

Virginia Department of Taxation

Substitute Forms Specifications

Form 760IP – Automatic Extension Payment Coupon – Individual

Special Notes

- Document ID – 763
- Barcode – No
- Rounding – Yes; the length of 15 for numeric fields includes the 2 places for the “.00” rounded cents.
- Due Date – May 1st
- Neither the OCR Line nor the Account Number field may contain dashes or hyphens (-).
- Review the instructions provided via the [main Forms page](#) when computations are required and/or when amount/numbers must be transferred to/from another form and/or if fiscal year filing applies.
- The 760IP supports Forms 760, 760PY and 763.

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

OCR Table

Example – XXXXXXXXXD 763VVVV 1YYMMD

| Section | Length | Position | Format / Data | Description / Details |
|---------------------------------|--------|----------------|---------------|--|
| SSN | 9 | Col. 6, Row 52 | Numeric | XXXXXXXXX = 9 digits |
| Check Digit (for SSN) | 1 | | Numeric | D = Check Digit Calculator result |
| Blank Space | 1 | | N/A | |
| Doc ID | 3 | | Numeric | 763 |
| Vendor ID | 4 | | Numeric | VVVV = 4 digits of the NACTP Vendor ID code |
| Blank Space | 1 | | N/A | |
| Filing Period | 5 | | Date (1YYMM) | Ending date of the Filing Period 1 = Century, YY = Tax Year, MM = Month |
| Check Digit (for Filing Period) | 1 | | Numeric | D = Check Digit Calculator result |

Form Table

| Field | Length | Justified / Position | Format | Negative Allowed ? | Description / Details |
|--|--------|-----------------------|--------------|--------------------|---|
| New Filer/Address Has Changed Checkbox | 1 | N/A | Checkbox | N/A | Display 'X' if applicable |
| Fiscal Year Filer Checkbox | 1 | N/A | Checkbox | N/A | Display 'X' if applicable |
| Fiscal Year: Begin Date | 10 | Left | Date | N/A | MM/DD/YY MM = Month, DD = Day, YY = Year |
| Fiscal Year: End Date | 10 | Left | Date | N/A | MM/DD/YY MM = Month, DD = Day, YY = Year |
| OCR Line | 29 | Col. 6, Row 52 | Numeric | N/A | See OCR Table for details |
| Your Social Security Number | 9 | Left | Numeric | N/A | 9 digits – Print for all filing statuses |
| Spouse's Social Security Number | 9 | Left | Numeric | N/A | 9 digits – Print for filing statuses of: <ul style="list-style-type: none"> • (All forms) Married, Filing Joint • (760PY) Married, Filing Separate on Combined Return |
| Your First & Last Name | 40 | Left | Alphanumeric | N/A | Print for all filing statuses |
| Spouse's First & Last Name | 40 | Left | Alphanumeric | N/A | Print for filing statuses of: <ul style="list-style-type: none"> • (All forms) Married, Filing Joint • (760PY) Married, Filing Separate on Combined Return |
| Address (Number & Street) | 40 | Left | Alphanumeric | N/A | Street address of customer(s) |
| City, State & ZIP Code | 52 | Left | Alphanumeric | N/A | City, State Abbreviation & ZIP Code of customer(s) |
| Payment Amount | 15 | Right Col. 60, Row 60 | Numeric | No | Amount |