didn't use all of mortgage. Display 'N' if used all of mortgage.
149	SCH A/CG	1	Line 8a	Home Mortgage Int and Points Rep	1	116	9	64	29	9	N	Right	
150	SCH A/CG	1	Line 8b	Home Mortgage Int Not Rep	1	117	9	64	31	9	N	Right	Only display 'See Attached' visual message if attaching name, identifying no., and address of person whom home purchased from for Line 8b Amount.
151	SCH A/CG	1	Line 8c	Points Not Reported 1098	1	118	9	64	33	9	N	Right	
152	SCH A/CG	1	Line 8d	Reserved for Future Use	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
153	SCH A/CG	1	Line 8e	Add Lines 8a - 8c	1	119	9	64	37	9	N	Right	
154	SCH A/CG	1	Line 9	Investment Interest	1	120	9	64	39	9	N	Right	
155	SCH A/CG	1	Line 10	Add Lines 8e - 9	1	121	9	64	41	9	N	Right	
156	SCH A/CG	1	Line 11	Gifts to Charity - by cash or check	1	122	9	64	43	9	N	Right	
157	SCH A/CG	1	Line 12	Gifts to Charity - other than by cash or check	1	123	9	64	45	9	N	Right	
158	SCH A/CG	1	Line 13	Gifts to Charity - carryover from prior year	1	124	9	64	47	9	N	Right	
159	SCH A/CG	1	Line 14	Add lines 11 - 13	1	125	9	64	49	9	N	Right	
160	SCH A/CG	1	Line 15	Casualty and Theft Losses	1	126	9	64	51	9	N	Right	
161	SCH A/CG	1	Line 16a	Gambling Losses	1	127	9	64	53	9	N	Right	

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162	SCH A/CG	1	Line 16b	Other Itemized Deductions - type & amount	1	128	9	64	55	9	N	Right	Only display 'See Attached' visual message if attaching list of types/amounts to be reported for Line 16b Amount.
163	SCH A/CG	1	Line 16c	Add Lines 16a and 16b	1	129	9	64	57	9	N	Right	
164	SCH A/CG	1	Line 17	Add Lines 4,7,10,14,15, and 16c	1	130	9	64	59	9	N	Right	
165	SCH A/CG	1	Line 18	If your total on Line 17	1	131	9	64	61	9	N	Right	
166	SCH A/CG	1	Line 19	Virginia Itemized Deductions	1	132	9	64	63	9	N	Right	
167	SCH A/CG	1	Bottom Left	Anchor	N/A	N/A	N/A	55	65	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
168	SCH A/CG	1	Bottom Right	Anchor	N/A	N/A	N/A	76	65	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
<b>Schedule ADJ/CG</b>													
169	ADJ/CG	1	Top Center	Primary SSN	N/A	N/A	N/A	32	4	9	N	Right	
170	ADJ/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VA0ADJ124999* See Font Requirements in "Guidelines and Standards" document.
171	ADJ/CG	1	Top Left	Anchor	N/A	N/A	N/A	10	9	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
172	ADJ/CG	1	Top Right	Anchor	N/A	N/A	N/A	79	9	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
173	ADJ/CG	1	Line 1	Interest on obligations (other state)	1	133	9	33	12	9	N	Right	
174	ADJ/CG	1	Line 2A	Conformity Addition	1	134	9	33	14	9	N	Right	
175	ADJ/CG	1	Line 2B	Other Additions - Code	1	135	2	20	16	2	N	Right	
176	ADJ/CG	1	Line 2B	Other Additions - Amount	1	136	9	33	16	9	N	Right	
177	ADJ/CG	1	Line 2C	Other Additions - Code	1	137	2	20	18	2	N	Right	
178	ADJ/CG	1	Line 2C	Other Additions - Amount	1	138	9	33	18	9	N	Right	
179	ADJ/CG	1	Line 3	Total Additions	1	139	9	33	20	9	N	Right	
180	ADJ/CG	1	Line 4	Income (US obligations/securities)	1	140	9	33	23	9	N	Right	
181	ADJ/CG	1	Line 5A	Disability Income (wages) - You	1	141	9	33	25	9	N	Right	
182	ADJ/CG	1	Line 5B	Disability Income (wages) - Spouse	1	142	9	33	27	9	N	Right	
183	ADJ/CG	1	Line 6A	Conformity Subtraction	1	143	9	33	30	9	N	Right	
184	ADJ/CG	1	Line 6B	Other Subtractions - Certification Number	1	144	9	10	32	9	A	Left	Only populated if related credit claimed & cert. # provided. Begins with 'VCF' if used.
185	ADJ/CG	1	Line 6B	Other Subtractions - Code	1	145	2	26	32	2	N	Right	
186	ADJ/CG	1	Line 6B	Other Subtractions - Amount	1	146	9	33	32	9	N	Right	
187	ADJ/CG	1	Line 6C	Other Subtractions - Certification Number	1	147	9	10	34	9	A	Left	Only populated if related credit claimed & cert. # provided. Begins with 'VCF' if used.
188	ADJ/CG	1	Line 6C	Other Subtractions - Code	1	148	2	26	34	2	N	Right	
189	ADJ/CG	1	Line 6C	Other Subtractions - Amount	1	149	9	33	34	9	N	Right	
190	ADJ/CG	1	Line 6D	Other Subtractions - Certification Number	1	150	9	10	36	9	A	Left	Only populated if related credit claimed & cert. # provided. Begins with 'VCF' if used.
191	ADJ/CG	1	Line 6D	Other Subtractions - Code	1	151	2	26	36	2	N	Right	
192	ADJ/CG	1	Line 6D	Other Subtractions - Amount	1	152	9	33	36	9	N	Right	
193	ADJ/CG	1	Line 7	Total Subtractions	1	153	9	33	38	9	N	Right	
194	ADJ/CG	1	Line 8A	Deductions - Code	1	154	3	19	40	3	N	Right	
195	ADJ/CG	1	Line 8A	Deductions - Amount	1	155	10	32	40	10	N	Right	Allowed: negative sign; must float to print next to number with no space
196	ADJ/CG	1	Line 8B	Deductions - Code	1	156	3	19	42	3	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
197	ADJ/CG	1	Line 8B	Deductions - Amount	1	157	10	32	42	10	N	Right	Allowed: negative sign; must float to print next to number with no space
198	ADJ/CG	1	Line 8C	Deductions - Code	1	158	3	19	44	3	N	Right	
199	ADJ/CG	1	Line 8C	Deductions - Amount	1	159	10	32	44	10	N	Right	Allowed: negative sign; must float to print next to number with no space
200	ADJ/CG	1	Line 9	Total Deductions	1	160	10	32	46	10	N	Right	Allowed: negative sign; must float to print next to number with no space
201	ADJ/CG	1	Bottom Left	Claiming More Adjustments - Schedule ADJS Indicator	1	161	1	32	48	1	A	Right	Display 'X' if applicable
202	ADJ/CG	1	Bottom Left	Low-Income Credit or VA EIC Name - You	N/A	N/A	N/A	13	53	14	A	Left	Only populated if credit is claimed
203	ADJ/CG	1	Bottom Left	SSN - You	N/A	N/A	N/A	29	53	9	N	Right	
204	ADJ/CG	1	Bottom Left	VAGI - You	N/A	N/A	N/A	41	53	6	N	Right	Allowed: negative sign; must float to print next to number with no space
205	ADJ/CG	1	Bottom Left	Name - Spouse	N/A	N/A	N/A	13	55	14	A	Left	Only populated if credit is claimed
206	ADJ/CG	1	Bottom Left	SSN - Spouse	N/A	N/A	N/A	29	55	9	N	Right	
207	ADJ/CG	1	Bottom Left	VAGI - Spouse	N/A	N/A	N/A	41	55	6	N	Right	Allowed: negative sign; must float to print next to number with no space
208	ADJ/CG	1	Bottom Left	Name - Dependent	N/A	N/A	N/A	13	57	14	A	Left	Only populated if credit is claimed
209	ADJ/CG	1	Bottom Left	SSN - Dependent	N/A	N/A	N/A	29	57	9	N	Right	
210	ADJ/CG	1	Bottom Left	VAGI - Dependent	N/A	N/A	N/A	41	57	6	N	Right	Allowed: negative sign; must float to print next to number with no space
211	ADJ/CG	1	Bottom Left	Name - Dependent	N/A	N/A	N/A	13	59	14	A	Left	Only populated if credit is claimed
212	ADJ/CG	1	Bottom Left	SSN - Dependent	N/A	N/A	N/A	29	59	9	N	Right	
213	ADJ/CG	1	Bottom Left	VAGI - Dependent	N/A	N/A	N/A	41	59	6	N	Right	Allowed: negative sign; must float to print next to number with no space
214	ADJ/CG	1	Line 10	Total Family VAGI	1	162	6	41	61	6	N	Right	Allowed: negative sign; must float to print next to number with no space
215	ADJ/CG	1	Line 11	Total Exemptions	1	163	2	77	12	2	N	Right	
216	ADJ/CG	1	Line 12	# of Personal Exemptions	1	164	2	77	14	2	N	Right	
217	ADJ/CG	1	Line 13	Total Exemptions Amount or \$0	1	165	5	74	16	5	N	Right	
218	ADJ/CG	1	Line 14	Federal EIC	1	166	4	75	18	4	N	Right	
219	ADJ/CG	1	Line 15	20% of Line 14	1	N/A	5	74	20	5	N	Right	
220	ADJ/CG	1	Line 16a	Greater of Line 13 or Line 15	1	N/A	5	74	22	5	N	Right	
221	ADJ/CG	1	Line 16b	15% of Line 14	1	N/A	5	74	24	5	N	Right	
222	ADJ/CG	1	Line 17	Credit	1	167	5	74	26	5	N	Right	
223	ADJ/CG	1	Line 18	Addition to Tax	1	168	9	70	30	9	N	Right	
224	ADJ/CG	1	Line 19	Penalty	1	169	9	70	32	9	N	Right	
225	ADJ/CG	1	Line 19 Indicator	Late Filing Penalty	N/A	N/A	N/A	78	34	1	A	Right	Display 'X' if applicable
226	ADJ/CG	1	Line 19 Indicator	Extension Penalty	N/A	N/A	N/A	78	36	1	A	Right	Display 'X' if applicable
227	ADJ/CG	1	Line 20	Interest	1	170	9	70	38	9	N	Right	
228	ADJ/CG	1	Line 21	Total Adjustments	1	171	9	70	40	9	N	Right	
<b>Schedule HCl/CG</b>													
229	HCl/CG	9	Top Center	Primary SSN	1	172	9	36	4	9	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
230	HCI/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VA0HC1124999* See Font Requirements in "Guidelines and Standards" document.
231	HCI/CG	1	Top Left	Anchor	N/A	N/A	N/A	6	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
232	HCI/CG	1	Top Right	Anchor	N/A	N/A	N/A	71	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
233	HCI/CG	1	Top Center	DMAS	1	173	1	21	11	1	A	Right	Display 'X' if applicable
234	HCI/CG	1	Top Center	VHBE	1	174	1	51	11	1	A	Right	Display 'X' if applicable
235	HCI/CG	1	Top Left	Email	1	175	1	7	16	1	A	Right	Display 'X' if applicable
236	HCI/CG	1	Top Center	Email Address	1	176	50	31	16	50	A	Right	
237	HCI/CG	1	Top Left	Spouse's Email	1	177	1	7	18	1	A	Right	Display 'X' if applicable
238	HCI/CG	1	Top Center	Spouse's Email Address	1	178	50	31	18	50	A	Right	
239	HCI/CG	1	Top Left	Phone	1	179	1	7	20	1	A	Right	Display 'X' if applicable
240	HCI/CG	1	Top Center	Daytime number	1	180	10	31	20	10	N	Right	
241	HCI/CG	1	Top Left	Mail	1	181	1	7	22	1	A	Right	Display 'X' if applicable
242	HCI/CG	1	Top Left	Address Line 1	1	182	34	7	24	34	A	Right	
243	HCI/CG	1	Top Left	Address Line 2	1	183	34	7	25	34	A	Right	
244	HCI/CG	1	Top Left	City	1	184	20	7	26	20	A	Right	
245	HCI/CG	1	Top Left	State	1	185	2	28	26	2	A	Right	
246	HCI/CG	1	Top Left	Zip Code	1	186	9	31	26	9	N	Right	
247	HCI/CG	1	Center Left	Dependent's First Name	1	187	12	7	32	12	A	Right	
248	HCI/CG	1	Center	Dependent's Last Name	1	188	15	22	32	15	A	Right	
249	HCI/CG	1	Center Right	Dependent's DOB	1	189	8	56	32	8	N	Right	Date: MMDDYYYY
250	HCI/CG	1	Center Left	Dependent's First Name	1	190	12	7	34	12	A	Right	
251	HCI/CG	1	Center	Dependent's Last Name	1	191	15	22	34	15	A	Right	
252	HCI/CG	1	Center Right	Dependent's DOB	1	192	8	56	34	8	N	Right	Date: MMDDYYYY
253	HCI/CG	1	Center Left	Dependent's First Name	1	193	12	7	36	12	A	Right	
254	HCI/CG	1	Center	Dependent's Last Name	1	194	15	22	36	15	A	Right	
255	HCI/CG	1	Center Right	Dependent's DOB	1	195	8	56	36	8	N	Right	Date: MMDDYYYY
256	HCI/CG	1	Center Left	Dependent's First Name	1	196	12	7	38	12	A	Right	
257	HCI/CG	1	Center	Dependent's Last Name	1	197	15	22	38	15	A	Right	
258	HCI/CG	1	Center Right	Dependent's DOB	1	198	8	56	38	8	N	Right	Date: MMDDYYYY
259	HCI/CG	1	Center Left	Dependent's First Name	1	199	12	7	40	12	A	Right	
260	HCI/CG	1	Center	Dependent's Last Name	1	200	15	22	40	15	A	Right	
261	HCI/CG	1	Center Right	Dependent's DOB	1	201	8	56	40	8	N	Right	Date: MMDDYYYY
262	HCI/CG	1	Center Left	Dependent's First Name	1	202	12	7	42	12	A	Right	
263	HCI/CG	1	Center	Dependent's Last Name	1	203	15	22	42	15	A	Right	
264	HCI/CG	1	Center Right	Dependent's DOB	1	204	8	56	42	8	N	Right	Date: MMDDYYYY
265	HCI/CG	1	Center Left	Dependent's First Name	1	205	12	7	44	12	A	Right	
266	HCI/CG	1	Center	Dependent's Last Name	1	206	15	22	44	15	A	Right	
267	HCI/CG	1	Center Right	Dependent's DOB	1	207	8	56	44	8	N	Right	Date: MMDDYYYY
268	HCI/CG	1	Center Left	Dependent's First Name	1	208	12	7	46	12	A	Right	
269	HCI/CG	1	Center	Dependent's Last Name	1	209	15	22	46	15	A	Right	



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		#	Line #		#	Position	Length	Col.	Row				
270	HCI/CG	1	Center Right	Dependent's DOB	1	210	8	56	46	8	N	Right	Date: MMDDYYYY
271	HCI/CG	1	Center Left	Dependent's First Name	1	211	12	7	48	12	A	Right	
272	HCI/CG	1	Center	Dependent's Last Name	1	212	15	22	48	15	A	Right	
273	HCI/CG	1	Center Right	Dependent's DOB	1	213	8	56	48	8	N	Right	Date: MMDDYYYY
274	HCI/CG	1	Center Left	Dependent's First Name	1	214	12	7	50	12	A	Right	
275	HCI/CG	1	Center	Dependent's Last Name	1	215	15	22	50	15	A	Right	
276	HCI/CG	1	Center Right	Dependent's DOB	1	216	8	56	50	8	N	Right	Date: MMDDYYYY
277	HCI/CG	1	Bottom Left	Anchor	N/A	N/A	N/A	6	52	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
278	HCI/CG	1	Bottom Right	Anchor	N/A	N/A	N/A	71	52	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
279	Trailer Data	N/A	N/A	Barcode 1 Trailer	1	217	5	N/A	N/A	5	N/A	N/A	
<b>Schedule CR/CG</b>													
280	Header Data	N/A	N/A	Barcode 2 Header Version Number	2	1	2	N/A	N/A	2	N/A	N/A	
281	Header Data	N/A	N/A	Developer Code	2	2	4	N/A	N/A	4	N/A	N/A	
282	CR/CG	1	Top Left	Primary SSN	N/A	N/A	N/A	32	5	9	N	Right	
283	CR/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	55	4	N/A	N/A	N/A	*VASCCR124999* See Font Requirements in "Guidelines and Standards" document.
284	CR/CG	1	Top Left	Anchor	N/A	N/A	N/A	57	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
285	CR/CG	1	Top Right	Anchor	N/A	N/A	N/A	79	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
286	CR/CG	1	Part 1A	Maximum Nonrefundable Credits	2	3	9	67	13	9	N	Right	
287	CR/CG	1	Part 2A	Enterprise Zone Act Credit	2	4	9	67	16	9	N	Right	
288	CR/CG	1	Part 3A	Authorized amount	N/A	N/A	N/A	42	19	9	N	Right	
289	CR/CG	1	Part 3B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	20	9	N	Right	
290	CR/CG	1	Part 3C	Subtotal	N/A	N/A	N/A	42	21	9	N	Right	
291	CR/CG	1	Part 3D	Credit allowable this year	2	5	9	67	22	9	N	Right	
292	CR/CG	1	Part 3E	Carryover credit to next year	N/A	N/A	N/A	42	23	9	N	Right	
293	CR/CG	1	Part 4A	20% of qualifying recyclable equipment cost	N/A	N/A	N/A	42	26	9	N	Right	
294	CR/CG	1	Part 4B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	27	9	N	Right	
295	CR/CG	1	Part 4C	Subtotal	N/A	N/A	N/A	42	28	9	N	Right	
296	CR/CG	1	Part 4D	40% of tax per return	N/A	N/A	N/A	42	29	9	N	Right	
297	CR/CG	1	Part 4E	Maximum Recyclable Materials Processing Equipment Credit	N/A	N/A	N/A	42	30	9	N	Right	
298	CR/CG	1	Part 4F	Credit allowable this year	2	6	9	67	31	9	N	Right	
299	CR/CG	1	Part 4G	Carryover credit to next year	N/A	N/A	N/A	42	32	9	N	Right	
300	CR/CG	1	Part 5A	Reserved for Future Use	N/A	N/A	N/A	42	35	9	N	Right	
301	CR/CG	1	Part 5B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	36	9	N	Right	
302	CR/CG	1	Part 5C	Subtotal	N/A	N/A	N/A	42	37	9	N	Right	
303	CR/CG	1	Part 5D	Credit allowable this year	2	7	9	67	38	9	N	Right	
304	CR/CG	1	Part 5E	Carryover credit for next year	N/A	N/A	N/A	42	39	9	N	Right	
305	CR/CG	1	Part 6A	Reserved for Future Use	N/A	N/A	N/A	42	42	9	N	Right	
306	CR/CG	1	Part 6B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	43	9	N	Right	
307	CR/CG	1	Part 6C	Subtotal	N/A	N/A	N/A	42	44	9	N	Right	
308	CR/CG	1	Part 6D	Credit allowable this year	2	8	9	67	45	9	N	Right	
309	CR/CG	1	Part 6E	Carryover credit to next year	N/A	N/A	N/A	42	46	9	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
310	CR/CG	1	Part 7A	Reserved for Future Use	N/A	N/A	N/A	42	50	9	N	Right	
311	CR/CG	1	Part 7B	Reserved for Future Use	N/A	N/A	N/A	67	51	9	N	Right	
312	CR/CG	1	Part 7C	Reserved for Future Use	N/A	N/A	N/A	42	52	9	N	Right	
313	CR/CG	1	Part 7D	20% of purchase or lease price	N/A	N/A	N/A	42	53	9	N	Right	
314	CR/CG	1	Part 7E	Carryover credit from prior year(s)	N/A	N/A	N/A	42	54	9	N	Right	
315	CR/CG	1	Part 7F	Subtotal	N/A	N/A	N/A	42	55	9	N	Right	
316	CR/CG	1	Part 7G	Credit allowable this year	2	9	9	67	57	9	N	Right	
317	CR/CG	1	Part 7H	Carryover credit to next year	N/A	N/A	N/A	42	58	9	N	Right	
318	CR/CG	1	Bottom Left	Anchor	N/A	N/A	N/A	57	61	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
319	CR/CG	1	Bottom Right	Anchor	N/A	N/A	N/A	79	61	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
320	CR/CG	2	Top Left	Primary SSN	N/A	N/A	N/A	32	5	9	N	Right	
321	CR/CG	2	Top Right	1D Barcode	N/A	N/A	N/A	55	5	N/A	N/A	N/A	*VASCCR224999* See Font Requirements in "Guidelines and Standards" document.
322	CR/CG	2	Top Left	Anchor	N/A	N/A	N/A	57	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
323	CR/CG	2	Top Right	Anchor	N/A	N/A	N/A	79	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
324	CR/CG	2	Part 8A	Current credit amount authorized	N/A	N/A	N/A	42	13	9	N	Right	
325	CR/CG	2	Part 8B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	14	9	N	Right	
326	CR/CG	2	Part 8C	Subtotal	N/A	N/A	N/A	42	15	9	N	Right	
327	CR/CG	2	Part 8D	Credit allowable this year	2	10	9	67	16	9	N	Right	
328	CR/CG	2	Part 8E	Carryover credit to next year	N/A	N/A	N/A	42	17	9	N	Right	
329	CR/CG	2	Part 9A	Qualifying taxable income	N/A	N/A	N/A	42	20	9	N	Right	
330	CR/CG	2	Part 9B	Virginia taxable income	N/A	N/A	N/A	42	21	9	N	Right	
331	CR/CG	2	Part 9C	Qualifying tax paid to foreign country	N/A	N/A	N/A	42	22	9	N	Right	
332	CR/CG	2	Part 9C (Name)	Name of country	N/A	N/A	N/A	20	23	9	A	Right	
333	CR/CG	2	Part 9D	Virginia income tax	N/A	N/A	N/A	42	24	9	N	Right	
334	CR/CG	2	Part 9E	Income percentage	N/A	N/A	N/A	42	25	9	N	Right	
335	CR/CG	2	Part 9F	Subtotal	N/A	N/A	N/A	42	26	9	N	Right	
336	CR/CG	2	Part 9G	Credit allowable this year	2	11	9	67	27	9	N	Right	
337	CR/CG	2	Part 10A	Amount of eligible expenses	N/A	N/A	N/A	42	30	9	N	Right	
338	CR/CG	2	Part 10B	25% of Line A	N/A	N/A	N/A	42	31	9	N	Right	
339	CR/CG	2	Part 10C	Carryover credit from prior year(s)	N/A	N/A	N/A	42	32	9	N	Right	
340	CR/CG	2	Part 10D	Subtotal	N/A	N/A	N/A	42	33	9	N	Right	
341	CR/CG	2	Part 10E	Credit allowable to this year	2	12	9	67	34	9	N	Right	
342	CR/CG	2	Part 10F	Carryover credit to next year	N/A	N/A	N/A	42	35	9	N	Right	
343	CR/CG	2	Part 11A - Spouse	Credit amount authorized - Spouse	N/A	N/A	N/A	27	39	9	N	Right	
344	CR/CG	2	Part 11A -You	Credit amount authorized - You	N/A	N/A	N/A	42	39	9	N	Right	
345	CR/CG	2	Part 11B - Spouse	Carryover Credit from prior year(s) - Spouse	N/A	N/A	N/A	27	40	9	N	Right	
346	CR/CG	2	Part 11B - You	Carryover Credit from prior year(s) - You	N/A	N/A	N/A	42	40	9	N	Right	
347	CR/CG	2	Part 11C - Spouse	Subtotal - Spouse	N/A	N/A	N/A	27	41	9	N	Right	
348	CR/CG	2	Part 11C - You	Subtotal - You	N/A	N/A	N/A	42	41	9	N	Right	
349	CR/CG	2	Part 11D	Credit allowable this year - You	2	13	9	67	42	9	N	Right	
350	CR/CG	2	Part 11E	Credit allowable this year - Spouse	2	14	9	67	44	9	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
351	CR/CG	2	Part 11F - Spouse	Carryover credit to next year - Spouse	N/A	N/A	N/A	27	45	9	N	Right	
352	CR/CG	2	Part 11F - You	Carryover credit to next year - You	N/A	N/A	N/A	42	45	9	N	Right	
353	CR/CG	2	Part 13A	50% of purchase price	N/A	N/A	N/A	42	50	9	N	Right	
354	CR/CG	2	Part 13B	Credit allowable this year	2	15	4	72	51	4	N	Right	
355	CR/CG	2	Part 15A	Amount of credit authorized/transferred	N/A	N/A	N/A	42	56	9	N	Right	
356	CR/CG	2	Part 15B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	57	9	N	Right	
357	CR/CG	2	Part 15C	Subtotal	N/A	N/A	N/A	42	58	9	N	Right	
358	CR/CG	2	Part 15D	Total credit transferred to others	N/A	N/A	N/A	42	59	9	N	Right	
359	CR/CG	2	Part 15E	Subtotal	N/A	N/A	N/A	42	60	9	N	Right	
360	CR/CG	2	Part 15F	Credit allowable this year	2	16	9	67	61	9	N	Right	
361	CR/CG	2	Part 15G	Carryover credit to next year	N/A	N/A	N/A	42	62	9	N	Right	
362	CR/CG	2	Bottom Left	Anchor	N/A	N/A	N/A	56	64	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
363	CR/CG	2	Bottom Right	Anchor	N/A	N/A	N/A	79	64	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
364	CR/CG	3	Top Left	Primary SSN	N/A	N/A	N/A	32	5	9	N	Right	
365	CR/CG	3	Top Right	1D Barcode	N/A	N/A	N/A	55	5	N/A	N/A	N/A	*VASCCR324999* See Font Requirements in "Guidelines and Standards" document.
366	CR/CG	3	Top Left	Anchor	N/A	N/A	N/A	57	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
367	CR/CG	3	Top Right	Anchor	N/A	N/A	N/A	79	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
368	CR/CG	3	Part 16A	Amount credit authorized	N/A	N/A	N/A	42	13	9	N	Right	
369	CR/CG	3	Part 16B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	14	9	N	Right	
370	CR/CG	3	Part 16C	Subtotal	N/A	N/A	N/A	42	15	9	N	Right	
371	CR/CG	3	Part 16D	Credit allowable this year	2	17	4	72	16	4	N	Right	
372	CR/CG	3	Part 16E	Carryover credit to next year	N/A	N/A	N/A	42	17	9	N	Right	
373	CR/CG	3	Part 17A	Amount of credit authorized	N/A	N/A	N/A	42	20	9	N	Right	
374	CR/CG	3	Part 17B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	21	9	N	Right	
375	CR/CG	3	Part 17C	Subtotal	N/A	N/A	N/A	42	22	9	N	Right	
376	CR/CG	3	Part 17D	Credit allowable this year	2	18	9	67	23	9	N	Right	
377	CR/CG	3	Part 17E	Carryover credit to next year	N/A	N/A	N/A	42	24	9	N	Right	
378	CR/CG	3	Part 18A - Spouse	Credit amount authorized/transferred - Spouse	N/A	N/A	N/A	33	27	9	N	Right	
379	CR/CG	3	Part 18A - You	Credit amount authorized/transferred - You	N/A	N/A	N/A	48	27	9	N	Right	
380	CR/CG	3	Part 18B - Spouse	Carryover credit from prior year(s) - Spouse	N/A	N/A	N/A	33	28	9	N	Right	
381	CR/CG	3	Part 18B - You	Carryover credit from prior year(s) - You	N/A	N/A	N/A	48	28	9	N	Right	
382	CR/CG	3	Part 18C - Spouse	Subtotal - Spouse	N/A	N/A	N/A	33	29	9	N	Right	
383	CR/CG	3	Part 18C - You	Subtotal - You	N/A	N/A	N/A	48	29	9	N	Right	
384	CR/CG	3	Part 18D - Spouse	Total credit transferred to others - Spouse	N/A	N/A	N/A	33	30	9	N	Right	
385	CR/CG	3	Part 18D - You	Total credit transferred to others - You	N/A	N/A	N/A	48	30	9	N	Right	
386	CR/CG	3	Part 18E - Spouse	Subtotal - Spouse	N/A	N/A	N/A	33	31	9	N	Right	
387	CR/CG	3	Part 18E - You	Subtotal - You	N/A	N/A	N/A	48	31	9	N	Right	
388	CR/CG	3	Part 18F	Credit allowable this year - You	2	19	9	67	32	9	N	Right	
389	CR/CG	3	Part 18G	Credit allowable this year - Spouse	2	20	9	67	34	9	N	Right	
390	CR/CG	3	Part 18H - Spouse	Carryover credit to next year - Spouse	N/A	N/A	N/A	33	35	9	N	Right	
391	CR/CG	3	Part 18H - You	Carryover credit to next year - You	N/A	N/A	N/A	48	35	9	N	Right	
392	CR/CG	3	Part 19A	Amount credit authorized	N/A	N/A	N/A	42	38	9	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
393	CR/CG	3	Part 19B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	39	9	N	Right	
394	CR/CG	3	Part 19C	Subtotal	N/A	N/A	N/A	42	40	9	N	Right	
395	CR/CG	3	Part 19D	Credit allowable this year	2	21	9	67	41	9	N	Right	
396	CR/CG	3	Part 19E	Carryover credit to next year	N/A	N/A	N/A	42	42	9	N	Right	
397	CR/CG	3	Part 20A	Total eligible credit amount	N/A	N/A	N/A	42	45	9	N	Right	
398	CR/CG	3	Part 20B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	46	9	N	Right	
399	CR/CG	3	Part 20C	Subtotal	N/A	N/A	N/A	42	47	9	N	Right	
400	CR/CG	3	Part 20D	Credit allowable this year	2	22	9	67	48	9	N	Right	
401	CR/CG	3	Part 20E	Carryover credit to next year	N/A	N/A	N/A	42	49	9	N	Right	
402	CR/CG	3	Part 21A	Total eligible credit amount authorized	N/A	N/A	N/A	42	52	9	N	Right	
403	CR/CG	3	Part 21B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	53	9	N	Right	
404	CR/CG	3	Part 21C	Subtotal	N/A	N/A	N/A	42	54	9	N	Right	
405	CR/CG	3	Part 21D	Credit allowable this year	2	23	9	67	55	9	N	Right	
406	CR/CG	3	Part 21E	Carryover credit to next year	N/A	N/A	N/A	42	56	9	N	Right	
407	CR/CG	3	Bottom Left	Anchor	N/A	N/A	N/A	57	64	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
408	CR/CG	3	Bottom Right	Anchor	N/A	N/A	N/A	79	64	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
409	CR/CG	4	Top Left	Primary SSN	N/A	N/A	N/A	32	5	9	N	Right	
410	CR/CG	4	Top Right	1D Barcode	N/A	N/A	N/A	55	5	N/A	N/A	N/A	*VASCCR424999* See Font Requirements in "Guidelines and Standards" document.
411	CR/CG	4	Top Left	Anchor	N/A	N/A	N/A	57	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
412	CR/CG	4	Top Right	Anchor	N/A	N/A	N/A	79	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
413	CR/CG	4	Part 22A	Total eligible credit amount authorized	N/A	N/A	N/A	42	11	9	N	Right	
414	CR/CG	4	Part 22B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	12	9	N	Right	
415	CR/CG	4	Part 22C	Subtotal	N/A	N/A	N/A	42	13	9	N	Right	
416	CR/CG	4	Part 22D	50% of tax per return	N/A	N/A	N/A	42	14	9	N	Right	
417	CR/CG	4	Part 22E	Maximum International Trade Facility Tax Credit	N/A	N/A	N/A	42	15	9	N	Right	
418	CR/CG	4	Part 22F	Credit allowable this year	2	24	9	67	16	9	N	Right	
419	CR/CG	4	Part 22G	Carryover credit to next year	N/A	N/A	N/A	42	17	9	N	Right	
420	CR/CG	4	Part 23A	Total eligible credit amount authorized	N/A	N/A	N/A	42	20	9	N	Right	
421	CR/CG	4	Part 23B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	21	9	N	Right	
422	CR/CG	4	Part 23C	Subtotal	N/A	N/A	N/A	42	22	9	N	Right	
423	CR/CG	4	Part 23D	Total credit transferred to others	N/A	N/A	N/A	42	23	9	N	Right	
424	CR/CG	4	Part 23E	Subtotal	N/A	N/A	N/A	42	24	9	N	Right	
425	CR/CG	4	Part 23F	Credit allowable this year	2	25	9	67	25	9	N	Right	
426	CR/CG	4	Part 23G	Carryover credit to next year	N/A	N/A	N/A	42	26	9	N	Right	
427	CR/CG	4	Part 24A	Total eligible credit amount authorized	N/A	N/A	N/A	42	29	9	N	Right	
428	CR/CG	4	Part 24B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	30	9	N	Right	
429	CR/CG	4	Part 24C	Subtotal	N/A	N/A	N/A	42	31	9	N	Right	
430	CR/CG	4	Part 24D	Credit allowable this year	2	26	9	67	32	9	N	Right	
431	CR/CG	4	Part 24E	Carryover credit to next year	N/A	N/A	N/A	42	33	9	N	Right	
432	CR/CG	4	Part 25A	Total eligible credit amount authorized	N/A	N/A	N/A	42	36	9	N	Right	
433	CR/CG	4	Part 25B	Credit allowable this year	2	27	9	67	37	9	N	Right	
434	CR/CG	4	Part 26A	Total eligible credit amount authorized	N/A	N/A	N/A	42	40	9	N	Right	

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435	CR/CG	4	Part 26B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	41	9	N	Right	
436	CR/CG	4	Part 26C	Subtotal	N/A	N/A	N/A	42	42	9	N	Right	
437	CR/CG	4	Part 26D	Credit allowable this year	2	28	9	67	43	9	N	Right	
438	CR/CG	4	Part 26E	Carryover credit to next year	N/A	N/A	N/A	42	44	9	N	Right	
439	CR/CG	4	Part 27A	Total eligible credit amount authorized	N/A	N/A	N/A	42	47	9	N	Right	
440	CR/CG	4	Part 27B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	48	9	N	N/A	
441	CR/CG	4	Part 27C	Subtotal	N/A	N/A	N/A	42	49	9	N	Right	
442	CR/CG	4	Part 27D	Credit allowable this year	2	29	9	67	50	9	N	Right	
443	CR/CG	4	Part 27E	Carryover credit to next year	N/A	N/A	N/A	42	51	9	N	Right	
444	CR/CG	4	Part 28A	Total eligible credit amount authorized	N/A	N/A	N/A	42	54	9	N	Right	
445	CR/CG	4	Part 28B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	55	N/A	N/A	N/A	
446	CR/CG	4	Part 28C	Subtotal	N/A	N/A	N/A	42	56	9	N	Right	
447	CR/CG	4	Part 28D	Credit allowable this year	2	30	9	67	57	9	N	Right	
448	CR/CG	4	Part 28E	Carryover credit to next year	N/A	N/A	N/A	42	58	9	N	Right	
449	CR/CG	4	Bottom Left	Anchor	N/A	N/A	N/A	57	64	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
450	CR/CG	4	Bottom Right	Anchor	N/A	N/A	N/A	79	64	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
451	CR/CG	5	Top Left	Primary SSN	N/A	N/A	N/A	35	5	9	N	Right	
452	CR/CG	5	Top Right	1D Barcode	N/A	N/A	N/A	55	5	N/A	N/A	N/A	*VASCCR524999* See Font Requirements in "Guidelines and Standards" document.
453	CR/CG	5	Top Left	Anchor	N/A	N/A	N/A	57	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
454	CR/CG	5	Top Right	Anchor	N/A	N/A	N/A	79	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
455	CR/CG	5	Part 30A	Total eligible credit amount authorized	N/A	N/A	N/A	42	11	9	N	Right	
456	CR/CG	5	Part 30B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	12	9	N	N/A	
457	CR/CG	5	Part 30C	Subtotal	N/A	N/A	N/A	42	13	9	N	Right	
458	CR/CG	5	Part 30D	Credit allowable this year	2	31	9	67	14	9	N	Right	
459	CR/CG	5	Part 30E	Carryover credit to next year	N/A	N/A	N/A	42	15	9	N	Right	
460	CR/CG	5	Part 31A	Total eligible credit amount authorized	N/A	N/A	N/A	42	18	9	N	Right	
461	CR/CG	5	Part 31B	Carryover credit from prior year(s)	N/A	N/A	N/A	42	19	9	N	Right	
462	CR/CG	5	Part 31C	Subtotal	N/A	N/A	N/A	42	20	9	N	Right	
463	CR/CG	5	Part 31D	Credit allowable this year	2	32	9	67	21	9	N	Right	
464	CR/CG	5	Part 31E	Carryover credit to next year	N/A	N/A	N/A	42	22	9	N	Right	
465	CR/CG	5	Part 32A	Total eligible credit amount authorized	N/A	N/A	N/A	42	25	9	N	Right	
466	CR/CG	5	Part 32B	Reserved for Future Use	N/A	N/A	N/A	42	26	9	N	Right	
467	CR/CG	5	Part 32C	Subtotal	N/A	N/A	N/A	42	27	9	N	Right	
468	CR/CG	5	Part 32D	Credit allowable this year	2	33	9	67	28	9	N	Right	
469	CR/CG	5	Part 32E	Carryover credit to next year	N/A	N/A	N/A	42	29	9	N	Right	
470	CR/CG	5	Part 33A	Credit amount authorized - Spouse	N/A	N/A	N/A	29	33	9	N	Right	
471	CR/CG	5	Part 33A	Credit amount authorized - You	N/A	N/A	N/A	42	33	9	N	Right	
472	CR/CG	5	Part 33B	Reserved for Future Use	N/A	N/A	N/A	29	34	9	N	Right	
473	CR/CG	5	Part 33B	Reserved for Future Use	N/A	N/A	N/A	42	34	9	N	Right	
474	CR/CG	5	Part 33C	Subtotal - Spouse	N/A	N/A	N/A	29	35	9	N	Right	
475	CR/CG	5	Part 33C	Subtotal - You	N/A	N/A	N/A	42	35	9	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
476	CR/CG	5	Part 33D	Credit allowable this year - You	2	34	9	67	36	9	N	Right	
477	CR/CG	5	Part 33E	Credit allowable this year - Spouse	2	35	9	67	38	9	N	Right	
478	CR/CG	5	Part 33F	Carryover credit to next year - Spouse	N/A	N/A	N/A	29	39	9	N	Right	
479	CR/CG	5	Part 33F	Carryover credit to next year - You	N/A	N/A	N/A	42	39	9	N	Right	
480	CR/CG	5	Section 2, Part 1A	Total Nonrefundable Credits	2	36	9	67	43	9	N	Right	
481	CR/CG	5	Section 3, Part 1A	100% Credit	2	37	9	67	47	9	N	Right	
482	CR/CG	5	Section 3, Part 1B	Full Credit	2	38	9	67	49	9	N	Right	
483	CR/CG	5	Section 3, Part 1C	85% Credit	2	39	9	67	51	9	N	Right	
484	CR/CG	5	Section 3, Part 1D	Total Coalfield Credit allowable this year	2	40	9	67	53	9	N	Right	
485	CR/CG	5	Section 3, Part 2A	Credit amount authorized	2	41	9	67	56	9	N	Right	
486	CR/CG	5	Section 3, Part 3A	Total credit allowable this year	2	42	9	67	60	9	N	Right	
487	CR/CG	5	Bottom Left	Anchor	N/A	N/A	N/A	57	64	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
488	CR/CG	5	Bottom Right	Anchor	N/A	N/A	N/A	79	64	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
489	CR/CG	6	Top Left	Primary SSN	N/A	N/A	N/A	35	5	9	N	Right	
490	CR/CG	6	Top Right	1D Barcode	N/A	N/A	N/A	55	5	N/A	N/A	N/A	*VASCCR624999* See Font Requirements in "Guidelines and Standards" document.
491	CR/CG	6	Top Left	Anchor	N/A	N/A	N/A	57	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
492	CR/CG	6	Top Right	Anchor	N/A	N/A	N/A	79	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
493	CR/CG	5	Section 3, Part 4A	Credit amount authorized	2	43	9	67	16	9	N	Right	
494	CR/CG	6	Section 3, Part 5A	Total credit allowable this year	2	44	9	67	19	9	N	Right	
495	CR/CG	6	Section 3, Part 6A	Total credit allowable this year	2	45	9	67	22	9	N	Right	
496	CR/CG	6	Section 3, Part 6B	Reserved for Future Use	N/A	N/A	N/A	67	24	9	N	Right	
497	CR/CG	6	Section 4, Part 1A	Total Refundable Credits	2	46	9	67	28	9	N	Right	
498	CR/CG	6	Section 5, Part 1A	Total Current Year Credits	2	47	9	67	30	9	N	Right	
499	CR/CG	6	Bottom Left	Anchor	N/A	N/A	N/A	57	36	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
500	CR/CG	6	Bottom Right	Anchor	N/A	N/A	N/A	79	36	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
<b>Schedule INC/CG</b>													
501	INC/CG	1	Top Center	Primary SSN	N/A	N/A	N/A	31	4	9	N	Right	
502	INC/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VASINC124999* See Font Requirements in "Guidelines and Standards" document.
503	INC/CG	1	Top Left	First Name - primary taxpayer	N/A	N/A	N/A	6	7	12	A	Left	1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods
504	INC/CG	1	Top Left	Middle Initial - primary taxpayer	N/A	N/A	N/A	19	7	1	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
505	INC/CG	1	Top Left	Last Name - primary taxpayer	N/A	N/A	N/A	21	7	15	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
506	INC/CG	1	Top Left	Suffix - primary taxpayer	N/A	N/A	N/A	37	7	3	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods

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		#	Line #		#	Position	Length	Col.	Row				
507	INC/CG	1	Top Left	First Name - secondary taxpayer	N/A	N/A	N/A	6	9	12	A	Left	1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods
508	INC/CG	1	Top Left	Middle Initial - secondary taxpayer	N/A	N/A	N/A	19	9	1	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
509	INC/CG	1	Top Left	Last Name - secondary taxpayer	N/A	N/A	N/A	21	9	15	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
510	INC/CG	1	Top Left	Suffix - secondary taxpayer	N/A	N/A	N/A	37	9	3	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
511	INC/CG	1	Top Left	Anchor	N/A	N/A	N/A	6	17	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
512	INC/CG	1	Top Right	Anchor	N/A	N/A	N/A	79	17	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
513	INC/CG	1	Line 1, Col. A	Your/Spouse SSN	2	48	9	7	19	9	N	Right	
514	INC/CG	1	Line 1, Col. B	Withholding Type	2	49	1	21	19	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
515	INC/CG	1	Line 1, Col. C	VA Withholding	2	50	9	26	19	9	N	Right	
516	INC/CG	1	Line 1, Col. D	Employer FEIN	2	51	9	39	19	9	N	Right	
517	INC/CG	1	Line 1, Col. E	VA Account Number	N/A	N/A	N/A	52	19	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
518	INC/CG	1	Line 1, Col. F	VA Wages, tips, other comp.	2	52	9	71	19	9	N	Right	
519	INC/CG	1	Line 2, Col. A	Your/Spouse SSN	2	53	9	7	21	9	N	Right	
520	INC/CG	1	Line 2, Col. B	Withholding Type	2	54	1	21	21	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
521	INC/CG	1	Line 2, Col. C	VA Withholding	2	55	9	26	21	9	N	Right	
522	INC/CG	1	Line 2, Col. D	Employer FEIN	2	56	9	39	21	9	N	Right	
523	INC/CG	1	Line 2, Col. E	VA Account Number	N/A	N/A	N/A	52	21	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
524	INC/CG	1	Line 2, Col. F	VA Wages, tips, other comp.	2	57	9	71	21	9	N	Right	
525	INC/CG	1	Line 3, Col. A	Your/Spouse SSN	2	58	9	7	23	9	N	Right	
526	INC/CG	1	Line 3, Col. B	Withholding Type	2	59	1	21	23	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
527	INC/CG	1	Line 3, Col. C	VA Withholding	2	60	9	26	23	9	N	Right	
528	INC/CG	1	Line 3, Col. D	Employer FEIN	2	61	9	39	23	9	N	Right	
529	INC/CG	1	Line 3, Col. E	VA Account Number	N/A	N/A	N/A	52	23	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
530	INC/CG	1	Line 3, Col. F	VA Wages, tips, other comp.	2	62	9	71	23	9	N	Right	
531	INC/CG	1	Line 4, Col. A	Your/Spouse SSN	2	63	9	7	25	9	N	Right	

Format Codes: A = Alphanumeric, D = Date, N = Number  
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
532	INC/CG	1	Line 4, Col. B	Withholding Type	2	64	1	21	25	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
533	INC/CG	1	Line 4, Col. C	VA Withholding	2	65	9	26	25	9	N	Right	
534	INC/CG	1	Line 4, Col. D	Employer FEIN	2	66	9	39	25	9	N	Right	
535	INC/CG	1	Line 4, Col. E	VA Account Number	N/A	N/A	N/A	52	25	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
536	INC/CG	1	Line 4, Col. F	VA Wages, tips, other comp.	2	67	9	71	25	9	N	Right	
537	INC/CG	1	Line 5, Col. A	Your/Spouse SSN	2	68	9	7	27	9	N	Right	
538	INC/CG	1	Line 5, Col. B	Withholding Type	2	69	1	21	27	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
539	INC/CG	1	Line 5, Col. C	VA Withholding	2	70	9	26	27	9	N	Right	
540	INC/CG	1	Line 5, Col. D	Employer FEIN	2	71	9	39	27	9	N	Right	
541	INC/CG	1	Line 5, Col. E	VA Account Number	N/A	N/A	N/A	52	27	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
542	INC/CG	1	Line 5, Col. F	VA Wages, tips, other comp.	2	72	9	71	27	9	N	Right	
543	INC/CG	1	Line 6, Col. A	Your/Spouse SSN	2	73	9	7	29	9	N	Right	
544	INC/CG	1	Line 6, Col. B	Withholding Type	2	74	1	21	29	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
545	INC/CG	1	Line 6, Col. C	VA Withholding	2	75	9	26	29	9	N	Right	
546	INC/CG	1	Line 6, Col. D	Employer FEIN	2	76	9	39	29	9	N	Right	
547	INC/CG	1	Line 6, Col. E	VA Account Number	N/A	N/A	N/A	52	29	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
548	INC/CG	1	Line 6, Col. F	VA Wages, tips, other comp.	2	77	9	71	29	9	N	Right	
549	INC/CG	1	Line 7, Col. A	Your/Spouse SSN	2	78	9	7	31	9	N	Right	
550	INC/CG	1	Line 7, Col. B	Withholding Type	2	79	1	21	31	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
551	INC/CG	1	Line 7, Col. C	VA Withholding	2	80	9	26	31	9	N	Right	
552	INC/CG	1	Line 7, Col. D	Employer FEIN	2	81	9	39	31	9	N	Right	
553	INC/CG	1	Line 7, Col. E	VA Account Number	N/A	N/A	N/A	52	31	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
554	INC/CG	1	Line 7, Col. F	VA Wages, tips, other comp.	2	82	9	71	31	9	N	Right	
555	INC/CG	1	Line 8, Col. A	Your/Spouse SSN	2	83	9	7	33	9	N	Right	
556	INC/CG	1	Line 8, Col. B	Withholding Type	2	84	1	21	33	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K



Format Codes: A = Alphanumeric, D = Date, N = Number  
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
557	INC/CG	1	Line 8, Col. C	VA Withholding	2	85	9	26	33	9	N	Right	
558	INC/CG	1	Line 8, Col. D	Employer FEIN	2	86	9	39	33	9	N	Right	
559	INC/CG	1	Line 8, Col. E	VA Account Number	N/A	N/A	N/A	52	33	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
560	INC/CG	1	Line 8, Col. F	VA Wages, tips, other comp.	2	87	9	71	33	9	N	Right	
561	INC/CG	1	Line 9, Col. A	Your/Spouse SSN	2	88	9	7	35	9	N	Right	
562	INC/CG	1	Line 9, Col. B	Withholding Type	2	89	1	21	35	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
563	INC/CG	1	Line 9, Col. C	VA Withholding	2	90	9	26	35	9	N	Right	
564	INC/CG	1	Line 9, Col. D	Employer FEIN	2	91	9	39	35	9	N	Right	
565	INC/CG	1	Line 9 Col. E	VA Account Number	N/A	N/A	N/A	52	35	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
566	INC/CG	1	Line 9 Col. F	VA Wages, tips, other comp.	2	92	9	71	35	9	N	Right	
567	INC/CG	1	Line 10, Col. A	Your/Spouse SSN	2	93	9	7	37	9	N	Right	
568	INC/CG	1	Line 10, Col. B	Withholding Type	2	94	1	21	37	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
569	INC/CG	1	Line 10, Col. C	VA Withholding	2	95	9	26	37	9	N	Right	
570	INC/CG	1	Line 10, Col. D	Employer FEIN	2	96	9	39	37	9	N	Right	
571	INC/CG	1	Line 10, Col. E	VA Account Number	N/A	N/A	N/A	52	37	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
572	INC/CG	1	Line 10, Col. F	VA Wages, tips, other comp.	2	97	9	71	37	9	N	Right	
573	INC/CG	1	Line 11, Col. A	Your/Spouse SSN	2	98	9	7	39	9	N	Right	
574	INC/CG	1	Line 11, Col. B	Withholding Type	2	99	1	21	39	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
575	INC/CG	1	Line 11, Col. C	VA Withholding	2	100	9	26	39	9	N	Right	
576	INC/CG	1	Line 11, Col. D	Employer FEIN	2	101	9	39	39	9	N	Right	
577	INC/CG	1	Line 11, Col. E	VA Account Number	N/A	N/A	N/A	52	39	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
578	INC/CG	1	Line 11, Col. F	VA Wages, tips, other comp.	2	102	9	71	39	9	N	Right	
579	INC/CG	1	Line 12, Col. A	Your/Spouse SSN	2	103	9	7	41	9	N	Right	
580	INC/CG	1	Line 12, Col. B	Withholding Type	2	104	1	21	41	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
581	INC/CG	1	Line 12, Col. C	VA Withholding	2	105	9	26	41	9	N	Right	
582	INC/CG	1	Line 12, Col. D	Employer FEIN	2	106	9	39	41	9	N	Right	

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 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
583	INC/CG	1	Line 12, Col. E	VA Account Number	N/A	N/A	N/A	52	41	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
584	INC/CG	1	Line 12, Col. F	VA Wages, tips, other comp.	2	107	9	71	41	9	N	Right	
585	INC/CG	1	Line 13, Col. A	Your/Spouse SSN	2	108	9	7	43	9	N	Right	
586	INC/CG	1	Line 13, Col. B	Withholding Type	2	109	1	21	43	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
587	INC/CG	1	Line 13, Col. C	VA Withholding	2	110	9	26	43	9	N	Right	
588	INC/CG	1	Line 13, Col. D	Employer FEIN	2	111	9	39	43	9	N	Right	
589	INC/CG	1	Line 13, Col. E	VA Account Number	N/A	N/A	N/A	52	43	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
590	INC/CG	1	Line 13, Col. F	VA Wages, tips, other comp.	2	112	9	71	43	9	N	Right	
591	INC/CG	1	Line 14, Col. A	Your/Spouse SSN	2	113	9	7	45	9	N	Right	
592	INC/CG	1	Line 14, Col. B	Withholding Type	2	114	1	21	45	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
593	INC/CG	1	Line 14, Col. C	VA Withholding	2	115	9	26	45	9	N	Right	
594	INC/CG	1	Line 14, Col. D	Employer FEIN	2	116	9	39	45	9	N	Right	
595	INC/CG	1	Line 14, Col. E	VA Account Number	N/A	N/A	N/A	52	45	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
596	INC/CG	1	Line 14, Col. F	VA Wages, tips, other comp.	2	117	9	71	45	9	N	Right	
597	INC/CG	1	Line 15, Col. A	Your/Spouse SSN	2	118	9	7	47	9	N	Right	
598	INC/CG	1	Line 15, Col. B	Withholding Type	2	119	1	21	47	1	A	Right	W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K
599	INC/CG	1	Line 15, Col. C	VA Withholding	2	120	9	26	47	9	N	Right	
600	INC/CG	1	Line 15, Col. D	Employer FEIN	2	121	9	39	47	9	N	Right	
601	INC/CG	1	Line 15, Col. E	VA Account Number	N/A	N/A	N/A	52	47	15	N	Right	Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13
602	INC/CG	1	Line 15, Col. F	VA Wages, tips, other comp.	2	122	9	71	47	9	N	Right	
603	INC/CG	1	Bottom Center	SSN - You	N/A	N/A	N/A	39	54	9	N	Right	
604	INC/CG	1	Bottom Center	SSN - Spouse	N/A	N/A	N/A	39	56	9	N	Right	
605	INC/CG	1	Bottom Center	Total # of W-2s, 1099s & VK-1s	2	123	2	46	59	2	N	Right	
606	INC/CG	1	Bottom Right	VA Withholding - You	2	124	9	63	54	9	N	Right	
607	INC/CG	1	Bottom Right	VA Withholding - Spouse	2	125	9	63	56	9	N	Right	
608	INC/CG	1	Bottom Left	Anchor	N/A	N/A	N/A	11	60	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
609	INC/CG	1	Bottom Right	Anchor	N/A	N/A	N/A	73	60	-	N/A	N/A	2/10 inch by 1/6 inch. See form.

Schedule FED/CG

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
610	FED/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VA0FED124999* See Font Requirements in "Guidelines and Standards" document.
611	FED/CG	1	Top Left	First Name - primary taxpayer	N/A	N/A	N/A	6	5	12	A	Left	1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods
612	FED/CG	1	Top Left	Middle Initial - primary taxpayer	N/A	N/A	N/A	19	5	1	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
613	FED/CG	1	Top Left	Last Name - primary taxpayer	N/A	N/A	N/A	21	5	15	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
614	FED/CG	1	Top Left	Suffix - primary taxpayer	N/A	N/A	N/A	37	5	3	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
615	FED/CG	1	Top Left	First Name - secondary taxpayer	N/A	N/A	N/A	6	6	12	A	Left	1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods
616	FED/CG	1	Top Left	Middle Initial - secondary taxpayer	N/A	N/A	N/A	19	6	1	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
617	FED/CG	1	Top Left	Last Name - secondary taxpayer	N/A	N/A	N/A	21	6	15	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
618	FED/CG	1	Top Left	Suffix - secondary taxpayer	N/A	N/A	N/A	37	6	3	A	Left	Not Allowed: hyphens, pound signs, apostrophes, commas or periods
619	FED/CG	1	Top Left	Address Line 1	N/A	N/A	N/A	6	7	34	A	Left	Allowed: hyphen and ampersand Not Allowed: apostrophe, comma or period
620	FED/CG	1	Top Left	Address Line 2	N/A	N/A	N/A	6	8	34	A	Left	Allowed: hyphen and ampersand Not Allowed: apostrophe, comma or period
621	FED/CG	1	Top Left	City	N/A	N/A	N/A	6	9	20	A	Left	Allowed: hyphen and ampersand Not Allowed: pound sign, apostrophe, comma or period
622	FED/CG	1	Top Left	State	N/A	N/A	N/A	27	9	2	A	Left	Allowed: hyphen and ampersand Not Allowed: pound sign, apostrophe, comma or period
623	FED/CG	1	Top Left	Zip Code	N/A	N/A	N/A	30	9	9	A	Left	Allowed: hyphen and ampersand Not Allowed: pound sign, apostrophe, comma or period
624	FED/CG	1	Top Right	Primary SSN	N/A	N/A	N/A	48	8	9	N	Right	
625	FED/CG	1	Top Right	Spouse SSN	N/A	N/A	N/A	48	9	9	N	Right	
626	FED/CG	1	Top Right	Locality Code for Taxpayer	N/A	N/A	N/A	61	9	3	N	Right	
<b>Schedule C and/or Schedule F Information - First Schedule</b>													
627	FED/CG	1	Line 1, Col. A	Schedule Name	2	126	1	48	13	1	A	Right	Display 'C' for Sch. C or C-EZ data Display 'F' for Sch. F data
628	FED/CG	1	Top Left	Anchor	N/A	N/A	N/A	26	15	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
629	FED/CG	1	Top Right	Anchor	N/A	N/A	N/A	75	15	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
630	FED/CG	1	Line 2, Col. A	Gross Receipts or Sales	2	127	9	34	16	9	N	Right	
631	FED/CG	1	Line 3, Col. A	Depreciation/Expense Deduction	2	128	9	34	18	9	N	Right	
632	FED/CG	1	Line 4, Col. A	Business Activity Code	2	129	6	37	20	6	N	Right	
633	FED/CG	1	Line 5, Col. A	Business Locality Code	2	130	3	40	22	3	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
634	FED/CG	1	Line 6, Col. A	Car and truck expenses	2	131	9	34	24	9	N	Right	
635	FED/CG	1	Line 7, Col. A	Inventory at end of year	2	132	9	34	26	9	N	Right	
636	FED/CG	1	Line 8, Col. A	# of miles used vehicle for: Business	2	133	9	34	28	9	N	Right	
637	FED/CG	1	Line 9, Col. A	# of miles used vehicle for: Commuting	2	134	9	34	30	9	N	Right	
638	FED/CG	1	Line 10, Col. A	# of miles used vehicle for: Other	2	135	9	34	32	9	N	Right	
<b>Schedule 2106 Information - First Schedule</b>													
639	FED/CG	1	Line 11, Col. A	# of miles used vehicle for: Business	2	136	9	34	37	9	N	Right	
640	FED/CG	1	Line 12, Col. A	# of miles used vehicle for: Commuting	2	137	9	34	39	9	N	Right	
641	FED/CG	1	Line 13, Col. A	# of miles used vehicle for: Other	2	138	9	34	41	9	N	Right	
642	FED/CG	1	Line 14, Col. A	% of business use of vehicle: Vehicle 1	2	139	6	37	43	6	N	Right	XXX.XX; 2 decimal places, max = 100.00
643	FED/CG	1	Line 15, Col. A	% of business use of vehicle: Vehicle 2	2	140	6	37	45	6	N	Right	XXX.XX; 2 decimal places, max = 100.00
<b>Schedule 4562 Information - First Schedule</b>													
644	FED/CG	1	Line 16, Col. A	Property used > 50% in qualified business	2	141	13	34	50	13	A	Left	
645	FED/CG	1	Line 17, Col. A	Date placed in service	2	142	6	37	52	6	D	Right	Date: MMDDYY
646	FED/CG	1	Line 18, Col. A	Business/investment use percentage	2	143	6	37	54	6	N	Right	XXX.XX; 2 decimal places, max = 100.00
647	FED/CG	1	Line 19, Col. A	Cost or other basis	2	144	9	34	56	9	N	Right	
648	FED/CG	1	Line 20, Col. A	Depreciation deduction	2	145	9	34	58	9	N	Right	
649	FED/CG	1	Line 21, Col. A	Elected section 179 cost	2	146	9	34	60	9	N	Right	
650	FED/CG	1	Line 22, Col. A	Business Locality Code	2	147	3	40	62	3	N	Right	
<b>Schedule C and/or Schedule F Information - Second Schedule</b>													
651	FED/CG	1	Line 1, Col. B	Schedule Name	2	148	1	73	13	1	A	Right	Display 'C' for Sch. C or C-EZ data Display 'F' for Sch. F data
652	FED/CG	1	Line 2, Col. B	Gross Receipts or Sales	2	149	9	60	16	9	N	Right	
653	FED/CG	1	Line 3, Col. B	Depreciation/Expense Deduction	2	150	9	60	18	9	N	Right	
654	FED/CG	1	Line 4, Col. B	Business Activity Code	2	151	6	63	20	6	N	Right	
655	FED/CG	1	Line 5, Col. B	Business Locality Code	2	152	3	66	22	3	N	Right	
656	FED/CG	1	Line 6, Col. B	Car and truck expenses	2	153	9	60	24	9	N	Right	
657	FED/CG	1	Line 7, Col. B	Inventory at end of year	2	154	9	60	26	9	N	Right	
658	FED/CG	1	Line 8, Col. B	# of miles used vehicle for: Business	2	155	9	60	28	9	N	Right	
659	FED/CG	1	Line 9, Col. B	# of miles used vehicle for: Commuting	2	156	9	60	30	9	N	Right	
660	FED/CG	1	Line 10, Col. B	# of miles used vehicle for: Other	2	157	9	60	32	9	N	Right	
<b>Schedule 2106 Information - Second Schedule</b>													
661	FED/CG	1	Line 11, Col. B	# of miles used vehicle for: Business	2	158	9	60	37	9	N	Right	
662	FED/CG	1	Line 12, Col. B	# of miles used vehicle for: Commuting	2	159	9	60	39	9	N	Right	
663	FED/CG	1	Line 13, Col. B	# of miles used vehicle for: Other	2	160	9	60	41	9	N	Right	
664	FED/CG	1	Line 14, Col. B	% of business use of vehicle: Vehicle 1	2	161	6	63	43	6	N	Right	XXX.XX; 2 decimal places, max = 100.00
665	FED/CG	1	Line 15, Col. B	% of business use of vehicle: Vehicle 2	2	162	6	63	45	6	N	Right	XXX.XX; 2 decimal places, max = 100.00
<b>Schedule 4562 Information - Second Schedule</b>													
666	FED/CG	1	Line 16, Col. B	Property used > 50% in qualified business	2	163	13	58	50	13	A	Right	
667	FED/CG	1	Line 17, Col. B	Date placed in service	2	164	6	63	52	6	D	Right	Date: MMDDYY
668	FED/CG	1	Line 18, Col. B	Business/ Investment use percentage	2	165	6	63	54	6	N	Right	XXX.XX; 2 decimal places, max = 100.00
669	FED/CG	1	Line 19, Col. B	Cost or other basis	2	166	9	60	56	9	N	Right	
670	FED/CG	1	Line 20, Col. B	Depreciation deduction	2	167	9	60	58	9	N	Right	
671	FED/CG	1	Line 21, Col. B	Elected section 179 cost	2	168	9	60	60	9	N	Right	

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Review tax form instructions for computations, attachments, codes and other related details.

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
672	FED/CG	1	Line 22, Col. B	Business Locality Code	2	169	3	66	62	3	N	Right	
673	FED/CG	1	Bottom Left	Anchor	N/A	N/A	N/A	26	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
674	FED/CG	1	Bottom Right	Anchor	N/A	N/A	N/A	75	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
<b>Schedule VAC/CG</b>													
675	VAC/CG	1	Top Center	Primary SSN	2	N/A	N/A	32	4	9	N	Right	
676	VAC/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VASVAC124999* See Font Requirements in "Guidelines and Standards" document.
677	VAC/CG	1	Top Left	Anchor	N/A	N/A	N/A	6	11	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
678	VAC/CG	1	Top Right	Anchor	N/A	N/A	N/A	79	12	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
679	VAC/CG	1	Top Right	Balance of Total Overpayment available	2	170	9	66	12	9	N	Right	
680	VAC/CG	1	Line 1, Col. A	Program Type	2	171	1	9	19	1	N	Right	
681	VAC/CG	1	Line 1, Col. B	Beneficiary's Last Name	2	172	16	13	19	16	A	Left	
682	VAC/CG	1	Line 1, Col. C	Account #	2	173	17	32	19	17	N	Right	
683	VAC/CG	1	Line 1, Col. D	Routing # (CollegeAmerica only)	2	174	9	53	19	9	N	Right	
684	VAC/CG	1	Line 1, Col. E	Contribution Amount	2	175	6	69	19	6	N	Right	
685	VAC/CG	1	Line 2, Col. A	Program Type	2	176	1	9	21	1	N	Right	
686	VAC/CG	1	Line 2, Col. B	Beneficiary's Last Name	2	177	16	13	21	16	A	Left	
687	VAC/CG	1	Line 2, Col. C	Account #	2	178	17	32	21	17	N	Right	
688	VAC/CG	1	Line 2, Col. D	Routing # (CollegeAmerica only)	2	179	9	53	21	9	N	Right	
689	VAC/CG	1	Line 2, Col. E	Contribution Amount	2	180	6	69	21	6	N	Right	
690	VAC/CG	1	Line 3, Col. A	Program Type	2	181	1	9	23	1	N	Right	
691	VAC/CG	1	Line 3, Col. B	Beneficiary's Last Name	2	182	16	13	23	16	A	Left	
692	VAC/CG	1	Line 3, Col. C	Account #	2	183	17	32	23	17	N	Right	
693	VAC/CG	1	Line 3, Col. D	Routing # (CollegeAmerica only)	2	184	9	53	23	9	N	Right	
694	VAC/CG	1	Line 3, Col. E	Contribution Amount	2	185	6	69	23	6	N	Right	
695	VAC/CG	1	Line 4, Col. A	Program Type	2	186	1	9	25	1	N	Right	
696	VAC/CG	1	Line 4, Col. B	Beneficiary's Last Name	2	187	16	13	25	16	A	Left	
697	VAC/CG	1	Line 4, Col. C	Account #	2	188	17	32	25	17	N	Right	
698	VAC/CG	1	Line 4, Col. D	Routing # (CollegeAmerica only)	2	189	9	53	25	9	N	Right	
699	VAC/CG	1	Line 4, Col. E	Contribution Amount	2	190	6	69	25	6	N	Right	
700	VAC/CG	1	Line 5, Col. A	Program Type	2	191	1	9	27	1	N	Right	
701	VAC/CG	1	Line 5, Col. B	Beneficiary's Last Name	2	192	16	13	27	16	A	Left	
702	VAC/CG	1	Line 5, Col. C	Account #	2	193	17	32	27	17	N	Right	
703	VAC/CG	1	Line 5, Col. D	Routing # (CollegeAmerica only)	2	194	9	53	27	9	N	Right	
704	VAC/CG	1	Line 5, Col. E	Contribution Amount	2	195	6	69	27	6	N	Right	
705	VAC/CG	1	Line 6	Total VA College Savings Plan Contributions	2	196	9	66	29	9	N	Right	
706	VAC/CG	1	Middle Right	More than 5 VA College Savings Plans	2	197	1	74	31	1	A	Right	Display 'X' if applicable
707	VAC/CG	1	Section, 2 Line 1	Balance of Remaining Overpayment available	2	198	9	66	35	9	N	Right	
708	VAC/CG	1	Section 2, Line 2	Other Voluntary Contributions - Code	2	199	2	55	39	2	N	Right	
709	VAC/CG	1	Section 2, Line 2	Other Voluntary Contributions - Amount	2	200	6	69	39	6	N	Right	
710	VAC/CG	1	Section 2, Line 3	Other Voluntary Contributions - Code	2	201	2	55	41	2	N	Right	
711	VAC/CG	1	Section 2, Line 3	Other Voluntary Contributions - Amount	2	202	6	69	41	6	N	Right	
712	VAC/CG	1	Section 2, Line 4	Other Voluntary Contributions - Code	2	203	2	55	43	2	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
713	VAC/CG	1	Section 2, Line 4	Other Voluntary Contributions - Amount	2	204	6	69	43	6	N	Right	
714	VAC/CG	1	Section 2, Line 5	Other Voluntary Contributions - Code	2	205	6	51	45	6	N	Right	
715	VAC/CG	1	Section 2, Line 5	Other Voluntary Contributions - Amount	2	206	6	69	45	6	N	Right	
716	VAC/CG	1	Section 2, Line 6	Other Voluntary Contributions - Code	2	207	6	51	47	6	N	Right	
717	VAC/CG	1	Section 2, Line 6	Other Voluntary Contributions - Amount	2	208	6	69	47	6	N	Right	
718	VAC/CG	1	Section 2, Line 7	Other Voluntary Contributions - Code	2	209	6	51	49	6	N	Right	
719	VAC/CG	1	Section 2, Line 7	Other Voluntary Contributions - Amount	2	210	6	69	49	6	N	Right	
720	VAC/CG	1	Section 2, Line 8	Other Voluntary Contributions - Code	2	211	2	55	51	2	N	Right	
721	VAC/CG	1	Section 2, Line 8	Other Voluntary Contributions - Amount	2	212	6	69	51	6	N	Right	
722	VAC/CG	1	Section 2, Line 9	Other Voluntary Contributions - Code	2	213	2	55	53	2	N	Right	
723	VAC/CG	1	Section 2, Line 9	Other Voluntary Contributions - Amount	2	214	6	69	53	6	N	Right	
724	VAC/CG	1	Section 2, Line 10	Other Voluntary Contributions - Code	2	215	2	55	55	2	N	Right	
725	VAC/CG	1	Section 2, Line 10	Other Voluntary Contributions - Amount	2	216	6	69	55	6	N	Right	
726	VAC/CG	1	Section 2, Line 11	Other Voluntary Contributions - Code	2	217	6	51	57	6	N	Right	
727	VAC/CG	1	Section 2, Line 11	Other Voluntary Contributions - Amount	2	218	6	69	57	6	N	Right	
728	VAC/CG	1	Section 2, Line 12	Other Voluntary Contributions - Code	2	219	6	51	59	6	N	Right	
729	VAC/CG	1	Section 2, Line 12	Other Voluntary Contributions - Amount	2	220	6	69	59	6	N	Right	
730	VAC/CG	1	Section 2, Line 13	Other Voluntary Contributions - Code	2	221	6	51	61	6	N	Right	
731	VAC/CG	1	Section 2, Line 13	Other Voluntary Contributions - Amount	2	222	6	69	61	6	N	Right	
732	VAC/CG	1	Section 2, Line 14	Total Other Voluntary Contributions	2	223	9	66	63	9	N	Right	
733	VAC/CG	1	Bottom Left	Anchor	N/A	N/A	N/A	41	64	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
734	VAC/CG	1	Bottom Right	Anchor	N/A	N/A	N/A	79	64	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
735	Trailer Data	N/A	N/A	Barcode 2 Trailer	2	224	5	N/A	N/A	5	N/A	N/A	

**Schedule OSC/CG**

736	Header Data	N/A	N/A	Barcode 3 Header Version Number	3	1	2	N/A	N/A	2	N/A	N/A	Reminder - the 2D Barcode for the OSC data must display on the 1st page of the OSC schedules printed with the package.
737	Header Data	N/A	N/A	Developer Code	3	2	4	N/A	N/A	4	N/A	N/A	
738	OSC/CG Form 1	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
739	OSC/CG Form 1	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
740	OSC/CG Form 1	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
741	OSC/CG Form 1	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
742	OSC/CG Form 1	1	Top Left	If claiming border state	3	3	1	41	18	1	A	Right	Display 'X' if applicable
743	OSC/CG Form 1	1	Line 1	Filing Status - other state's return	3	4	1	41	20	1	N	Right	
744	OSC/CG Form 1	1	Line 2	Person Claiming the Credit	3	5	1	41	22	1	N	Right	
745	OSC/CG Form 1	1	Line 3	Qualifying taxable income - other state	3	6	9	33	24	9	N	Right	
746	OSC/CG Form 1	1	Line 4	Virginia Taxable Income	3	7	9	33	26	9	N	Right	
747	OSC/CG Form 1	1	Line 5	Qualifying tax liability - other state	3	8	9	33	28	9	N	Right	
748	OSC/CG Form 1	1	Line 6	Postal Abbreviation - other state	3	9	2	71	20	2	A	Right	2 character postal abbreviation
749	OSC/CG Form 1	1	Line 7	Virginia Income Tax	3	10	9	71	22	9	N	Right	
750	OSC/CG Form 1	1	Line 8	Income Percentage	3	11	5	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
751	OSC/CG Form 1	1	Line 9	Virginia Income Tax multiplied by Income %	3	12	9	71	26	9	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
752	OSC/CG Form 1	1	Line 10	Credit Allowed	3	13	9	71	28	9	N	Right	
753	OSC/CG Form 1	1	Line 11	Filing Status - other state's return	3	14	1	41	33	1	N	Right	
754	OSC/CG Form 1	1	Line 12	Person Claiming the Credit	3	15	1	41	35	1	N	Right	
755	OSC/CG Form 1	1	Line 13	Qualifying taxable income - other state	3	16	9	33	37	9	N	Right	
756	OSC/CG Form 1	1	Line 14	Virginia Taxable Income	3	17	9	33	39	9	N	Right	
757	OSC/CG Form 1	1	Line 15	Qualifying tax liability - other state	3	18	9	33	41	9	N	Right	
758	OSC/CG Form 1	1	Line 16	Postal Abbreviation - other state	3	19	2	71	33	2	A	Right	2 character postal abbreviation
759	OSC/CG Form 1	1	Line 17	Virginia Income Tax	3	20	9	71	35	9	N	Right	
760	OSC/CG Form 1	1	Line 18	Income Percentage	3	21	5	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
761	OSC/CG Form 1	1	Line 19	Virginia Income Tax multiplied by Income %	3	22	9	71	39	9	N	Right	
762	OSC/CG Form 1	1	Line 20	Credit Allowed	3	23	9	71	41	9	N	Right	
763	OSC/CG Form 1	1	Line 21	Filing Status - other state's return	3	24	1	41	46	1	N	Right	
764	OSC/CG Form 1	1	Line 22	Person Claiming the Credit	3	25	1	41	48	1	N	Right	
765	OSC/CG Form 1	1	Line 23	Qualifying taxable income - other state	3	26	9	33	50	9	N	Right	
766	OSC/CG Form 1	1	Line 24	Virginia Taxable Income	3	27	9	33	52	9	N	Right	
767	OSC/CG Form 1	1	Line 25	Qualifying tax liability - other state	3	28	9	33	54	9	N	Right	
768	OSC/CG Form 1	1	Line 26	Postal Abbreviation - other state	3	29	2	71	46	2	A	Right	2 character postal abbreviation
769	OSC/CG Form 1	1	Line 27	Virginia Income Tax	3	30	9	71	48	9	N	Right	
770	OSC/CG Form 1	1	Line 28	Income Percentage	3	31	5	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
771	OSC/CG Form 1	1	Line 29	Virginia Income Tax multiplied by Income %	3	32	9	71	52	9	N	Right	
772	OSC/CG Form 1	1	Line 30	Credit Allowed	3	33	9	71	54	9	N	Right	
773	OSC/CG Form 1	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
774	OSC/CG Form 1	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
775	OSC/CG Form 1	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
776	OSC/CG Form 1	1	Bottom Right	OSC 1 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC.
777	OSC/CG Form 2	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
778	OSC/CG Form 2	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
779	OSC/CG Form 2	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
780	OSC/CG Form 2	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
781	OSC/CG Form 2	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
782	OSC/CG Form 2	1	Line 1	Filing Status - other state's return	3	34	1	41	20	1	N	Right	
783	OSC/CG Form 2	1	Line 2	Person Claiming the Credit	3	35	1	41	22	1	N	Right	
784	OSC/CG Form 2	1	Line 3	Qualifying taxable income - other state	3	36	9	33	24	9	N	Right	
785	OSC/CG Form 2	1	Line 4	Virginia Taxable Income	3	37	9	33	26	9	N	Right	
786	OSC/CG Form 2	1	Line 5	Qualifying tax liability - other state	3	38	9	33	28	9	N	Right	
787	OSC/CG Form 2	1	Line 6	Postal Abbreviation - other state	3	39	2	71	20	2	A	Right	2 character postal abbreviation
788	OSC/CG Form 2	1	Line 7	Virginia Income Tax	3	40	9	71	22	9	N	Right	
789	OSC/CG Form 2	1	Line 8	Income Percentage	3	41	5	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
790	OSC/CG Form 2	1	Line 9	Virginia Income Tax multiplied by Income %	3	42	9	71	26	9	N	Right	
791	OSC/CG Form 2	1	Line 10	Credit Allowed	3	43	9	71	28	9	N	Right	

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 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
792	OSC/CG Form 2	1	Line 11	Filing Status - other state's return	3	44	1	41	33	1	N	Right	
793	OSC/CG Form 2	1	Line 12	Person Claiming the Credit	3	45	1	41	35	1	N	Right	
794	OSC/CG Form 2	1	Line 13	Qualifying taxable income - other state	3	46	9	33	37	9	N	Right	
795	OSC/CG Form 2	1	Line 14	Virginia Taxable Income	3	47	9	33	39	9	N	Right	
796	OSC/CG Form 2	1	Line 15	Qualifying tax liability - other state	3	48	9	33	41	9	N	Right	
797	OSC/CG Form 2	1	Line 16	Postal Abbreviation - other state	3	49	2	71	33	2	A	Right	2 character postal abbreviation
798	OSC/CG Form 2	1	Line 17	Virginia Income Tax	3	50	9	71	35	9	N	Right	
799	OSC/CG Form 2	1	Line 18	Income Percentage	3	51	5	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
800	OSC/CG Form 2	1	Line 19	Virginia Income Tax multiplied by Income %	3	52	9	71	39	9	N	Right	
801	OSC/CG Form 2	1	Line 20	Credit Allowed	3	53	9	71	41	9	N	Right	
802	OSC/CG Form 2	1	Line 21	Filing Status - other state's return	3	54	1	41	46	1	N	Right	
803	OSC/CG Form 2	1	Line 22	Person Claiming the Credit	3	55	1	41	48	1	N	Right	
804	OSC/CG Form 2	1	Line 23	Qualifying taxable income - other state	3	56	9	33	50	9	N	Right	
805	OSC/CG Form 2	1	Line 24	Virginia Taxable Income	3	57	9	33	52	9	N	Right	
806	OSC/CG Form 2	1	Line 25	Qualifying tax liability - other state	3	58	9	33	54	9	N	Right	
807	OSC/CG Form 2	1	Line 26	Postal Abbreviation - other state	3	59	2	71	46	2	N	Right	2 character postal abbreviation
808	OSC/CG Form 2	1	Line 27	Virginia Income Tax	3	60	9	71	48	9	N	Right	
809	OSC/CG Form 2	1	Line 28	Income Percentage	3	61	5	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
810	OSC/CG Form 2	1	Line 29	Virginia Income Tax multiplied by Income %	3	62	9	71	52	9	N	Right	
811	OSC/CG Form 2	1	Line 30	Credit Allowed	3	63	9	71	54	9	N	Right	
812	OSC/CG Form 2	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
813	OSC/CG Form 2	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
814	OSC/CG Form 2	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
815	OSC/CG Form 2	1	Bottom Right	OSC 2 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display "OSC # of #" visual message on each Schedule OSC.
816	OSC/CG Form 3	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
817	OSC/CG Form 3	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
818	OSC/CG Form 3	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
819	OSC/CG Form 3	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
820	OSC/CG Form 3	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
821	OSC/CG Form 3	1	Line 1	Filing Status - other state's return	3	64	1	41	20	1	N	Right	
822	OSC/CG Form 3	1	Line 2	Person Claiming the Credit	3	65	1	41	22	1	N	Right	
823	OSC/CG Form 3	1	Line 3	Qualifying taxable income - other state	3	66	9	33	24	9	N	Right	
824	OSC/CG Form 3	1	Line 4	Virginia Taxable Income	3	67	9	33	26	9	N	Right	
825	OSC/CG Form 3	1	Line 5	Qualifying tax liability - other state	3	68	9	33	28	9	N	Right	
826	OSC/CG Form 3	1	Line 6	Postal Abbreviation - other state	3	69	2	71	20	2	A	Right	2 character postal abbreviation
827	OSC/CG Form 3	1	Line 7	Virginia Income Tax	3	70	9	71	22	9	N	Right	
828	OSC/CG Form 3	1	Line 8	Income Percentage	3	71	5	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
829	OSC/CG Form 3	1	Line 9	Virginia Income Tax multiplied by Income %	3	72	9	71	26	9	N	Right	
830	OSC/CG Form 3	1	Line 10	Credit Allowed	3	73	9	71	28	9	N	Right	
831	OSC/CG Form 3	1	Line 11	Filing Status - other state's return	3	74	1	41	33	1	N	Right	



Format Codes: A = Alphanumeric, D = Date, N = Number  
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
832	OSC/CG Form 3	1	Line 12	Person Claiming the Credit	3	75	1	41	35	1	N	Right	
833	OSC/CG Form 3	1	Line 13	Qualifying taxable income - other state	3	76	9	33	37	9	N	Right	
834	OSC/CG Form 3	1	Line 14	Virginia Taxable Income	3	77	9	33	39	9	N	Right	
835	OSC/CG Form 3	1	Line 15	Qualifying tax liability - other state	3	78	9	33	41	9	N	Right	
836	OSC/CG Form 3	1	Line 16	Postal Abbreviation - other state	3	79	2	71	33	2	A	Right	2 character postal abbreviation
837	OSC/CG Form 3	1	Line 17	Virginia Income Tax	3	80	9	71	35	9	N	Right	
838	OSC/CG Form 3	1	Line 18	Income Percentage	3	81	5	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
839	OSC/CG Form 3	1	Line 19	Virginia Income Tax multiplied by Income %	3	82	9	71	39	9	N	Right	
840	OSC/CG Form 3	1	Line 20	Credit Allowed	3	83	9	71	41	9	N	Right	
841	OSC/CG Form 3	1	Line 21	Filing Status - other state's return	3	84	1	41	46	1	N	Right	
842	OSC/CG Form 3	1	Line 22	Person Claiming the Credit	3	85	1	41	48	1	N	Right	
843	OSC/CG Form 3	1	Line 23	Qualifying taxable income - other state	3	86	9	33	50	9	N	Right	
844	OSC/CG Form 3	1	Line 24	Virginia Taxable Income	3	87	9	33	52	9	N	Right	
845	OSC/CG Form 3	1	Line 25	Qualifying tax liability - other state	3	88	9	33	54	9	N	Right	
846	OSC/CG Form 3	1	Line 26	Postal Abbreviation - other state	3	89	2	71	46	2	N	Right	2 character postal abbreviation
847	OSC/CG Form 3	1	Line 27	Virginia Income Tax	3	90	9	71	48	9	N	Right	
848	OSC/CG Form 3	1	Line 28	Income Percentage	3	91	5	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
849	OSC/CG Form 3	1	Line 29	Virginia Income Tax multiplied by Income %	3	92	9	71	52	9	N	Right	
850	OSC/CG Form 3	1	Line 30	Credit Allowed	3	93	9	71	54	9	N	Right	
851	OSC/CG Form 3	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
852	OSC/CG Form 3	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
853	OSC/CG Form 3	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
854	OSC/CG Form 3	1	Bottom Right	OSC 3 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display "OSC # of #" visual message on each Schedule OSC.
855	OSC/CG Form 4	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
856	OSC/CG Form 4	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
857	OSC/CG Form 4	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
858	OSC/CG Form 4	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
859	OSC/CG Form 4	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
860	OSC/CG Form 4	1	Line 1	Filing Status - other state's return	3	94	1	41	20	1	N	Right	
861	OSC/CG Form 4	1	Line 2	Person Claiming the Credit	3	95	1	41	22	1	N	Right	
862	OSC/CG Form 4	1	Line 3	Qualifying taxable income - other state	3	96	9	33	24	9	N	Right	
863	OSC/CG Form 4	1	Line 4	Virginia Taxable Income	3	97	9	33	26	9	N	Right	
864	OSC/CG Form 4	1	Line 5	Qualifying tax liability - other state	3	98	9	33	28	9	N	Right	
865	OSC/CG Form 4	1	Line 6	Postal Abbreviation - other state	3	99	2	71	20	2	A	Right	2 character postal abbreviation
866	OSC/CG Form 4	1	Line 7	Virginia Income Tax	3	100	9	71	22	9	N	Right	
867	OSC/CG Form 4	1	Line 8	Income Percentage	3	101	5	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
868	OSC/CG Form 4	1	Line 9	Virginia Income Tax multiplied by Income %	3	102	9	71	26	9	N	Right	
869	OSC/CG Form 4	1	Line 10	Credit Allowed	3	103	9	71	28	9	N	Right	
870	OSC/CG Form 4	1	Line 11	Filing Status - other state's return	3	104	1	41	33	1	N	Right	
871	OSC/CG Form 4	1	Line 12	Person Claiming the Credit	3	105	1	41	35	1	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
872	OSC/CG Form 4	1	Line 13	Qualifying taxable income - other state	3	106	9	33	37	9	N	Right	
873	OSC/CG Form 4	1	Line 14	Virginia Taxable Income	3	107	9	33	39	9	N	Right	
874	OSC/CG Form 4	1	Line 15	Qualifying tax liability - other state	3	108	9	33	41	9	N	Right	
875	OSC/CG Form 4	1	Line 16	Postal Abbreviation - other state	3	109	2	71	33	2	A	Right	2 character postal abbreviation
876	OSC/CG Form 4	1	Line 17	Virginia Income Tax	3	110	9	71	35	9	N	Right	
877	OSC/CG Form 4	1	Line 18	Income Percentage	3	111	5	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
878	OSC/CG Form 4	1	Line 19	Virginia Income Tax multiplied by Income %	3	112	9	71	39	9	N	Right	
879	OSC/CG Form 4	1	Line 20	Credit Allowed	3	113	9	71	41	9	N	Right	
880	OSC/CG Form 4	1	Line 21	Filing Status - other state's return	3	114	1	41	46	1	N	Right	
881	OSC/CG Form 4	1	Line 22	Person Claiming the Credit	3	115	1	41	48	1	N	Right	
882	OSC/CG Form 4	1	Line 23	Qualifying taxable income - other state	3	116	9	33	50	9	N	Right	
883	OSC/CG Form 4	1	Line 24	Virginia Taxable Income	3	117	9	33	52	9	N	Right	
884	OSC/CG Form 4	1	Line 25	Qualifying tax liability - other state	3	118	9	33	54	9	N	Right	
885	OSC/CG Form 4	1	Line 26	Postal Abbreviation - other state	3	119	2	71	46	2	N	Right	2 character postal abbreviation
886	OSC/CG Form 4	1	Line 27	Virginia Income Tax	3	120	9	71	48	9	N	Right	
887	OSC/CG Form 4	1	Line 28	Income Percentage	3	121	5	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
888	OSC/CG Form 4	1	Line 29	Virginia Income Tax multiplied by Income %	3	122	9	71	52	9	N	Right	
889	OSC/CG Form 4	1	Line 30	Credit Allowed	3	123	9	71	54	9	N	Right	
890	OSC/CG Form 4	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
891	OSC/CG Form 4	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
892	OSC/CG Form 4	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
893	OSC/CG Form 4	1	Bottom Right	OSC 4 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display "OSC # of #" visual message on each Schedule OSC.
894	OSC/CG Form 5	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
895	OSC/CG Form 5	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
896	OSC/CG Form 5	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
897	OSC/CG Form 5	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
898	OSC/CG Form 5	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
899	OSC/CG Form 5	1	Line 1	Filing Status - other state's return	3	124	1	41	20	1	N	Right	
900	OSC/CG Form 5	1	Line 2	Person Claiming the Credit	3	125	1	41	22	1	N	Right	
901	OSC/CG Form 5	1	Line 3	Qualifying taxable income - other state	3	126	9	33	24	9	N	Right	
902	OSC/CG Form 5	1	Line 4	Virginia Taxable Income	3	127	9	33	26	9	N	Right	
903	OSC/CG Form 5	1	Line 5	Qualifying tax liability - other state	3	128	9	33	28	9	N	Right	
904	OSC/CG Form 5	1	Line 6	Postal Abbreviation - other state	3	129	2	71	20	2	A	Right	2 character postal abbreviation
905	OSC/CG Form 5	1	Line 7	Virginia Income Tax	3	130	9	71	22	9	N	Right	
906	OSC/CG Form 5	1	Line 8	Income Percentage	3	131	5	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
907	OSC/CG Form 5	1	Line 9	Virginia Income Tax multiplied by Income %	3	132	9	71	26	9	N	Right	
908	OSC/CG Form 5	1	Line 10	Credit Allowed	3	133	9	71	28	9	N	Right	
909	OSC/CG Form 5	1	Line 11	Filing Status - other state's return	3	134	1	41	33	1	N	Right	
910	OSC/CG Form 5	1	Line 12	Person Claiming the Credit	3	135	1	41	35	1	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
911	OSC/CG Form 5	1	Line 13	Qualifying taxable income - other state	3	136	9	33	37	9	N	Right	
912	OSC/CG Form 5	1	Line 14	Virginia Taxable Income	3	137	9	33	39	9	N	Right	
913	OSC/CG Form 5	1	Line 15	Qualifying tax liability - other state	3	138	9	33	41	9	N	Right	
914	OSC/CG Form 5	1	Line 16	Postal Abbreviation - other state	3	139	2	71	33	2	A	Right	2 character postal abbreviation
915	OSC/CG Form 5	1	Line 17	Virginia Income Tax	3	140	9	71	35	9	N	Right	
916	OSC/CG Form 5	1	Line 18	Income Percentage	3	141	5	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
917	OSC/CG Form 5	1	Line 19	Virginia Income Tax multiplied by Income %	3	142	9	71	39	9	N	Right	
918	OSC/CG Form 5	1	Line 20	Credit Allowed	3	143	9	71	41	9	N	Right	
919	OSC/CG Form 5	1	Line 21	Filing Status - other state's return	3	144	1	41	46	1	N	Right	
920	OSC/CG Form 5	1	Line 22	Person Claiming the Credit	3	145	1	41	48	1	N	Right	
921	OSC/CG Form 5	1	Line 23	Qualifying taxable income - other state	3	146	9	33	50	9	N	Right	
922	OSC/CG Form 5	1	Line 24	Virginia Taxable Income	3	147	9	33	52	9	N	Right	
923	OSC/CG Form 5	1	Line 25	Qualifying tax liability - other state	3	148	9	33	54	9	N	Right	
924	OSC/CG Form 5	1	Line 26	Postal Abbreviation - other state	3	149	2	71	46	2	N	Right	2 character postal abbreviation
925	OSC/CG Form 5	1	Line 27	Virginia Income Tax	3	150	9	71	48	9	N	Right	
926	OSC/CG Form 5	1	Line 28	Income Percentage	3	151	5	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
927	OSC/CG Form 5	1	Line 29	Virginia Income Tax multiplied by Income %	3	152	9	71	52	9	N	Right	
928	OSC/CG Form 5	1	Line 30	Credit Allowed	3	153	9	71	54	9	N	Right	Barcode space is allotted for 15 entries. 47 options exist per the e-File schema. All entries supported by your software must be displayed on the printout, but only 15 will be in the 2D Barcode.
929	OSC/CG Form 5	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
930	OSC/CG Form 5	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
931	OSC/CG Form 5	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
932	OSC/CG Form 5	1	Bottom Right	OSC 5 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC.
933	Trailer Data	N/A	N/A	Barcode 3 Trailer	3	154	5	N/A	N/A	5	N/A	N/A	
934	OSC/CG Form 6	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
935	OSC/CG Form 6	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
936	OSC/CG Form 6	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
937	OSC/CG Form 6	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
938	OSC/CG Form 6	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
939	OSC/CG Form 6	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
940	OSC/CG Form 6	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
941	OSC/CG Form 6	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
942	OSC/CG Form 6	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
943	OSC/CG Form 6	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
944	OSC/CG Form 6	1	Line 6	Postal Abbreviation - other state	N/A	N/A	N/A	71	20	2	A	Right	2 character postal abbreviation
945	OSC/CG Form 6	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
946	OSC/CG Form 6	1	Line 8	Income Percentage	N/A	N/A	N/A	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0

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 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
947	OSC/CG Form 6	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
948	OSC/CG Form 6	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
949	OSC/CG Form 6	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
950	OSC/CG Form 6	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
951	OSC/CG Form 6	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
952	OSC/CG Form 6	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
953	OSC/CG Form 6	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
954	OSC/CG Form 6	1	Line 16	Postal Abbreviation - other state	N/A	N/A	N/A	71	33	2	A	Right	2 character postal abbreviation
955	OSC/CG Form 6	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
956	OSC/CG Form 6	1	Line 18	Income Percentage	N/A	N/A	N/A	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
957	OSC/CG Form 6	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
958	OSC/CG Form 6	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
959	OSC/CG Form 6	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
960	OSC/CG Form 6	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
961	OSC/CG Form 6	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
962	OSC/CG Form 6	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
963	OSC/CG Form 6	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
964	OSC/CG Form 6	1	Line 26	Postal Abbreviation - other state	N/A	N/A	N/A	71	46	2	A	Right	2 character postal abbreviation
965	OSC/CG Form 6	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
966	OSC/CG Form 6	1	Line 28	Income Percentage	N/A	N/A	N/A	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
967	OSC/CG Form 6	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
968	OSC/CG Form 6	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
969	OSC/CG Form 6	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
970	OSC/CG Form 6	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
971	OSC/CG Form 6	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
972	OSC/CG Form 6	1	Bottom Right	OSC 6 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC.
973	OSC/CG Form 7	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
974	OSC/CG Form 7	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
975	OSC/CG Form 7	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
976	OSC/CG Form 7	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
977	OSC/CG Form 7	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
978	OSC/CG Form 7	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
979	OSC/CG Form 7	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
980	OSC/CG Form 7	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
981	OSC/CG Form 7	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
982	OSC/CG Form 7	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
983	OSC/CG Form 7	1	Line 6	Postal Abbreviation - other state	N/A	N/A	N/A	71	20	2	A	Right	2 character postal abbreviation
984	OSC/CG Form 7	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
985	OSC/CG Form 7	1	Line 8	Income Percentage	N/A	N/A	N/A	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
986	OSC/CG Form 7	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	

Format Codes: A = Alphanumeric, D = Date, N = Number  
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
987	OSC/CG Form 7	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
988	OSC/CG Form 7	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
989	OSC/CG Form 7	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
990	OSC/CG Form 7	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
991	OSC/CG Form 7	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
992	OSC/CG Form 7	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
993	OSC/CG Form 7	1	Line 16	Postal Abbreviation - other state	N/A	N/A	N/A	71	33	2	A	Right	2 character postal abbreviation
994	OSC/CG Form 7	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
995	OSC/CG Form 7	1	Line 18	Income Percentage	N/A	N/A	N/A	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
996	OSC/CG Form 7	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
997	OSC/CG Form 7	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
998	OSC/CG Form 7	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
999	OSC/CG Form 7	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1000	OSC/CG Form 7	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1001	OSC/CG Form 7	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1002	OSC/CG Form 7	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1003	OSC/CG Form 7	1	Line 26	Postal Abbreviation - other state	N/A	N/A	N/A	71	46	2	A	Right	2 character postal abbreviation
1004	OSC/CG Form 7	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1005	OSC/CG Form 7	1	Line 28	Income Percentage	N/A	N/A	N/A	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1006	OSC/CG Form 7	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1007	OSC/CG Form 7	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1008	OSC/CG Form 7	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1009	OSC/CG Form 7	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1010	OSC/CG Form 7	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1011	OSC/CG Form 7	1	Bottom Right	OSC 7 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC.
1012	OSC/CG Form 8	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
1013	OSC/CG Form 8	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1014	OSC/CG Form 8	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1015	OSC/CG Form 8	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1016	OSC/CG Form 8	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
1017	OSC/CG Form 8	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1018	OSC/CG Form 8	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1019	OSC/CG Form 8	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1020	OSC/CG Form 8	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1021	OSC/CG Form 8	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1022	OSC/CG Form 8	1	Line 6	Postal Abbreviation - other state	N/A	N/A	N/A	71	20	2	A	Right	2 character postal abbreviation
1023	OSC/CG Form 8	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1024	OSC/CG Form 8	1	Line 8	Income Percentage	N/A	N/A	N/A	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1025	OSC/CG Form 8	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1026	OSC/CG Form 8	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	

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 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
1027	OSC/CG Form 8	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1028	OSC/CG Form 8	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1029	OSC/CG Form 8	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1030	OSC/CG Form 8	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1031	OSC/CG Form 8	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1032	OSC/CG Form 8	1	Line 16	Postal Abbreviation - other state	N/A	N/A	N/A	71	33	2	A	Right	2 character postal abbreviation
1033	OSC/CG Form 8	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1034	OSC/CG Form 8	1	Line 18	Income Percentage	N/A	N/A	N/A	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1035	OSC/CG Form 8	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1036	OSC/CG Form 8	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1037	OSC/CG Form 8	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1038	OSC/CG Form 8	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1039	OSC/CG Form 8	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1040	OSC/CG Form 8	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1041	OSC/CG Form 8	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1042	OSC/CG Form 8	1	Line 26	Postal Abbreviation - other state	N/A	N/A	N/A	71	46	2	A	Right	2 character postal abbreviation
1043	OSC/CG Form 8	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1044	OSC/CG Form 8	1	Line 28	Income Percentage	N/A	N/A	N/A	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1045	OSC/CG Form 8	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1046	OSC/CG Form 8	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1047	OSC/CG Form 8	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1048	OSC/CG Form 8	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1049	OSC/CG Form 8	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1050	OSC/CG Form 8	1	Bottom Right	OSC 8 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display "OSC # of #" visual message on each Schedule OSC.
1051	OSC/CG Form 9	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
1052	OSC/CG Form 9	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1053	OSC/CG Form 9	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1054	OSC/CG Form 9	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1055	OSC/CG Form 9	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
1056	OSC/CG Form 9	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1057	OSC/CG Form 9	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1058	OSC/CG Form 9	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1059	OSC/CG Form 9	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1060	OSC/CG Form 9	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1061	OSC/CG Form 9	1	Line 6	Postal Abbreviation - other state	N/A	N/A	N/A	71	20	2	A	Right	2 character postal abbreviation
1062	OSC/CG Form 9	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1063	OSC/CG Form 9	1	Line 8	Income Percentage	N/A	N/A	N/A	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1064	OSC/CG Form 9	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1065	OSC/CG Form 9	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1066	OSC/CG Form 9	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	

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 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
1067	OSC/CG Form 9	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1068	OSC/CG Form 9	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1069	OSC/CG Form 9	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1070	OSC/CG Form 9	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1071	OSC/CG Form 9	1	Line 16	Postal Abbreviation - other state	N/A	N/A	N/A	71	33	2	A	Right	2 character postal abbreviation
1072	OSC/CG Form 9	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1073	OSC/CG Form 9	1	Line 18	Income Percentage	N/A	N/A	N/A	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1074	OSC/CG Form 9	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1075	OSC/CG Form 9	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1076	OSC/CG Form 9	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1077	OSC/CG Form 9	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1078	OSC/CG Form 9	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1079	OSC/CG Form 9	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1080	OSC/CG Form 9	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1081	OSC/CG Form 9	1	Line 26	Postal Abbreviation - other state	N/A	N/A	N/A	71	46	2	A	Right	2 character postal abbreviation
1082	OSC/CG Form 9	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1083	OSC/CG Form 9	1	Line 28	Income Percentage	N/A	N/A	N/A	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1084	OSC/CG Form 9	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1085	OSC/CG Form 9	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1086	OSC/CG Form 9	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1087	OSC/CG Form 9	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1088	OSC/CG Form 9	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1089	OSC/CG Form 9	1	Bottom Right	OSC 9 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display "OSC # of #" visual message on each Schedule OSC.
1090	OSC/CG Form 10	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
1091	OSC/CG Form 10	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1092	OSC/CG Form 10	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1093	OSC/CG Form 10	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1094	OSC/CG Form 10	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
1095	OSC/CG Form 10	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1096	OSC/CG Form 10	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1097	OSC/CG Form 10	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1098	OSC/CG Form 10	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1099	OSC/CG Form 10	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1100	OSC/CG Form 10	1	Line 6	Postal Abbreviation - other state	N/A	N/A	N/A	71	20	2	A	Right	2 character postal abbreviation
1101	OSC/CG Form 10	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1102	OSC/CG Form 10	1	Line 8	Income Percentage	N/A	N/A	N/A	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1103	OSC/CG Form 10	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1104	OSC/CG Form 10	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1105	OSC/CG Form 10	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	

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Review tax form instructions for computations, attachments, codes and other related details.

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
1106	OSC/CG Form 10	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1107	OSC/CG Form 10	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1108	OSC/CG Form 10	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1109	OSC/CG Form 10	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1110	OSC/CG Form 10	1	Line 16	Postal Abbreviation - other state	N/A	N/A	N/A	71	33	2	A	Right	2 character postal abbreviation
1111	OSC/CG Form 10	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1112	OSC/CG Form 10	1	Line 18	Income Percentage	N/A	N/A	N/A	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1113	OSC/CG Form 10	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1114	OSC/CG Form 10	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1115	OSC/CG Form 10	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1116	OSC/CG Form 10	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1117	OSC/CG Form 10	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1118	OSC/CG Form 10	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1119	OSC/CG Form 10	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1120	OSC/CG Form 10	1	Line 26	Postal Abbreviation - other state	N/A	N/A	N/A	71	46	2	A	Right	2 character postal abbreviation
1121	OSC/CG Form 10	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1122	OSC/CG Form 10	1	Line 28	Income Percentage	N/A	N/A	N/A	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1123	OSC/CG Form 10	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1124	OSC/CG Form 10	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1125	OSC/CG Form 10	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1126	OSC/CG Form 10	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1127	OSC/CG Form 10	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1128	OSC/CG Form 10	1	Bottom Right	OSC 10 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display "OSC # of #" visual message on each Schedule OSC.
1129	OSC/CG Form 11	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
1130	OSC/CG Form 11	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1131	OSC/CG Form 11	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1132	OSC/CG Form 11	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1133	OSC/CG Form 11	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
1134	OSC/CG Form 11	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1135	OSC/CG Form 11	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1136	OSC/CG Form 11	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1137	OSC/CG Form 11	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1138	OSC/CG Form 11	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1139	OSC/CG Form 11	1	Line 6	Postal Abbreviation - other state	N/A	N/A	N/A	71	20	2	A	Right	2 character postal abbreviation
1140	OSC/CG Form 11	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1141	OSC/CG Form 11	1	Line 8	Income Percentage	N/A	N/A	N/A	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1142	OSC/CG Form 11	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1143	OSC/CG Form 11	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1144	OSC/CG Form 11	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	



Format Codes: A = Alphanumeric, D = Date, N = Number  
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
1145	OSC/CG Form 11	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1146	OSC/CG Form 11	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1147	OSC/CG Form 11	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1148	OSC/CG Form 11	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1149	OSC/CG Form 11	1	Line 16	Postal Abbreviation - other state	N/A	N/A	N/A	71	33	2	A	Right	2 character postal abbreviation
1150	OSC/CG Form 11	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1151	OSC/CG Form 11	1	Line 18	Income Percentage	N/A	N/A	N/A	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1152	OSC/CG Form 11	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1153	OSC/CG Form 11	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1154	OSC/CG Form 11	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1155	OSC/CG Form 11	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1156	OSC/CG Form 11	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1157	OSC/CG Form 11	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1158	OSC/CG Form 11	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1159	OSC/CG Form 11	1	Line 26	Postal Abbreviation - other state	N/A	N/A	N/A	71	46	2	A	Right	2 character postal abbreviation
1160	OSC/CG Form 11	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1161	OSC/CG Form 11	1	Line 28	Income Percentage	N/A	N/A	N/A	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1162	OSC/CG Form 11	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1163	OSC/CG Form 11	1	Line 30	Total Credit Claimed	N/A	N/A	N/A	71	54	9	N	Right	
1164	OSC/CG Form 11	1	Line 31	Total Credit	N/A	N/A	N/A	71	57	9	N	Right	
1165	OSC/CG Form 11	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1166	OSC/CG Form 11	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1167	OSC/CG Form 11	1	Bottom Right	OSC 11 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC.
1168	OSC/CG Form 12	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
1169	OSC/CG Form 12	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1170	OSC/CG Form 12	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1171	OSC/CG Form 12	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1172	OSC/CG Form 12	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
1173	OSC/CG Form 12	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1174	OSC/CG Form 12	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1175	OSC/CG Form 12	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1176	OSC/CG Form 12	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1177	OSC/CG Form 12	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1178	OSC/CG Form 12	1	Line 6	Postal Abbreviation - other state	N/A	N/A	N/A	71	20	2	A	Right	2 character postal abbreviation
1179	OSC/CG Form 12	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1180	OSC/CG Form 12	1	Line 8	Income Percentage	N/A	N/A	N/A	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1181	OSC/CG Form 12	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1182	OSC/CG Form 12	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1183	OSC/CG Form 12	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1184	OSC/CG Form 12	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
1185	OSC/CG Form 12	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1186	OSC/CG Form 12	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1187	OSC/CG Form 12	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1188	OSC/CG Form 12	1	Line 16	Postal Abbreviation - other state	N/A	N/A	N/A	71	33	2	A	Right	2 character postal abbreviation
1189	OSC/CG Form 12	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1190	OSC/CG Form 12	1	Line 18	Income Percentage	N/A	N/A	N/A	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1191	OSC/CG Form 12	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1192	OSC/CG Form 12	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1193	OSC/CG Form 12	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1194	OSC/CG Form 12	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1195	OSC/CG Form 12	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1196	OSC/CG Form 12	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1197	OSC/CG Form 12	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1198	OSC/CG Form 12	1	Line 26	Postal Abbreviation - other state	N/A	N/A	N/A	71	46	2	A	Right	2 character postal abbreviation
1199	OSC/CG Form 12	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1200	OSC/CG Form 12	1	Line 28	Income Percentage	N/A	N/A	N/A	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1201	OSC/CG Form 12	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1202	OSC/CG Form 12	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1203	OSC/CG Form 12	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1204	OSC/CG Form 12	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1205	OSC/CG Form 12	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1206	OSC/CG Form 12	1	Bottom Right	OSC 12 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC.
1207	OSC/CG Form 13	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
1208	OSC/CG Form 13	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1209	OSC/CG Form 13	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1210	OSC/CG Form 13	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1211	OSC/CG Form 13	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
1212	OSC/CG Form 13	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1213	OSC/CG Form 13	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1214	OSC/CG Form 13	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1215	OSC/CG Form 13	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1216	OSC/CG Form 13	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1217	OSC/CG Form 13	1	Line 6	Postal Abbreviation - other state	N/A	N/A	N/A	71	20	2	A	Right	2 character postal abbreviation
1218	OSC/CG Form 13	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1219	OSC/CG Form 13	1	Line 8	Income Percentage	N/A	N/A	N/A	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1220	OSC/CG Form 13	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1221	OSC/CG Form 13	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1222	OSC/CG Form 13	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1223	OSC/CG Form 13	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	

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 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
1224	OSC/CG Form 13	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1225	OSC/CG Form 13	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1226	OSC/CG Form 13	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1227	OSC/CG Form 13	1	Line 16	Postal Abbreviation - other state	N/A	N/A	N/A	71	33	2	A	Right	2 character postal abbreviation
1228	OSC/CG Form 13	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1229	OSC/CG Form 13	1	Line 18	Income Percentage	N/A	N/A	N/A	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1230	OSC/CG Form 13	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1231	OSC/CG Form 13	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1232	OSC/CG Form 13	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1233	OSC/CG Form 13	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1234	OSC/CG Form 13	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1235	OSC/CG Form 13	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1236	OSC/CG Form 13	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1237	OSC/CG Form 13	1	Line 26	Postal Abbreviation - other state	N/A	N/A	N/A	71	46	2	A	Right	2 character postal abbreviation
1238	OSC/CG Form 13	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1239	OSC/CG Form 13	1	Line 28	Income Percentage	N/A	N/A	N/A	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1240	OSC/CG Form 13	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1241	OSC/CG Form 13	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1242	OSC/CG Form 13	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1243	OSC/CG Form 13	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1244	OSC/CG Form 13	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1245	OSC/CG Form 13	1	Bottom Right	OSC 13 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC.
1246	OSC/CG Form 14	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
1247	OSC/CG Form 14	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1248	OSC/CG Form 14	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1249	OSC/CG Form 14	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1250	OSC/CG Form 14	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
1251	OSC/CG Form 14	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1252	OSC/CG Form 14	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1253	OSC/CG Form 14	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1254	OSC/CG Form 14	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1255	OSC/CG Form 14	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1256	OSC/CG Form 14	1	Line 6	Postal Abbreviation - other state	N/A	N/A	N/A	71	20	2	A	Right	2 character postal abbreviation
1257	OSC/CG Form 14	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1258	OSC/CG Form 14	1	Line 8	Income Percentage	N/A	N/A	N/A	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1259	OSC/CG Form 14	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1260	OSC/CG Form 14	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1261	OSC/CG Form 14	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1262	OSC/CG Form 14	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1263	OSC/CG Form 14	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
1264	OSC/CG Form 14	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1265	OSC/CG Form 14	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1266	OSC/CG Form 14	1	Line 16	Postal Abbreviation - other state	N/A	N/A	N/A	71	33	2	A	Right	2 character postal abbreviation
1267	OSC/CG Form 14	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1268	OSC/CG Form 14	1	Line 18	Income Percentage	N/A	N/A	N/A	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1269	OSC/CG Form 14	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1270	OSC/CG Form 14	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1271	OSC/CG Form 14	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1272	OSC/CG Form 14	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1273	OSC/CG Form 14	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1274	OSC/CG Form 14	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1275	OSC/CG Form 14	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1276	OSC/CG Form 14	1	Line 26	Postal Abbreviation - other state	N/A	N/A	N/A	71	46	2	A	Right	2 character postal abbreviation
1277	OSC/CG Form 14	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1278	OSC/CG Form 14	1	Line 28	Income Percentage	N/A	N/A	N/A	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1279	OSC/CG Form 14	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1280	OSC/CG Form 14	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1281	OSC/CG Form 14	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1282	OSC/CG Form 14	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1283	OSC/CG Form 14	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1284	OSC/CG Form 14	1	Bottom Right	OSC 14 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC.
1285	OSC/CG Form 15	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
1286	OSC/CG Form 15	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1287	OSC/CG Form 15	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1288	OSC/CG Form 15	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1289	OSC/CG Form 15	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
1290	OSC/CG Form 15	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1291	OSC/CG Form 15	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1292	OSC/CG Form 15	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1293	OSC/CG Form 15	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1294	OSC/CG Form 15	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1295	OSC/CG Form 15	1	Line 6	Postal Abbreviation - other state	N/A	N/A	N/A	71	20	2	A	Right	2 character postal abbreviation
1296	OSC/CG Form 15	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1297	OSC/CG Form 15	1	Line 8	Income Percentage	N/A	N/A	N/A	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1298	OSC/CG Form 15	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1299	OSC/CG Form 15	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1300	OSC/CG Form 15	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1301	OSC/CG Form 15	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1302	OSC/CG Form 15	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	

Format Codes: A = Alphanumeric, D = Date, N = Number  
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
1303	OSC/CG Form 15	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1304	OSC/CG Form 15	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1305	OSC/CG Form 15	1	Line 16	Postal Abbreviation - other state	N/A	N/A	N/A	71	33	2	A	Right	2 character postal abbreviation
1306	OSC/CG Form 15	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1307	OSC/CG Form 15	1	Line 18	Income Percentage	N/A	N/A	N/A	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1308	OSC/CG Form 15	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1309	OSC/CG Form 15	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1310	OSC/CG Form 15	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1311	OSC/CG Form 15	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1312	OSC/CG Form 15	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1313	OSC/CG Form 15	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1314	OSC/CG Form 15	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1315	OSC/CG Form 15	1	Line 26	Postal Abbreviation - other state	N/A	N/A	N/A	71	46	2	A	Right	2 character postal abbreviation
1316	OSC/CG Form 15	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1317	OSC/CG Form 15	1	Line 28	Income Percentage	N/A	N/A	N/A	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1318	OSC/CG Form 15	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1319	OSC/CG Form 15	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1320	OSC/CG Form 15	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1321	OSC/CG Form 15	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1322	OSC/CG Form 15	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1323	OSC/CG Form 15	1	Bottom Right	OSC 15 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC.
1324	OSC/CG Form 16	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC124999* See Font Requirements in "Guidelines and Standards" document.
1325	OSC/CG Form 16	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1326	OSC/CG Form 16	1	Top Left	Anchor	N/A	N/A	N/A	30	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1327	OSC/CG Form 16	1	Top Right	Anchor	N/A	N/A	N/A	76	16	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1328	OSC/CG Form 16	1	Top Left	If claiming border state	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
1329	OSC/CG Form 16	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1330	OSC/CG Form 16	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1331	OSC/CG Form 16	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1332	OSC/CG Form 16	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1333	OSC/CG Form 16	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1334	OSC/CG Form 16	1	Line 6	Postal Abbreviation - other state	N/A	N/A	N/A	71	20	2	A	Right	2 character postal abbreviation
1335	OSC/CG Form 16	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1336	OSC/CG Form 16	1	Line 8	Income Percentage	N/A	N/A	N/A	71	24	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1337	OSC/CG Form 16	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1338	OSC/CG Form 16	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1339	OSC/CG Form 16	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1340	OSC/CG Form 16	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1341	OSC/CG Form 16	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1342	OSC/CG Form 16	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
1343	OSC/CG Form 16	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1344	OSC/CG Form 16	1	Line 16	Postal Abbreviation - other state	N/A	N/A	N/A	71	33	2	A	Right	2 character postal abbreviation
1345	OSC/CG Form 16	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1346	OSC/CG Form 16	1	Line 18	Income Percentage	N/A	N/A	N/A	71	37	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1347	OSC/CG Form 16	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1348	OSC/CG Form 16	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1350	OSC/CG Form 16	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1351	OSC/CG Form 16	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1352	OSC/CG Form 16	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1353	OSC/CG Form 16	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1354	OSC/CG Form 16	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1355	OSC/CG Form 16	1	Line 26	Postal Abbreviation - other state	N/A	N/A	N/A	71	46	2	charac	Right	2 character postal abbreviation
1356	OSC/CG Form 16	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1357	OSC/CG Form 16	1	Line 28	Income Percentage	N/A	N/A	N/A	71	50	5	N	Right	XXX.X; 1 decimal place, max = 100.0
1358	OSC/CG Form 16	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1359	OSC/CG Form 16	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1360	OSC/CG Form 16	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1361	OSC/CG Form 16	1	Bottom Left	Anchor	N/A	N/A	N/A	30	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1362	OSC/CG Form 16	1	Bottom Right	Anchor	N/A	N/A	N/A	76	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1363	OSC/CG Form 16	1	Bottom Right	OSC 16 of # (more than 1 schedule OSC included with printed return)	3	N/A	N/A	74	66	7	N	Left	Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC.
<b>Schedule VACS/CG</b>													
1364	VACS/CG	1	Top Center	Primary SSN	N/A	N/A	N/A	34	4	9	N	Right	
1365	VACS/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VAVACS124999* See Font Requirements in "Guidelines and Standards" document.N1393
1366	VACS/CG	1	Top Left	Anchor	N/A	N/A	N/A	6	11	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1367	VACS/CG	1	Top Right	Anchor	N/A	N/A	N/A	79	11	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1368	VACS/CG	1	Line 1, Col. A	Program Type	N/A	N/A	N/A	9	15	1	N	Right	
1369	VACS/CG	1	Line 1, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	15	16	A	Left	
1370	VACS/CG	1	Line 1, Col. C	Account #	N/A	N/A	N/A	32	15	17	N	Right	
1371	VACS/CG	1	Line 1, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	15	9	N	Right	
1372	VACS/CG	1	Line 1, Col. E	Contribution Amount	N/A	N/A	N/A	69	15	6	N	Right	
1373	VACS/CG	1	Line 2, Col. A	Program Type	N/A	N/A	N/A	9	17	1	N	Right	
1374	VACS/CG	1	Line 2, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	17	16	A	Left	
1375	VACS/CG	1	Line 2, Col. C	Account #	N/A	N/A	N/A	32	17	17	N	Right	
1376	VACS/CG	1	Line 2, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	17	9	N	Right	
1377	VACS/CG	1	Line 2, Col. E	Contribution Amount	N/A	N/A	N/A	69	17	6	N	Right	
1378	VACS/CG	1	Line 3, Col. A	Program Type	N/A	N/A	N/A	9	19	1	N	Right	
1379	VACS/CG	1	Line 3, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	19	16	A	Left	
1380	VACS/CG	1	Line 3, Col. C	Account #	N/A	N/A	N/A	32	19	17	N	Right	
1381	VACS/CG	1	Line 3, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	19	9	N	Right	
1382	VACS/CG	1	Line 3, Col. E	Contribution Amount	N/A	N/A	N/A	69	19	6	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
1383	VACS/CG	1	Line 4, Col. A	Program Type	N/A	N/A	N/A	9	21	1	N	Right	
1384	VACS/CG	1	Line 4, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	21	16	A	Left	
1385	VACS/CG	1	Line 4, Col. C	Account #	N/A	N/A	N/A	32	21	17	N	Right	
1386	VACS/CG	1	Line 4, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	21	9	N	Right	
1387	VACS/CG	1	Line 4, Col. E	Contribution Amount	N/A	N/A	N/A	69	21	6	N	Right	
1388	VACS/CG	1	Line 5, Col. A	Program Type	N/A	N/A	N/A	9	23	1	N	Right	
1389	VACS/CG	1	Line 5, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	23	16	A	Left	
1390	VACS/CG	1	Line 5, Col. C	Account #	N/A	N/A	N/A	32	23	17	N	Right	
1391	VACS/CG	1	Line 5, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	23	9	N	Right	
1392	VACS/CG	1	Line 5, Col. E	Contribution Amount	N/A	N/A	N/A	69	23	6	N	Right	
1393	VACS/CG	1	Line 6, Col. A	Program Type	N/A	N/A	N/A	9	25	1	N	Right	
1394	VACS/CG	1	Line 6, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	25	16	A	Left	
1395	VACS/CG	1	Line 6, Col. C	Account #	N/A	N/A	N/A	32	25	17	N	Right	
1396	VACS/CG	1	Line 6, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	25	9	N	Right	
1397	VACS/CG	1	Line 6, Col. E	Contribution Amount	N/A	N/A	N/A	69	25	6	N	Right	
1398	VACS/CG	1	Line 7, Col. A	Program Type	N/A	N/A	N/A	9	27	1	N	Right	
1399	VACS/CG	1	Line 7, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	27	16	A	Left	
1400	VACS/CG	1	Line 7, Col. C	Account #	N/A	N/A	N/A	32	27	17	N	Right	
1401	VACS/CG	1	Line 7, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	27	9	N	Right	
1402	VACS/CG	1	Line 7, Col. E	Contribution Amount	N/A	N/A	N/A	69	27	6	N	Right	
1403	VACS/CG	1	Line 8, Col. A	Program Type	N/A	N/A	N/A	9	29	1	N	Right	
1404	VACS/CG	1	Line 8, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	29	16	A	Left	
1405	VACS/CG	1	Line 8, Col. C	Account #	N/A	N/A	N/A	32	29	17	N	Right	
1406	VACS/CG	1	Line 8, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	29	9	N	Right	
1407	VACS/CG	1	Line 8, Col. E	Contribution Amount	N/A	N/A	N/A	69	29	6	N	Right	
1408	VACS/CG	1	Line 9, Col. A	Program Type	N/A	N/A	N/A	9	31	1	N	Right	
1409	VACS/CG	1	Line 9, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	31	16	A	Left	
1410	VACS/CG	1	Line 9, Col. C	Account #	N/A	N/A	N/A	32	31	17	N	Right	
1411	VACS/CG	1	Line 9, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	31	9	N	Right	
1412	VACS/CG	1	Line 9, Col. E	Contribution Amount	N/A	N/A	N/A	69	31	6	N	Right	
1413	VACS/CG	1	Line 10, Col. A	Program Type	N/A	N/A	N/A	9	33	1	N	Right	
1414	VACS/CG	1	Line 10, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	33	16	A	Left	
1415	VACS/CG	1	Line 10, Col. C	Account #	N/A	N/A	N/A	32	33	17	N	Right	
1416	VACS/CG	1	Line 10, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	33	9	N	Right	
1417	VACS/CG	1	Line 10, Col. E	Contribution Amount	N/A	N/A	N/A	69	33	6	N	Right	
1418	VACS/CG	1	Line 11, Col. A	Program Type	N/A	N/A	N/A	9	35	1	N	Right	
1419	VACS/CG	1	Line 11, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	35	16	A	Left	
1420	VACS/CG	1	Line 11, Col. C	Account #	N/A	N/A	N/A	32	35	17	N	Right	
1421	VACS/CG	1	Line 11, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	35	9	N	Right	
1422	VACS/CG	1	Line 11, Col. E	Contribution Amount	N/A	N/A	N/A	69	35	6	N	Right	
1423	VACS/CG	1	Line 12, Col. A	Program Type	N/A	N/A	N/A	9	37	1	N	Right	
1424	VACS/CG	1	Line 12, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	37	16	A	Left	
1425	VACS/CG	1	Line 12, Col. C	Account #	N/A	N/A	N/A	32	37	17	N	Right	

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Ref #	Form	Page		Field Description (See form for field name)	2D Barcode			Grid		Length	Format	Justified	Details
		#	Line #		#	Position	Length	Col.	Row				
1426	VACS/CG	1	Line 12, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	37	9	N	Right	
1427	VACS/CG	1	Line 12, Col. E	Contribution Amount	N/A	N/A	N/A	69	37	6	N	Right	
1428	VACS/CG	1	Line 13, Col. A	Program Type	N/A	N/A	N/A	9	39	1	N	Right	
1429	VACS/CG	1	Line 13, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	39	16	A	Left	
1430	VACS/CG	1	Line 13, Col. C	Account #	N/A	N/A	N/A	32	39	17	N	Right	
1431	VACS/CG	1	Line 13, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	39	9	N	Right	
1432	VACS/CG	1	Line 13, Col. E	Contribution Amount	N/A	N/A	N/A	69	39	6	N	Right	
1433	VACS/CG	1	Line 14, Col. A	Program Type	N/A	N/A	N/A	9	41	1	N	Right	
1434	VACS/CG	1	Line 14, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	41	16	A	Left	
1435	VACS/CG	1	Line 14, Col. C	Account #	N/A	N/A	N/A	32	41	17	N	Right	
1436	VACS/CG	1	Line 14, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	41	9	N	Right	
1437	VACS/CG	1	Line 14, Col. E	Contribution Amount	N/A	N/A	N/A	69	41	6	N	Right	
1438	VACS/CG	1	Line 15, Col. A	Program Type	N/A	N/A	N/A	9	43	1	N	Right	
1439	VACS/CG	1	Line 15, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	43	16	A	Left	
1440	VACS/CG	1	Line 15, Col. C	Account #	N/A	N/A	N/A	32	43	17	N	Right	
1441	VACS/CG	1	Line 15, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	43	9	N	Right	
1442	VACS/CG	1	Line 15, Col. E	Contribution Amount	N/A	N/A	N/A	69	43	6	N	Right	
1443	VACS/CG	1	Line 16, Col. A	Program Type	N/A	N/A	N/A	9	45	1	N	Right	
1444	VACS/CG	1	Line 16, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	45	16	A	Left	
1445	VACS/CG	1	Line 16, Col. C	Account #	N/A	N/A	N/A	32	45	17	N	Right	
1446	VACS/CG	1	Line 16, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	45	9	N	Right	
1447	VACS/CG	1	Line 16, Col. E	Contribution Amount	N/A	N/A	N/A	69	45	6	N	Right	
1448	VACS/CG	1	Line 17, Col. A	Program Type	N/A	N/A	N/A	9	47	1	N	Right	
1449	VACS/CG	1	Line 17, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	47	16	A	Left	
1450	VACS/CG	1	Line 17, Col. C	Account #	N/A	N/A	N/A	32	47	17	N	Right	
1451	VACS/CG	1	Line 17, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	47	9	N	Right	
1452	VACS/CG	1	Line 17, Col. E	Contribution Amount	N/A	N/A	N/A	69	47	6	N	Right	
1453	VACS/CG	1	Line 18, Col. A	Program Type	N/A	N/A	N/A	9	49	1	N	Right	
1454	VACS/CG	1	Line 18, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	49	16	A	Left	
1455	VACS/CG	1	Line 18, Col. C	Account #	N/A	N/A	N/A	32	49	17	N	Right	
1456	VACS/CG	1	Line 18, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	49	9	N	Right	
1457	VACS/CG	1	Line 18, Col. E	Contribution Amount	N/A	N/A	N/A	69	49	6	N	Right	
1458	VACS/CG	1	Line 19, Col. A	Program Type	N/A	N/A	N/A	9	51	1	N	Right	
1459	VACS/CG	1	Line 19, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	51	16	A	Left	
1460	VACS/CG	1	Line 19, Col. C	Account #	N/A	N/A	N/A	32	51	17	N	Right	
1461	VACS/CG	1	Line 19, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	51	9	N	Right	
1462	VACS/CG	1	Line 19, Col. E	Contribution Amount	N/A	N/A	N/A	69	51	6	N	Right	
1463	VACS/CG	1	Line 20, Col. A	Program Type	N/A	N/A	N/A	9	53	1	N	Right	
1464	VACS/CG	1	Line 20, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	53	16	A	Left	
1465	VACS/CG	1	Line 20, Col. C	Account #	N/A	N/A	N/A	32	53	17	N	Right	
1466	VACS/CG	1	Line 20, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	53	9	N	Right	
1467	VACS/CG	1	Line 20, Col. E	Contribution Amount	N/A	N/A	N/A	69	53	6	N	Right	
1468	VACS/CG	1	Line 21, Col. A	Program Type	N/A	N/A	N/A	9	55	1	N	Right	



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		#	Line #		#	Position	Length	Col.	Row				
1469	VACS/CG	1	Line 21, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	55	16	A	Left	
1470	VACS/CG	1	Line 21, Col. C	Account #	N/A	N/A	N/A	32	55	17	N	Right	
1471	VACS/CG	1	Line 21, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	55	9	N	Right	
1472	VACS/CG	1	Line 21, Col. E	Contribution Amount	N/A	N/A	N/A	69	55	6	N	Right	
1473	VACS/CG	1	Line 22, Col. A	Program Type	N/A	N/A	N/A	9	57	1	N	Right	
1474	VACS/CG	1	Line 22, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	57	16	A	Left	
1475	VACS/CG	1	Line 22, Col. C	Account #	N/A	N/A	N/A	32	57	17	N	Right	
1476	VACS/CG	1	Line 22, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	57	9	N	Right	
1477	VACS/CG	1	Line 22, Col. E	Contribution Amount	N/A	N/A	N/A	69	57	6	N	Right	
1478	VACS/CG	1	Line 23, Col. A	Program Type	N/A	N/A	N/A	9	59	1	N	Right	
1479	VACS/CG	1	Line 23, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	59	16	A	Left	
1480	VACS/CG	1	Line 23, Col. C	Account #	N/A	N/A	N/A	32	59	17	N	Right	
1481	VACS/CG	1	Line 23, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	59	9	N	Right	
1482	VACS/CG	1	Line 23, Col. E	Contribution Amount	N/A	N/A	N/A	69	59	6	N	Right	
1483	VACS/CG	1	Line 24, Col. A	Program Type	N/A	N/A	N/A	9	61	1	N	Right	
1484	VACS/CG	1	Line 24, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	61	16	A	Left	
1485	VACS/CG	1	Line 24, Col. C	Account #	N/A	N/A	N/A	32	61	17	N	Right	
1486	VACS/CG	1	Line 24, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	61	9	N	Right	
1487	VACS/CG	1	Line 24, Col. E	Contribution Amount	N/A	N/A	N/A	69	61	6	N	Right	
1488	VACS/CG	1	Line 25, Col. A	Program Type	N/A	N/A	N/A	9	63	1	N	Right	
1489	VACS/CG	1	Line 25, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	63	16	A	Left	
1490	VACS/CG	1	Line 25, Col. C	Account #	N/A	N/A	N/A	32	63	17	N	Right	
1491	VACS/CG	1	Line 25, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	63	9	N	Right	
1492	VACS/CG	1	Line 25, Col. E	Contribution Amount	N/A	N/A	N/A	69	63	6	N	Right	
1493	VACS/CG	1	Bottom Left	Anchor	N/A	N/A	N/A	6	64	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1494	VACS/CG	1	Bottom Right	Anchor	N/A	N/A	N/A	79	64	-	N/A	N/A	2/10 inch by 1/6 inch. See form.

**Schedule ADJS/CG**

1495	ADJS/CG	1	Top Center	Primary SSN	N/A	N/A	N/A	35	4	9	N	Right	
1496	ADJS/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VAADJS124999* See Font Requirements in the "Guidelines and Standards" document.
1497	ADJS/CG	1	Top Left	Anchor	N/A	N/A	N/A	12	12	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1498	ADJS/CG	1	Top Right	Anchor	N/A	N/A	N/A	74	12	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1499	ADJS/CG	1	Line 1	Additions - Code	N/A	N/A	N/A	15	16	2	N	Right	
1500	ADJS/CG	1	Line 1	Additions - Amount	N/A	N/A	N/A	23	16	9	N	Right	
1501	ADJS/CG	1	Line 2	Additions - Code	N/A	N/A	N/A	15	18	2	N	Right	
1502	ADJS/CG	1	Line 2	Additions - Amount	N/A	N/A	N/A	23	18	9	N	Right	
1503	ADJS/CG	1	Line 3	Additions - Code	N/A	N/A	N/A	15	20	2	N	Right	
1504	ADJS/CG	1	Line 3	Additions - Amount	N/A	N/A	N/A	23	20	9	N	Right	
1505	ADJS/CG	1	Line 4	Additions - Code	N/A	N/A	N/A	15	22	2	N	Right	
1506	ADJS/CG	1	Line 4	Additions - Amount	N/A	N/A	N/A	23	22	9	N	Right	
1507	ADJS/CG	1	Line 5	Additions - Code	N/A	N/A	N/A	15	24	2	N	Right	
1508	ADJS/CG	1	Line 5	Additions - Amount	N/A	N/A	N/A	23	24	9	N	Right	
1509	ADJS/CG	1	Line 6	Additions - Code	N/A	N/A	N/A	55	16	2	N	Right	
1510	ADJS/CG	1	Line 6	Additions - Amount	N/A	N/A	N/A	63	16	9	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
1511	ADJS/CG	1	Line 7	Additions - Code	N/A	N/A	N/A	55	18	2	N	Right	
1512	ADJS/CG	1	Line 7	Additions - Amount	N/A	N/A	N/A	63	18	9	N	Right	
1513	ADJS/CG	1	Line 8	Additions - Code	N/A	N/A	N/A	55	20	2	N	Right	
1514	ADJS/CG	1	Line 8	Additions - Amount	N/A	N/A	N/A	63	20	9	N	Right	
1515	ADJS/CG	1	Line 9	Additions - Code	N/A	N/A	N/A	55	22	2	N	Right	
1516	ADJS/CG	1	Line 9	Additions - Amount	N/A	N/A	N/A	63	22	9	N	Right	
1517	ADJS/CG	1	Line 10	Additions - Code	N/A	N/A	N/A	55	24	2	N	Right	
1518	ADJS/CG	1	Line 10	Additions - Amount	N/A	N/A	N/A	63	24	9	N	Right	
1519	ADJS/CG	1	Line 11	Total ADJS Additions	N/A	N/A	N/A	63	26	9	N	Right	
1520	ADJS/CG	1	Line 12	Subtractions - Code	N/A	N/A	N/A	15	31	2	N	Right	
1521	ADJS/CG	1	Line 12	Subtractions - Amount	N/A	N/A	N/A	23	31	9	N	Right	
1522	ADJS/CG	1	Line 13	Subtractions - Code	N/A	N/A	N/A	15	33	2	N	Right	
1523	ADJS/CG	1	Line 13	Subtractions - Amount	N/A	N/A	N/A	23	33	9	N	Right	
1524	ADJS/CG	1	Line 14	Subtractions - Code	N/A	N/A	N/A	15	35	2	N	Right	
1525	ADJS/CG	1	Line 14	Subtractions - Amount	N/A	N/A	N/A	23	35	9	N	Right	
1526	ADJS/CG	1	Line 15	Subtractions - Code	N/A	N/A	N/A	15	37	2	N	Right	
1527	ADJS/CG	1	Line 15	Subtractions - Amount	N/A	N/A	N/A	23	37	9	N	Right	
1528	ADJS/CG	1	Line 16	Subtractions - Code	N/A	N/A	N/A	15	39	2	N	Right	
1529	ADJS/CG	1	Line 16	Subtractions - Amount	N/A	N/A	N/A	23	39	9	N	Right	
1530	ADJS/CG	1	Line 17	Subtractions - Code	N/A	N/A	N/A	55	31	2	N	Right	
1531	ADJS/CG	1	Line 17	Subtractions - Amount	N/A	N/A	N/A	63	31	9	N	Right	
1532	ADJS/CG	1	Line 18	Subtractions - Code	N/A	N/A	N/A	55	33	2	N	Right	
1533	ADJS/CG	1	Line 18	Subtractions - Amount	N/A	N/A	N/A	63	33	9	N	Right	
1534	ADJS/CG	1	Line 19	Subtractions - Code	N/A	N/A	N/A	55	35	2	N	Right	
1535	ADJS/CG	1	Line 19	Subtractions - Amount	N/A	N/A	N/A	63	35	9	N	Right	
1536	ADJS/CG	1	Line 20	Subtractions - Code	N/A	N/A	N/A	55	37	2	N	Right	
1537	ADJS/CG	1	Line 20	Subtractions - Amount	N/A	N/A	N/A	63	37	9	N	Right	
1538	ADJS/CG	1	Line 21	Subtractions - Code	N/A	N/A	N/A	55	39	2	N	Right	
1539	ADJS/CG	1	Line 21	Subtractions - Amount	N/A	N/A	N/A	63	39	9	N	Right	
1540	ADJS/CG	1	Line 22	Total ADJS Subtractions	N/A	N/A	N/A	63	41	9	N	Right	
1541	ADJS/CG	1	Line 23	Deductions - Code	N/A	N/A	N/A	15	46	3	N	Right	
1542	ADJS/CG	1	Line 23	Deductions - Amount	N/A	N/A	N/A	22	46	10	N	Right	Allowed: negative sign; must float to print next to number with no space
1543	ADJS/CG	1	Line 24	Deductions - Code	N/A	N/A	N/A	15	48	3	N	Right	
1544	ADJS/CG	1	Line 24	Deductions - Amount	N/A	N/A	N/A	22	48	10	N	Right	Allowed: negative sign; must float to print next to number with no space
1545	ADJS/CG	1	Line 25	Deductions - Code	N/A	N/A	N/A	15	50	3	N	Right	
1546	ADJS/CG	1	Line 25	Deductions - Amount	N/A	N/A	N/A	22	50	10	N	Right	Allowed: negative sign; must float to print next to number with no space
1547	ADJS/CG	1	Line 26	Deductions - Code	N/A	N/A	N/A	15	52	3	N	Right	
1548	ADJS/CG	1	Line 26	Deductions - Amount	N/A	N/A	N/A	22	52	10	N	Right	Allowed: negative sign; must float to print next to number with no space
1549	ADJS/CG	1	Line 27	Deductions - Code	N/A	N/A	N/A	15	54	3	N	Right	
1550	ADJS/CG	1	Line 27	Deductions - Amount	N/A	N/A	N/A	22	54	10	N	Right	Allowed: negative sign; must float to print next to number with no space
1551	ADJS/CG	1	Line 28	Deductions - Code	N/A	N/A	N/A	55	46	3	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
1552	ADJS/CG	1	Line 28	Deductions - Amount	N/A	N/A	N/A	62	46	10	N	Right	Allowed: negative sign; must float to print next to number with no space
1553	ADJS/CG	1	Line 29	Deductions - Code	N/A	N/A	N/A	55	48	3	N	Right	
1554	ADJS/CG	1	Line 29	Deductions - Amount	N/A	N/A	N/A	62	48	10	N	Right	Allowed: negative sign; must float to print next to number with no space
1555	ADJS/CG	1	Line 30	Deductions - Code	N/A	N/A	N/A	55	50	3	N	Right	
1556	ADJS/CG	1	Line 30	Deductions - Amount	N/A	N/A	N/A	62	50	10	N	Right	Allowed: negative sign; must float to print next to number with no space
1557	ADJS/CG	1	Line 31	Deductions - Code	N/A	N/A	N/A	55	52	3	N	Right	
1558	ADJS/CG	1	Line 31	Deductions - Amount	N/A	N/A	N/A	62	52	10	N	Right	Allowed: negative sign; must float to print next to number with no space
1559	ADJS/CG	1	Line 32	Deductions - Code	N/A	N/A	N/A	55	54	3	N	Right	
1560	ADJS/CG	1	Line 32	Deductions - Amount	N/A	N/A	N/A	62	54	10	N	Right	Allowed: negative sign; must float to print next to number with no space
1561	ADJS/CG	1	Line 33	Total ADJS Deductions	N/A	N/A	N/A	62	56	10	N	Right	Allowed: negative sign; must float to print next to number with no space
1562	ADJS/CG	1	Bottom Left	Anchor	N/A	N/A	N/A	12	59	11	N/A	N/A	2/10 inch by 1/6 inch. See form.
1563	ADJS/CG	1	Bottom Right	Anchor	N/A	N/A	N/A	74	59	73	N/A	N/A	2/10 inch by 1/6 inch. See form.