

# Virginia Department of Taxation

## Tax Year 2018 - 760CG Exact Positioning Specifications (Rev. 11/02/18)

**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	*VA0760118999* See Font Requirements in the Guidelines.
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	N	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	

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		#	Line #		#	Position	Length	Col.	Row				
23	760CG	1	Top Right	Software Vendor ID	1	20	5	54	17	5	A	Left	4-digit NACTP code -- Optional: 1-character software version # or company code
24	760CG	1	Top Right	XXXXX Message (e-Filed Return)	1	N/A	N/A	67	17	5	A	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	State / Local Income Tax - VA Sch. A	1	32	9	29	43	9	N	Right	
37	760CG	1	Line 12	Standard / Itemized Deductions	1	33	9	29	45	9	N	Right	
38	760CG	1	Line 13	Exemptions	1	34	9	29	47	9	N	Right	
39	760CG	1	Line 14	Deductions	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	Subtotal (Deductions & Exemptions)	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	VA Taxable Income	1	37	10	28	53	10	N	Right	Allowed: negative sign; must float to print next to number with no space
42	760CG	1	Line 17	Amount of Tax	1	38	9	29	55	9	N	Right	
43	760CG	1	Line 18	Spouse Tax Adjustment (STA)	1	39	3	35	57	3	N	Right	
44	760CG	1	Line 18A	VAGI - Spouse	1	40	10	28	59	10	N	Right	Allowed: negative sign; must float to print next to number with no space
45	760CG	1	Line 19	Net Amount of Tax	1	41	9	29	61	9	N	Right	
46	760CG	1	Line 20A	Withholding (VA) - You	1	42	9	69	21	9	N	Right	
47	760CG	1	Line 20B	Withholding (VA) - Spouse	1	43	9	69	23	9	N	Right	
48	760CG	1	Line 21	Estimated Payments	1	44	9	69	25	9	N	Right	
49	760CG	1	Line 22	2016 Overpayment	1	45	9	69	27	9	N	Right	
50	760CG	1	Line 23	Extension Payments	1	46	9	69	29	9	N	Right	
51	760CG	1	Line 24	Credit - Low Income or EIC	1	47	5	73	31	5	N	Right	
52	760CG	1	Line 25	Credit - Schedule OSC	1	48	9	69	33	9	N	Right	
53	760CG	1	Line 26	Reserved For Future Use	1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
54	760CG	1	Line 27	Credits - Schedule CR	1	49	9	69	37	9	N	Right	
55	760CG	1	Line 28	Total Payments / Credits	1	50	9	69	39	9	N	Right	
56	760CG	1	Line 29	Tax You Owe	1	51	9	69	41	9	N	Right	
57	760CG	1	Line 30	Tax Overpayment	1	52	9	69	43	9	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
58	760CG	1	Line 31	Overpayment Credited to Next Year	1	53	9	69	45	9	N	Right	
59	760CG	1	Line 32	VAC - Virginia 529 / ABLEnow	1	54	9	69	47	9	N	Right	
60	760CG	1	Line 33	VAC - Other Contributions	1	55	9	69	49	9	N	Right	
61	760CG	1	Line 34	Addition to Tax, Penalty & Interest	1	56	9	69	51	9	N	Right	
62	760CG	1	Line 35	Sales and Use Tax	1	57	9	69	53	9	N	Right	If reporting zero, leave field blank and only use related indicator on Page 2.
63	760CG	1	Bottom Right	Amount You Owe	1	58	9	69	55	9	N	Right	
64	760CG	1	Bottom Right	Will Pay by Credit / Debit Card Checkbox	1	59	1	58	56	1	A	Right	Display 'Y' if paying by credit/debit Display 'N' if not paying by credit/debit
65	760CG	1	Bottom Right	Your Refund	1	60	9	69	57	9	N	Right	
66	760CG	1	Bottom Right	Checking or Savings Indicator	1	61	1	61	59	1	A	Right	Display 'C' if checking account Display 'S' if savings account
67	760CG	1	Bottom Right	Bank Routing #	1	62	9	70	59	9	N	Left	Only populated if refund is due
68	760CG	1	Bottom Right	Bank Account #	1	63	17	62	61	17	N	Left	Only populated if refund is due
69	760CG	1	Bottom Left	Amended Message	N/A	N/A	N/A	6	63	7	A	Left	Only display 'Amended' visual message on Page 1, if 'Amended' indicator on Page 2 is populated.
70	760CG	1	Bottom Center	Locality Office Use Fields	N/A	N/A	N/A	35	63	N/A	A	Left	Display fields per to 760CG form
71	760CG	1	Bottom Right	Page 1 of 2	N/A	N/A	N/A	75	63	11	A	Left	Display always
72	760CG	1	Bottom Left	Anchor	N/A	N/A	N/A	61	19	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
73	760CG	1	Bottom Right	Anchor	N/A	N/A	N/A	62	57	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
<b>Form 760CG Page 2</b>													
74	760CG	2	Top Center	Primary SSN	N/A	N/A	N/A	32	4	9	N		
75	760CG	2	Top Left	1D Barcode	N/A	N/A	N/A	11	6	N/A	N/A	N/A	*VA0760218999* See Font Requirements in the Guidelines.
76	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.
77	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.
78	760CG	2	Top Left	Filing Status	1	64	1	38	18	1	N	Right	
79	760CG	2	Top Left	Federal Head of Household	1	65	1	38	20	1	A	Right	Display 'X' if applicable
80	760CG	2	Top Left	DOB - You	1	66	8	31	22	8	D	Right	Date: MMDDYYYY
81	760CG	2	Top Left	VA Driver's License ID - You	1	67	9	30	24	9	A	Right	
82	760CG	2	Top Left	VA Driver's License - Issue Date - You	1	68	8	31	26	8	D	Right	Date: MMDDYYYY
83	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
84	760CG	2	Middle Left	DOB - Spouse	1	69	8	31	31	8	D	Right	Date: MMDDYYYY
85	760CG	2	Middle Left	VA Driver's License ID - Spouse	1	70	9	30	33	9	A	Right	
86	760CG	2	Middle Left	VA Driver's License - Issue Date - Spouse	1	71	8	31	35	8	D	Right	Date: MMDDYYYY
87	760CG	2	Middle Left	Exemptions (A) - You	1	72	1	18	38	1	N	Right	Field is only populated with '1'
88	760CG	2	Middle Left	Exemptions (A) - Spouse	1	73	1	18	40	1	N	Right	
89	760CG	2	Middle Left	Exemptions (A) - Dependents	1	74	2	17	42	2	N	Right	
90	760CG	2	Middle Left	Exemptions (A) - Total (A)	1	75	2	17	44	2	N	Right	
91	760CG	2	Middle Left	Exemptions (B) 65 & Over - You	1	76	1	38	38	1	N	Right	
92	760CG	2	Middle Left	Exemptions (B) 65 & Over - Spouse	1	77	1	38	40	1	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
93	760CG	2	Middle Left	Exemptions (B) Blind - You	1	78	1	38	42	1	N	Right	
94	760CG	2	Middle Left	Exemptions (B) Blind - Spouse	1	79	1	38	44	1	N	Right	
95	760CG	2	Middle Left	Exemptions (B) - Total (B)	1	80	1	38	46	1	N	Right	
96	760CG	2	Top Right	Locality	1	81	3	76	18	3	N	Right	
97	760CG	2	Top Right	Name or Filing Change	1	82	1	78	20	1	A	Right	Display 'X' if applicable
98	760CG	2	Top Right	Address Change	1	83	1	78	22	1	A	Right	Display 'X' if applicable
99	760CG	2	Top Right	VA Return Not Filed Last Year	1	84	1	78	24	1	A	Right	Display 'X' if applicable
100	760CG	2	Top Right	Dependent on Another's Return	1	85	1	78	26	1	A	Right	Display 'X' if applicable
101	760CG	2	Top Right	Farmer / Fisherman / Merchant Seaman	1	86	1	78	28	1	A	Right	Display 'X' if applicable
102	760CG	2	Top Right	Amended	1	87	1	78	30	1	A	Right	Display 'X' if applicable
103	760CG	2	Top Right	NOL	1	88	1	78	32	1	A	Right	Display 'X' if applicable
104	760CG	2	Middle Right	Overseas on Due Date	1	89	1	78	34	1	A	Right	Display 'X' if applicable
105	760CG	2	Middle Right	Federal EIC Amount	1	90	4	65	36	4	N	Right	
106	760CG	2	Middle Right	Federal EIC Indicator	1	91	1	78	36	1	A	Right	Display 'X' if applicable
107	760CG	2	Middle Right	Deceased Indicator	1	92	1	78	38	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.
108	760CG	2	Middle Right	No Sales & Use Tax Due Indicator	1	93	1	78	40	1	A	Right	Display 'X' if applicable
109	760CG	2	Middle Right	Refund - Direct Bank Deposit	N/A	N/A	N/A	78	42	1	A	Right	Display 'X' if applicable
110	760CG	2	Middle Right	Refund - Check	N/A	N/A	N/A	78	44	1	A	Right	Display 'X' if applicable
111	760CG	2	Middle Right	Obtain Electronic 1099G	1	94	1	78	46	1	A	Right	Display 'X' if applicable
112	760CG	2	Middle Right	ID Theft PIN	1	95	7	72	48	7	A	Right	See Individual e-File Schema for details.
113	760CG	2	Bottom Left	Signature - You	N/A	N/A	N/A	13	53	N/A	N/A	Right	Print field name with line for signature
114	760CG	2	Bottom Center	Date (You Line)	N/A	N/A	N/A	39	53	6	D	Right	Date: MMDDYY
115	760CG	2	Bottom Right	Phone - You	1	96	10	69	53	10	N	Right	
116	760CG	2	Bottom Left	Signature - Spouse	N/A	N/A	N/A	15	55	N/A	N/A	Right	Print field name with line for signature
117	760CG	2	Bottom Center	Date (Spouse Line)	N/A	N/A	N/A	39	55	6	D	Right	Date: MMDDYY
118	760CG	2	Bottom Right	Phone - Spouse	1	97	10	69	55	10	N	Right	
119	760CG	2	Bottom Left	Signature - Preparer	N/A	N/A	N/A	15	57	N/A	N/A	Right	Print field name with line for signature
120	760CG	2	Bottom Center	Date (Preparer Line)	N/A	N/A	N/A	39	57	6	D	Right	Date: MMDDYY
121	760CG	2	Bottom Right	Phone - Preparer	N/A	N/A	N/A	69	57	10	N	Right	
122	760CG	2	Bottom Right	Authorization Indicator	1	98	1	39	59	1	A	Right	Display 'X' if applicable
123	760CG	2	Bottom Right	Filing Election	1	99	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.
124	760CG	2	Bottom Right	Preparer Information	1	100	9	70	59	9	N	Right	
125	760CG	2	Bottom Left	Due Date Message	N/A	N/A	N/A	11	61	N/A	A	Left	Display due date message and instructions always. See form.
126	760CG	2	Bottom Right	Tax Preparer's Name	N/A	N/A	N/A	41	60	30	A	Left	Free formatting within field length
127	760CG	2	Bottom Right	Tax Preparer's Company	N/A	N/A	N/A	41	61	30	A	Left	Free formatting within field length
128	760CG	2	Bottom Right	Company's Street Address	N/A	N/A	N/A	41	62	30	A	Left	Free formatting within field length
129	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
130	760CG	2	Bottom Right	Page 2 of 2	N/A	N/A	N/A	75	63	11	A	Left	Display always

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		#	Line #		#	Position	Length	Col.	Row				
131	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.
132	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.
<b>Schedule ADJ/CG</b>													
133	ADJ/CG	1	Top Center	Primary SSN	N/A	N/A	N/A	31	4	9	N	Right	
134	ADJ/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VA0ADJ118999* See Font Requirements in the Guidelines.
135	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.
136	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.
137	ADJ/CG	1	Line 1	Interest on obligations (other state)	1	101	9	33	12	9	N	Right	
138	ADJ/CG	1	Line 2A	Fixed Date Conformity Addition	1	102	9	33	14	9	N	Right	
139	ADJ/CG	1	Line 2B	Other Additions - Code	1	103	2	20	16	2	N	Right	
140	ADJ/CG	1	Line 2B	Other Additions - Amount	1	104	9	33	16	9	N	Right	
141	ADJ/CG	1	Line 2C	Other Additions - Code	1	105	2	20	18	2	N	Right	
142	ADJ/CG	1	Line 2C	Other Additions - Amount	1	106	9	33	18	9	N	Right	
143	ADJ/CG	1	Line 3	Total Additions	1	107	9	33	20	9	N	Right	
144	ADJ/CG	1	Line 4	Income (US obligations/securities)	1	108	9	33	23	9	N	Right	
145	ADJ/CG	1	Line 5A	Disability Income (wages) - You	1	109	9	33	25	9	N	Right	
146	ADJ/CG	1	Line 5B	Disability Income (wages) - Spouse	1	110	9	33	27	9	N	Right	
147	ADJ/CG	1	Line 6A	Fixed Date Conformity Subtraction	1	111	9	33	30	9	N	Right	
148	ADJ/CG	1	Line 6B	Other Subtractions - Certification Number	1	112	9	10	32	9	A	Left	Only populated if related credit claimed & cert. # provided. Begins with 'VCF' if used.
149	ADJ/CG	1	Line 6B	Other Subtractions - Code	1	113	2	26	32	2	N	Right	
150	ADJ/CG	1	Line 6B	Other Subtractions - Amount	1	114	9	33	32	9	N	Right	
151	ADJ/CG	1	Line 6C	Other Subtractions - Certification Number	1	115	9	10	34	9	A	Left	Only populated if related credit claimed & cert. # provided. Begins with 'VCF' if used.
152	ADJ/CG	1	Line 6C	Other Subtractions - Code	1	116	2	26	34	2	N	Right	
153	ADJ/CG	1	Line 6C	Other Subtractions - Amount	1	117	9	33	34	9	N	Right	
154	ADJ/CG	1	Line 6D	Other Subtractions - Certification Number	1	118	9	10	36	9	A	Left	Only populated if related credit claimed & cert. # provided. Begins with 'VCF' if used.
155	ADJ/CG	1	Line 6D	Other Subtractions - Code	1	119	2	26	36	2	N	Right	
156	ADJ/CG	1	Line 6D	Other Subtractions - Amount	1	120	9	33	36	9	N	Right	
157	ADJ/CG	1	Line 7	Total Subtractions	1	121	9	33	38	9	N	Right	
158	ADJ/CG	1	Line 8A	Deductions - Code	1	122	3	19	40	3	N	Right	
159	ADJ/CG	1	Line 8A	Deductions - Amount	1	123	10	32	40	10	N	Right	Allowed: negative sign; must float to print next to number with no space
160	ADJ/CG	1	Line 8B	Deductions - Code	1	124	3	19	42	3	N	Right	
161	ADJ/CG	1	Line 8B	Deductions - Amount	1	125	10	32	42	9	N	Right	Allowed: negative sign; must float to print next to number with no space
162	ADJ/CG	1	Line 8C	Deductions - Code	1	126	3	19	44	3	N	Right	
163	ADJ/CG	1	Line 8C	Deductions - Amount	1	127	10	32	44	9	N	Right	Allowed: negative sign; must float to print next to number with no space
164	ADJ/CG	1	Line 9	Total Deductions	1	128	10	32	46	10	N	Right	Allowed: negative sign; must float to print next to number with no space

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		#	Line #		#	Position	Length	Col.	Row				
165	ADJ/CG	1	Bottom Left	Claiming More Adjustments - Schedule ADJS Indicator	1	129	1	41	48	1	A	Right	Display 'X' if applicable
166	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
167	ADJ/CG	1	Bottom Left	SSN - You	N/A	N/A	N/A	29	53	9	N	Right	
168	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
169	ADJ/CG	1	Bottom Left	Name - Spouse	N/A	N/A	N/A	13	55	14	A	Left	Only populated if credit is claimed
170	ADJ/CG	1	Bottom Left	SSN - Spouse	N/A	N/A	N/A	29	55	9	N	Right	
171	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
172	ADJ/CG	1	Bottom Left	Name - Dependent	N/A	N/A	N/A	13	57	14	A	Left	Only populated if credit is claimed
173	ADJ/CG	1	Bottom Left	SSN - Dependent	N/A	N/A	N/A	29	57	9	N	Right	
174	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
175	ADJ/CG	1	Bottom Left	Name - Dependent	N/A	N/A	N/A	13	59	14	A	Left	Only populated if credit is claimed
176	ADJ/CG	1	Bottom Left	SSN - Dependent	N/A	N/A	N/A	29	59	9	N	Right	
177	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
178	ADJ/CG	1	Line 10	Total Family VAGI	1	130	6	41	61	6	N	Right	Allowed: negative sign; must float to print next to number with no space
179	ADJ/CG	1	Line 11	Total Exemptions	1	131	2	77	12	2	N	Right	
180	ADJ/CG	1	Line 12	# of Personal Exemptions	1	132	2	77	14	2	N	Right	
181	ADJ/CG	1	Line 13	Total Exemptions Amount or \$0	1	133	5	74	16	5	N	Right	
182	ADJ/CG	1	Line 14	Federal EIC	1	134	4	75	18	4	N	Right	
183	ADJ/CG	1	Line 15	20% of Line 14	1	135	5	74	20	5	N	Right	
184	ADJ/CG	1	Line 16	Greater of Line 13 or Line 15	1	136	5	74	22	5	N	Right	
185	ADJ/CG	1	Line 17	Credit	1	137	5	74	24	5	N	Right	
186	ADJ/CG	1	Line 18	Addition to Tax	1	138	9	70	27	9	N	Right	
187	ADJ/CG	1	Line 18 Indicator	Form 760C Addition	1	139	1	78	29	1	A	Right	Display 'X' if applicable
188	ADJ/CG	1	Line 18 Indicator	Form 760F Addition	1	140	1	78	31	1	A	Right	Display 'X' if applicable
189	ADJ/CG	1	Line 19	Penalty	1	141	9	70	33	9	N	Right	
190	ADJ/CG	1	Line 19 Indicator	Late Filing Penalty	N/A	N/A	N/A	78	35	1	A	Right	Display 'X' if applicable
191	ADJ/CG	1	Line 19 Indicator	Extension Penalty	N/A	N/A	N/A	78	37	1	A	Right	Display 'X' if applicable
192	ADJ/CG	1	Line 20	Interest	1	142	9	70	39	9	N	Right	
193	ADJ/CG	1	Line 21	Total Adjustments	1	143	9	70	41	9	N	Right	
194	ADJ/CG	1	Bottom Left	Anchor	N/A	N/A	N/A	10	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
195	ADJ/CG	1	Bottom Right	Anchor	N/A	N/A	N/A	79	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
196	Trailer Data	N/A	N/A	Barcode 1 Trailer	1	144	5	N/A	N/A	5	N/A	N/A	
<b>Schedule CR/CG</b>													
197	Header Data	N/A	N/A	Barcode 2 Header Version Number	2	1	2	N/A	N/A	2	N/A	N/A	
198	Header Data	N/A	N/A	Developer Code	2	2	4	N/A	N/A	4	N/A	N/A	
199	CR/CG	1	Top Left	Primary SSN	N/A	N/A	N/A	7	7	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				
200	CR/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	55	4	N/A	N/A	N/A	*VASCCR118999* See Font Requirements in the Guidelines.
201	CR/CG	1	Top Left	Anchor	N/A	N/A	N/A	60	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
202	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.
203	CR/CG	1	Part 1A	Maximum Nonrefundable Credits	2	3	9	65	15	9	N	Right	
204	CR/CG	1	Part 2A	Enterprise Zone Act Credit	2	4	9	65	17	9	N	Right	
205	CR/CG	1	Part 3A	Authorized amount	N/A	N/A	N/A	44	19	9	N	Right	
206	CR/CG	1	Part 3B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	20	9	N	Right	
207	CR/CG	1	Part 3C	Subtotal	N/A	N/A	N/A	44	21	9	N	Right	
208	CR/CG	1	Part 3D	Credit allowable this year	2	5	9	65	23	9	N	Right	
209	CR/CG	1	Part 3E	Carryover Credit to next year	N/A	N/A	N/A	44	25	9	N	Right	
210	CR/CG	1	Part 4A	20% of qualifying recyclable equipment cost	N/A	N/A	N/A	44	27	9	N	Right	
211	CR/CG	1	Part 4B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	28	9	N	Right	
212	CR/CG	1	Part 4C	Subtotal	N/A	N/A	N/A	44	29	9	N	Right	
213	CR/CG	1	Part 4D	40% of tax per return	N/A	N/A	N/A	44	30	9	N	Right	
214	CR/CG	1	Part 4E	Maximum Recyclable Materials Processing Equipment Credit	N/A	N/A	N/A	44	32	9	N	Right	
215	CR/CG	1	Part 4F	Credit allowable this year	2	6	9	65	34	9	N	Right	
216	CR/CG	1	Part 4G	Carryover Credit to next year	N/A	N/A	N/A	44	36	9	N	Right	
217	CR/CG	1	Part 5A	25% of qualifying property cost or \$4,000	N/A	N/A	N/A	44	38	9	N	Right	
218	CR/CG	1	Part 5B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	39	9	N	Right	
219	CR/CG	1	Part 5C	Subtotal	N/A	N/A	N/A	44	40	9	N	Right	
220	CR/CG	1	Part 5D	Credit allowable this year	2	7	9	65	42	9	N	Right	
221	CR/CG	1	Part 5E	Carryover Credit for next year	N/A	N/A	N/A	44	44	9	N	Right	
222	CR/CG	1	Part 6A	25% qualifying equipment cost or \$3,750	N/A	N/A	N/A	44	47	9	N	Right	
223	CR/CG	1	Part 6B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	48	9	N	Right	
224	CR/CG	1	Part 6C	Subtotal	N/A	N/A	N/A	44	49	9	N	Right	
225	CR/CG	1	Part 6D	Credit allowable this year	2	8	9	65	51	9	N	Right	
226	CR/CG	1	Part 6E	Carryover Credit to next year	N/A	N/A	N/A	44	53	9	N	Right	
227	CR/CG	1	Part 7	Reserved For Future Use	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
228	CR/CG	1	Bottom Left	Anchor	N/A	N/A	N/A	60	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
229	CR/CG	1	Bottom Right	Anchor	N/A	N/A	N/A	79	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
230	CR/CG	2	Top Left	Primary SSN	N/A	N/A	N/A	7	7	9	N	Right	
231	CR/CG	2	Top Right	1D Barcode	N/A	N/A	N/A	55	4	N/A	N/A	N/A	*VASCCR218999* See Font Requirements in the Guidelines.
232	CR/CG	2	Top Left	Anchor	N/A	N/A	N/A	60	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
233	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.
234	CR/CG	2	Part 8A	Reserved For Future Use	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
235	CR/CG	2	Part 8B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	13	9	N	Right	
236	CR/CG	2	Part 8C	Subtotal	N/A	N/A	N/A	44	14	9	N	Right	
237	CR/CG	2	Part 8D	Credit allowable this year	2	9	9	65	16	9	N	Right	
238	CR/CG	2	Part 8E	Carryover Credit to next year	N/A	N/A	N/A	44	18	9	N	Right	
239	CR/CG	2	Part 8F	20% of purchase or lease price	N/A	N/A	N/A	44	21	9	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
240	CR/CG	2	Part 8G	Carryover Credit from Prior year(s)	N/A	N/A	N/A	44	22	9	N	Right	
241	CR/CG	2	Part 8H	Subtotal	N/A	N/A	N/A	44	23	9	N	Right	
242	CR/CG	2	Part 8I	Credit allowable this year	2	10	9	65	25	9	N	Right	
243	CR/CG	2	Part 8J	Carryover Credit to next year	N/A	N/A	N/A	44	27	9	N	Right	
244	CR/CG	2	Part 9A	Current credit amount authorized	N/A	N/A	N/A	44	31	9	N	Right	
245	CR/CG	2	Part 9B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	32	9	N	Right	
246	CR/CG	2	Part 9C	Subtotal	N/A	N/A	N/A	44	33	9	N	Right	
247	CR/CG	2	Part 9D	Credit allowable this year	2	11	9	65	35	9	N	Right	
248	CR/CG	2	Part 9E	Carryover Credit to next year	N/A	N/A	N/A	44	37	9	N	Right	
249	CR/CG	2	Part 10A	Qualifying taxable income	N/A	N/A	N/A	44	41	9	N	Right	
250	CR/CG	2	Part 10B	Virginia taxable income	N/A	N/A	N/A	44	42	9	N	Right	
251	CR/CG	2	Part 10C (Name)	Name of country	N/A	N/A	N/A	22	44	9	A	Right	
252	CR/CG	2	Part 10C	Qualifying tax paid to the foreign country	N/A	N/A	N/A	44	44	9	N	Right	
253	CR/CG	2	Part 10D	Virginia income tax	N/A	N/A	N/A	44	45	9	N	Right	
254	CR/CG	2	Part 10E	Income percentage	N/A	N/A	N/A	44	47	5	N	Right	XXX.X; 1 decimal place, max = 100.0
255	CR/CG	2	Part 10F	Subtotal	N/A	N/A	N/A	44	48	9	N	Right	
256	CR/CG	2	Part 10G	Credit allowable this year	2	12	9	65	50	9	N	Right	
257	CR/CG	2	Part 11A	Amount of eligible expenses	N/A	N/A	N/A	44	53	9	N	Right	
258	CR/CG	2	Part 11B	Subtotal	N/A	N/A	N/A	44	54	9	N	Right	
259	CR/CG	2	Part 11C	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	55	9	N	Right	
260	CR/CG	2	Part 11D	Subtotal	N/A	N/A	N/A	44	56	9	N	Right	
261	CR/CG	2	Part 11E	Credit allowable this year	2	13	9	65	59	9	N	Right	
262	CR/CG	2	Part 11F	Carryover Credit to next year	N/A	N/A	N/A	44	61	9	N	Right	
263	CR/CG	2	Bottom Left	Anchor	N/A	N/A	N/A	60	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
264	CR/CG	2	Bottom Right	Anchor	N/A	N/A	N/A	79	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
265	CR/CG	3	Top Left	Primary SSN	N/A	N/A	N/A	7	7	9	N	Right	
266	CR/CG	3	Top Right	1D Barcode	N/A	N/A	N/A	55	4	N/A	N/A	N/A	*VASCCR318999* See Font Requirements in the Guidelines.
267	CR/CG	3	Top Left	Anchor	N/A	N/A	N/A	60	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
268	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.
269	CR/CG	3	Part 12	Reserved For Future Use	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
270	CR/CG	3	Part 13	Reserved For Future Use	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
271	CR/CG	3	Part 14	Reserved For Future Use	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
272	CR/CG	3	Part 15A - Spouse	Credit amount authorized - Spouse	N/A	N/A	N/A	33	16	9	N	Right	
273	CR/CG	3	Part 15A -You	Credit amount authorized - You	N/A	N/A	N/A	44	16	9	N	Right	
274	CR/CG	3	Part 15B - Spouse	Carryover Credit from prior year(s) - Spouse	N/A	N/A	N/A	33	17	9	N	Right	
275	CR/CG	3	Part 15B - You	Carryover Credit from prior year(s) - You	N/A	N/A	N/A	44	17	9	N	Right	
276	CR/CG	3	Part 15C - Spouse	Subtotal - Spouse	N/A	N/A	N/A	33	18	9	N	Right	
277	CR/CG	3	Part 15C - You	Subtotal - You	N/A	N/A	N/A	44	18	9	N	Right	
278	CR/CG	3	Part 15D	Credit allowable this year - You	2	14	9	65	21	9	N	Right	
279	CR/CG	3	Part 15E	Credit allowable this year - Spouse	2	15	9	65	25	9	N	Right	
280	CR/CG	3	Part 15F - Spouse	Carryover Credit to next year - Spouse	N/A	N/A	N/A	33	27	9	N	Right	



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		#	Line #		#	Position	Length	Col.	Row				
281	CR/CG	3	Part 15F - You	Carryover Credit to next year - You	N/A	N/A	N/A	44	27	9	N	Right	
282	CR/CG	3	Part 16A	Amount of credit authorized	N/A	N/A	N/A	44	31	9	N	Right	
283	CR/CG	3	Part 16B	Carryover credit from prior year(s)	N/A	N/A	N/A	44	32	9	N	Right	
284	CR/CG	3	Part 16C	Subtotal	N/A	N/A	N/A	44	33	9	N	Right	
285	CR/CG	3	Part 16D	Credit allowable this year	2	16	9	65	35	9	N	Right	
286	CR/CG	3	Part 16E	Carryover Credit to next year	N/A	N/A	N/A	44	37	9	N	Right	
287	CR/CG	3	Part 17A	50% of purchase price	N/A	N/A	N/A	44	41	9	N	Right	
288	CR/CG	3	Part 17B	Credit allowable this year	2	17	4	70	43	4	N	Right	
289	CR/CG	3	Part 18A - You	Date policy was issued - You	N/A	N/A	N/A	44	51	10	D	Right	Date: MM/DD/YYYY
290	CR/CG	3	Part 18A - Spouse	Date policy was issued - Spouse	N/A	N/A	N/A	44	53	10	D	Right	Date: MM/DD/YYYY
291	CR/CG	3	Part 18A	Expired	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Block field from being used. See form.
292	CR/CG	3	Part 18B	Expired	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Block field from being used. See form.
293	CR/CG	3	Part 18C	Expired	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Block field from being used. See form.
294	CR/CG	3	Part 18D	Subtotal	N/A	N/A	N/A	44	57	9	N	Right	
295	CR/CG	3	Part 18E	Credit allowable this year	2	18	9	65	59	9	N	Right	
296	CR/CG	3	Part 18F	Carryover Credit to next year	N/A	N/A	N/A	44	61	9	N	Right	
297	CR/CG	3	Bottom Left	Anchor	N/A	N/A	N/A	60	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
298	CR/CG	3	Bottom Right	Anchor	N/A	N/A	N/A	79	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
299	CR/CG	4	Top Left	Primary SSN	N/A	N/A	N/A	7	7	9	N	Right	
300	CR/CG	4	Top Right	1D Barcode	N/A	N/A	N/A	55	4	N/A	N/A	N/A	*VASCCR418999* See Font Requirements in the Guidelines.
301	CR/CG	4	Top Left	Anchor	N/A	N/A	N/A	60	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
302	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.
303	CR/CG	4	Part 19A	Amount of credit authorized/transferred	N/A	N/A	N/A	44	13	9	N	Right	
304	CR/CG	4	Part 19B	Carryover from prior year(s)	N/A	N/A	N/A	44	14	9	N	Right	
305	CR/CG	4	Part 19C	Subtotal	N/A	N/A	N/A	44	15	9	N	Right	
306	CR/CG	4	Part 19D	Total credit transferred to others	N/A	N/A	N/A	44	16	9	N	Right	
307	CR/CG	4	Part 19E	Subtotal	N/A	N/A	N/A	44	17	9	N	Right	
308	CR/CG	4	Part 19F	Credit allowable this year	2	19	9	65	19	9	N	Right	
309	CR/CG	4	Part 19G	Carryover Credit to next year	N/A	N/A	N/A	44	21	9	N	Right	
310	CR/CG	4	Part 20A	Amount credit authorized	N/A	N/A	N/A	44	25	9	N	Right	
311	CR/CG	4	Part 20B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	26	9	N	Right	
312	CR/CG	4	Part 20C	Subtotal	N/A	N/A	N/A	44	27	9	N	Right	
313	CR/CG	4	Part 20D	Credit allowable this year	2	20	4	70	29	4	N	Right	
314	CR/CG	4	Part 20E	Carryover Credit to next year	N/A	N/A	N/A	44	31	9	N	Right	
315	CR/CG	4	Part 21A	Amount credit authorized	N/A	N/A	N/A	44	35	9	N	Right	
316	CR/CG	4	Part 21B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	36	9	N	Right	
317	CR/CG	4	Part 21C	Subtotal	N/A	N/A	N/A	44	37	9	N	Right	
318	CR/CG	4	Part 21D	Credit allowable this year	2	21	9	65	39	9	N	Right	
319	CR/CG	4	Part 21E	Carryover Credit to next year	N/A	N/A	N/A	44	41	9	N	Right	
320	CR/CG	4	Part 22A - Spouse	Credit amount authorized/transferred - Spouse	N/A	N/A	N/A	34	45	9	N	Right	
321	CR/CG	4	Part 22A - You	Credit amount authorized/transferred - You	N/A	N/A	N/A	45	45	9	N	Right	
322	CR/CG	4	Part 22B - Spouse	Carryover Credit from prior year(s) - Spouse	N/A	N/A	N/A	34	46	9	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
323	CR/CG	4	Part 22B - You	Carryover Credit from prior year(s) - You	N/A	N/A	N/A	45	46	9	N	Right	
324	CR/CG	4	Part 22C - Spouse	Subtotal - Spouse	N/A	N/A	N/A	34	47	9	N	Right	
325	CR/CG	4	Part 22C - You	Subtotal - You	N/A	N/A	N/A	45	47	9	N	Right	
326	CR/CG	4	Part 22D - Spouse	Total credit transferred to others - Spouse	N/A	N/A	N/A	34	49	9	N	Right	
327	CR/CG	4	Part 22D - You	Total credit transferred to others - You	N/A	N/A	N/A	45	49	9	N	Right	
328	CR/CG	4	Part 22E - Spouse	Subtotal - Spouse	N/A	N/A	N/A	34	50	9	N	Right	
329	CR/CG	4	Part 22E - You	Subtotal - You	N/A	N/A	N/A	45	50	9	N	Right	
330	CR/CG	4	Part 22F	Credit allowable this year - You	2	22	9	65	53	9	N	Right	
331	CR/CG	4	Part 22G	Credit allowable this year - Spouse	2	23	9	65	57	9	N	Right	
332	CR/CG	4	Part 22H - Spouse	Carryover Credit to next year - Spouse	N/A	N/A	N/A	33	59	9	N	Right	
333	CR/CG	4	Part 22H - You	Carryover Credit to next year - You	N/A	N/A	N/A	44	59	9	N	Right	
334	CR/CG	4	Bottom Left	Anchor	N/A	N/A	N/A	60	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
335	CR/CG	4	Bottom Right	Anchor	N/A	N/A	N/A	79	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
336	CR/CG	5	Top Left	Primary SSN	N/A	N/A	N/A	7	7	9	N	Right	
337	CR/CG	5	Top Right	1D Barcode	N/A	N/A	N/A	55	4	N/A	N/A	N/A	*VASCCR518999* See Font Requirements in the Guidelines.
338	CR/CG	5	Top Left	Anchor	N/A	N/A	N/A	60	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
339	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.
340	CR/CG	5	Part 23A	Amount credit authorized	N/A	N/A	N/A	44	11	9	N	Right	
341	CR/CG	5	Part 23B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	12	9	N	Right	
342	CR/CG	5	Part 23C	Subtotal	N/A	N/A	N/A	44	13	9	N	Right	
343	CR/CG	5	Part 23D	Credit allowable this year	2	24	9	65	15	9	N	Right	
344	CR/CG	5	Part 23E	Carryover Credit to next year	N/A	N/A	N/A	44	17	9	N	Right	
345	CR/CG	5	Part 24A	Total eligible credit amount	N/A	N/A	N/A	44	21	9	N	Right	
346	CR/CG	5	Part 24B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	22	9	N	Right	
347	CR/CG	5	Part 24C	Subtotal	N/A	N/A	N/A	44	23	9	N	Right	
348	CR/CG	5	Part 24D	Credit allowable this year	2	25	9	65	25	9	N	Right	
349	CR/CG	5	Part 24E	Carryover Credit to next year	N/A	N/A	N/A	44	27	9	N	Right	
350	CR/CG	5	Part 25	Reserved For Future Use	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
351	CR/CG	5	Part 26A	Total eligible credit amount authorized	N/A	N/A	N/A	44	33	9	N	Right	
352	CR/CG	5	Part 26B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	34	9	N	Right	
353	CR/CG	5	Part 26C	Subtotal	N/A	N/A	N/A	44	35	9	N	Right	
354	CR/CG	5	Part 26D	Credit allowable this year	2	26	9	65	37	9	N	Right	
355	CR/CG	5	Part 26E	Carryover Credit to next year	N/A	N/A	N/A	44	39	9	N	Right	
356	CR/CG	5	Part 27A	Total eligible credit amount authorized	N/A	N/A	N/A	44	43	9	N	Right	
357	CR/CG	5	Part 27B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	44	9	N	Right	
358	CR/CG	5	Part 27C	Subtotal	N/A	N/A	N/A	44	45	9	N	Right	
359	CR/CG	5	Part 27D	50% of tax per return	N/A	N/A	N/A	44	46	9	N	Right	
360	CR/CG	5	Part 27E	Credit	N/A	N/A	N/A	44	48	9	N	Right	
361	CR/CG	5	Part 27F	Credit allowable this year	2	27	9	65	50	9	N	Right	
362	CR/CG	5	Part 27G	Carryover Credit to next year	N/A	N/A	N/A	44	52	9	N	Right	
363	CR/CG	5	Part 28A	Total eligible credit amount authorized	N/A	N/A	N/A	44	56	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				
364	CR/CG	5	Part 28B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	57	9	N	Right	
365	CR/CG	5	Part 28C	Subtotal	N/A	N/A	N/A	44	58	9	N	Right	
366	CR/CG	5	Part 28D	Credit allowable this year	2	28	9	65	60	9	N	Right	
367	CR/CG	5	Part 28E	Carryover Credit to next year	N/A	N/A	N/A	44	62	9	N	Right	
368	CR/CG	5	Bottom Left	Anchor	N/A	N/A	N/A	60	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
369	CR/CG	5	Bottom Right	Anchor	N/A	N/A	N/A	79	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
370	CR/CG	6	Top Left	Primary SSN	N/A	N/A	N/A	7	7	9	N	Right	
371	CR/CG	6	Top Right	1D Barcode	N/A	N/A	N/A	55	4	N/A	N/A	N/A	*VASCCR618999* See Font Requirements in the Guidelines.
372	CR/CG	6	Top Left	Anchor	N/A	N/A	N/A	60	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
373	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.
374	CR/CG	6	Part 29A	Total eligible credit amount authorized	N/A	N/A	N/A	44	11	9	N	Right	
375	CR/CG	6	Part 29B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	12	9	N	Right	
376	CR/CG	6	Part 29C	Subtotal	N/A	N/A	N/A	44	13	9	N	Right	
377	CR/CG	6	Part 29D	Credit allowable this year	2	29	9	65	15	9	N	Right	
378	CR/CG	6	Part 29E	Carryover Credit to next year	N/A	N/A	N/A	44	17	9	N	Right	
379	CR/CG	6	Part 30A	Total eligible credit amount authorized	N/A	N/A	N/A	44	20	9	N	Right	
380	CR/CG	6	Part 30B	Reserved For Future Use	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
381	CR/CG	6	Part 30C	Reserved For Future Use	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
382	CR/CG	6	Part 30D	Credit allowable this year	2	30	9	65	23	9	N	Right	
383	CR/CG	6	Part 31A	Amount of credit authorized	N/A	N/A	N/A	44	26	9	N	Right	
384	CR/CG	6	Part 31B	Credit allowable this year	2	31	9	65	27	9	N	Right	
385	CR/CG	6	Part 32A	Total eligible credit amount authorized	N/A	N/A	N/A	44	31	9	N	Right	
386	CR/CG	6	Part 32B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	32	9	N	Right	
387	CR/CG	6	Part 32C	Subtotal	N/A	N/A	N/A	44	33	9	N	Right	
388	CR/CG	6	Part 32D	Credit allowable this year	2	32	9	65	35	9	N	Right	
389	CR/CG	6	Part 32E	Carryover Credit to next year	N/A	N/A	N/A	44	37	9	N	Right	
390	CR/CG	6	Part 33A	Amount credit authorized	N/A	N/A	N/A	44	40	9	N	Right	
391	CR/CG	6	Part 33B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	41	N/A	N/A	N/A	
392	CR/CG	6	Part 33C	Subtotal	N/A	N/A	N/A	44	42	9	N	Right	
393	CR/CG	6	Part 33D	Credit allowable this year	2	33	9	65	45	9	N	Right	
394	CR/CG	6	Part 33E	Carryover Credit to next year	N/A	N/A	N/A	44	47	9	N	Right	
395	CR/CG	6	Part 34A	Amount credit authorized	N/A	N/A	N/A	44	50	9	N	Right	
396	CR/CG	6	Part 34B	Carryover Credit from prior year(s)	N/A	N/A	N/A	44	51	N/A	N/A	N/A	
397	CR/CG	6	Part 34C	Subtotal	N/A	N/A	N/A	44	52	9	N	Right	
398	CR/CG	6	Part 34D	Credit allowable this year	2	34	9	65	54	9	N	Right	
400	CR/CG	6	Part 34E	Carryover Credit to next year	N/A	N/A	N/A	44	56	9	N	Right	
401	CR/CG	6	Part 35A	Qualifying number of tons	N/A	N/A	N/A	44	58	9	N	Right	
402	CR/CG	6	Part 35B	Value of coal tonnage credit	N/A	N/A	N/A	44	59	9	N	Right	
403	CR/CG	6	Part 35C	Credit allowable this year	2	35	9	65	61	9	N	Right	
404	CR/CG	6	Bottom Left	Anchor	N/A	N/A	N/A	60	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
405	CR/CG	6	Bottom Right	Anchor	N/A	N/A	N/A	79	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.

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		#	Line #		#	Position	Length	Col.	Row				
406	CR/CG	7	Top Left	Primary SSN	N/A	N/A	N/A	7	7	9	N	Right	
407	CR/CG	7	Top Right	1D Barcode	N/A	N/A	N/A	55	4	N/A	N/A	N/A	*VASCCR718999* See Font Requirements in the Guidelines.
408	CR/CG	7	Top Left	Anchor	N/A	N/A	N/A	60	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
409	CR/CG	7	Top Right	Anchor	N/A	N/A	N/A	79	10	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
410	CR/CG	7	Section 2, Part 1A	Total Non-Refundable Credits	2	36	9	65	15	9	N	Right	
411	CR/CG	7	Section 3, Part 1A	100% Credit	2	37	9	65	19	9	N	Right	
412	CR/CG	7	Section 3, Part 1B	Full Credit	2	38	9	65	21	9	N	Right	
413	CR/CG	7	Section 3, Part 1C	85% Credit	2	39	9	65	23	9	N	Right	
414	CR/CG	7	Section 3, Part 1D	Total Coalfield Credit allowable this year	2	40	9	65	25	9	N	Right	
415	CR/CG	7	Section 3, Part 1E	Carryover Coalfield Credit	2	41	9	65	28	9	N	Right	
416	CR/CG	7	Section 3, Part 2A	Motion Picture Production Tax Credit	2	42	9	65	30	9	N	Right	
417	CR/CG	7	Section 3, Part 3A	Agri. Best Management Practices Tax Credit	2	43	9	65	33	9	N	Right	
418	CR/CG	7	Section 3, Part 4A	Research / Development Expenses Tax Credit	2	44	9	65	36	9	N	Right	
419	CR/CG	7	Section 4, Part 1A	Total Refundable Credits	2	45	9	65	40	9	N	Right	
420	CR/CG	7	Section 5, Part 1A	Total Current Year Credits	2	46	9	65	45	9	N	Right	
421	CR/CG	7	Bottom Left	Anchor	N/A	N/A	N/A	60	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
422	CR/CG	7	Bottom Right	Anchor	N/A	N/A	N/A	79	63	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
<b>Schedule INC/CG</b>													
423	INC/CG	1	Top Center	Primary SSN	N/A	N/A	N/A	31	4	9	N	Right	
424	INC/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VASINC118999* See Font Requirements in the Guidelines.
425	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
426	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
427	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
428	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
429	INC/CG	1	Top Left	First Name - secondary taxpayer	N/A	N/A	N/A	6	9	12	A	Left	Not Allowed: hyphens, pound signs,
430	INC/CG	1	Top Left	Middle Initial - secondary taxpayer	N/A	N/A	N/A	19	9	1	A	Left	apostrophes, commas or periods
431	INC/CG	1	Top Left	Last Name - secondary taxpayer	N/A	N/A	N/A	21	9	15	A	Left	apostrophes, commas or periods
432	INC/CG	1	Top Left	Suffix - secondary taxpayer	N/A	N/A	N/A	37	9	3	A	Left	apostrophes, commas or periods
433	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.
434	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.
435	INC/CG	1	Line 1, Col. A	Your/Spouse SSN	2	47	9	7	19	9	N	Right	
436	INC/CG	1	Line 1, Col. B	Withholding Type	2	48	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
437	INC/CG	1	Line 1, Col. C	VA Withholding	2	49	9	26	19	9	N	Right	
438	INC/CG	1	Line 1, Col. D	Employer FEIN	2	50	9	39	19	9	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
439	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 digits and print remaining 13
440	INC/CG	1	Line 1, Col. F	VA Wages, tips, other comp.	2	51	9	71	19	9	N	Right	
441	INC/CG	1	Line 2, Col. A	Your/Spouse SSN	2	52	9	7	21	9	N	Right	
442	INC/CG	1	Line 2, Col. B	Withholding Type	2	53	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
443	INC/CG	1	Line 2, Col. C	VA Withholding	2	54	9	26	21	9	N	Right	
444	INC/CG	1	Line 2, Col. D	Employer FEIN	2	55	9	39	21	9	N	Right	
445	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 digits and print remaining 13
446	INC/CG	1	Line 2, Col. F	VA Wages, tips, other comp.	2	56	9	71	21	9	N	Right	
447	INC/CG	1	Line 3, Col. A	Your/Spouse SSN	2	57	9	7	23	9	N	Right	
448	INC/CG	1	Line 3, Col. B	Withholding Type	2	58	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
449	INC/CG	1	Line 3, Col. C	VA Withholding	2	59	9	26	23	9	N	Right	
450	INC/CG	1	Line 3, Col. D	Employer FEIN	2	60	9	39	23	9	N	Right	
451	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 digits and print remaining 13
452	INC/CG	1	Line 3, Col. F	VA Wages, tips, other comp.	2	61	9	71	23	9	N	Right	
453	INC/CG	1	Line 4, Col. A	Your/Spouse SSN	2	62	9	7	25	9	N	Right	
454	INC/CG	1	Line 4, Col. B	Withholding Type	2	63	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
455	INC/CG	1	Line 4, Col. C	VA Withholding	2	64	9	26	25	9	N	Right	
456	INC/CG	1	Line 4, Col. D	Employer FEIN	2	65	9	39	25	9	N	Right	
457	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 digits and print remaining 13
458	INC/CG	1	Line 4, Col. F	VA Wages, tips, other comp.	2	66	9	71	25	9	N	Right	
459	INC/CG	1	Line 5, Col. A	Your/Spouse SSN	2	67	9	7	27	9	N	Right	
460	INC/CG	1	Line 5, Col. B	Withholding Type	2	68	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
461	INC/CG	1	Line 5, Col. C	VA Withholding	2	69	9	26	27	9	N	Right	
462	INC/CG	1	Line 5, Col. D	Employer FEIN	2	70	9	39	27	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				
463	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 digits and print remaining 13
464	INC/CG	1	Line 5, Col. F	VA Wages, tips, other comp.	2	71	9	71	27	9	N	Right	
465	INC/CG	1	Line 6, Col. A	Your/Spouse SSN	2	72	9	7	29	9	N	Right	
466	INC/CG	1	Line 6, Col. B	Withholding Type	2	73	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
467	INC/CG	1	Line 6, Col. C	VA Withholding	2	74	9	26	29	9	N	Right	
468	INC/CG	1	Line 6, Col. D	Employer FEIN	2	75	9	39	29	9	N	Right	
469	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 digits and print remaining 13
470	INC/CG	1	Line 6, Col. F	VA Wages, tips, other comp.	2	76	9	71	29	9	N	Right	
471	INC/CG	1	Line 7, Col. A	Your/Spouse SSN	2	77	9	7	31	9	N	Right	
472	INC/CG	1	Line 7, Col. B	Withholding Type	2	78	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
473	INC/CG	1	Line 7, Col. C	VA Withholding	2	79	9	26	31	9	N	Right	
474	INC/CG	1	Line 7, Col. D	Employer FEIN	2	80	9	39	31	9	N	Right	
475	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 digits and print remaining 13
476	INC/CG	1	Line 7, Col. F	VA Wages, tips, other comp.	2	81	9	71	31	9	N	Right	
477	INC/CG	1	Line 8, Col. A	Your/Spouse SSN	2	82	9	7	33	9	N	Right	
478	INC/CG	1	Line 8, Col. B	Withholding Type	2	83	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
479	INC/CG	1	Line 8, Col. C	VA Withholding	2	84	9	26	33	9	N	Right	
480	INC/CG	1	Line 8, Col. D	Employer FEIN	2	85	9	39	33	9	N	Right	
481	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 digits and print remaining 13
482	INC/CG	1	Line 8, Col. F	VA Wages, tips, other comp.	2	86	9	71	33	9	N	Right	
483	INC/CG	1	Line 9, Col. A	Your/Spouse SSN	2	87	9	7	35	9	N	Right	
484	INC/CG	1	Line 9, Col. B	Withholding Type	2	88	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
485	INC/CG	1	Line 9, Col. C	VA Withholding	2	89	9	26	35	9	N	Right	
486	INC/CG	1	Line 9, Col. D	Employer FEIN	2	90	9	39	35	9	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
487	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 digits and print remaining 13
488	INC/CG	1	Line 9 Col. F	VA Wages, tips, other comp.	2	91	9	71	35	9	N	Right	
489	INC/CG	1	Line 10, Col. A	Your/Spouse SSN	2	92	9	7	37	9	N	Right	
490	INC/CG	1	Line 10, Col. B	Withholding Type	2	93	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
491	INC/CG	1	Line 10, Col. C	VA Withholding	2	94	9	26	37	9	N	Right	
492	INC/CG	1	Line 10, Col. D	Employer FEIN	2	95	9	39	37	9	N	Right	
493	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 digits and print remaining 13
494	INC/CG	1	Line 10, Col. F	VA Wages, tips, other comp.	2	96	9	71	37	9	N	Right	
495	INC/CG	1	Line 11, Col. A	Your/Spouse SSN	2	97	9	7	39	9	N	Right	
496	INC/CG	1	Line 11, Col. B	Withholding Type	2	98	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
497	INC/CG	1	Line 11, Col. C	VA Withholding	2	99	9	26	39	9	N	Right	
498	INC/CG	1	Line 11, Col. D	Employer FEIN	2	100	9	39	39	9	N	Right	
499	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 digits and print remaining 13
500	INC/CG	1	Line 11, Col. F	VA Wages, tips, other comp.	2	101	9	71	39	9	N	Right	
501	INC/CG	1	Line 12, Col. A	Your/Spouse SSN	2	102	9	7	41	9	N	Right	
502	INC/CG	1	Line 12, Col. B	Withholding Type	2	103	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
503	INC/CG	1	Line 12, Col. C	VA Withholding	2	104	9	26	41	9	N	Right	
504	INC/CG	1	Line 12, Col. D	Employer FEIN	2	105	9	39	41	9	N	Right	
505	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 digits and print remaining 13
506	INC/CG	1	Line 12, Col. F	VA Wages, tips, other comp.	2	106	9	71	41	9	N	Right	
507	INC/CG	1	Line 13, Col. A	Your/Spouse SSN	2	107	9	7	43	9	N	Right	
508	INC/CG	1	Line 13, Col. B	Withholding Type	2	108	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
509	INC/CG	1	Line 13, Col. C	VA Withholding	2	109	9	26	43	9	N	Right	
510	INC/CG	1	Line 13, Col. D	Employer FEIN	2	110	9	39	43	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				
511	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 digits and print remaining 13
512	INC/CG	1	Line 13, Col. F	VA Wages, tips, other comp.	2	111	9	71	43	9	N	Right	
513	INC/CG	1	Line 14, Col. A	Your/Spouse SSN	2	112	9	7	45	9	N	Right	
514	INC/CG	1	Line 14, Col. B	Withholding Type	2	113	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
515	INC/CG	1	Line 14, Col. C	VA Withholding	2	114	9	26	45	9	N	Right	
516	INC/CG	1	Line 14, Col. D	Employer FEIN	2	115	9	39	45	9	N	Right	
517	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 digits and print remaining 13
518	INC/CG	1	Line 14, Col. F	VA Wages, tips, other comp.	2	116	9	71	45	9	N	Right	
519	INC/CG	1	Line 15, Col. A	Your/Spouse SSN	2	117	9	7	47	9	N	Right	
520	INC/CG	1	Line 15, Col. B	Withholding Type	2	118	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
521	INC/CG	1	Line 15, Col. C	VA Withholding	2	119	9	26	47	9	N	Right	
522	INC/CG	1	Line 15, Col. D	Employer FEIN	2	120	9	39	47	9	N	Right	
523	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 digits and print remaining 13
524	INC/CG	1	Line 15, Col. F	VA Wages, tips, other comp.	2	121	9	71	47	9	N	Right	
525	INC/CG	1	Bottom Center	SSN - You	N/A	N/A	N/A	39	54	9	N	Right	
526	INC/CG	1	Bottom Center	SSN - Spouse	N/A	N/A	N/A	39	56	9	N	Right	
527	INC/CG	1	Bottom Center	Total # of W-2s, 1099s & VK-1s	2	122	2	46	59	2	N	Right	
528	INC/CG	1	Bottom Right	VA Withholding - You	2	123	9	63	54	9	N	Right	
529	INC/CG	1	Bottom Right	VA Withholding - Spouse	2	124	9	63	56	9	N	Right	
530	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.
531	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**

532	FED/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VA0FED118999* See Font Requirements in the Guidelines.
533	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
534	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
535	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
536	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



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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				
537	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
538	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
539	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
540	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
541	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
542	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
543	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
544	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
545	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
546	FED/CG	1	Top Right	Primary SSN	N/A	N/A	N/A	48	8	9	N	Right	
547	FED/CG	1	Top Right	Spouse SSN	N/A	N/A	N/A	48	9	9	N	Right	
548	FED/CG	1	Top Right	Locality Code for Taxpayer	N/A	N/A	N/A	61	9	3	N	Right	
<b>Schedule C, Schedule C-EZ and/or Schedule F Information - First Schedule</b>													
549	FED/CG	1	Line 1, Col. A	Schedule Name	2	125	1	48	13	1	A	Right	Display 'C' for Sch. C or C-EZ data Display 'F' for Sch. F data
550	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.
551	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.
552	FED/CG	1	Line 2, Col. A	Gross Receipts or Sales	2	126	9	34	16	9	N	Right	
553	FED/CG	1	Line 3, Col. A	Depreciation/Expense Deduction	2	127	9	34	18	9	N	Right	
554	FED/CG	1	Line 4, Col. A	Business Activity Code	2	128	6	37	20	6	N	Right	
555	FED/CG	1	Line 5, Col. A	Business Locality Code	2	129	3	40	22	3	N	Right	
556	FED/CG	1	Line 6, Col. A	Car and truck expenses	2	130	9	34	24	9	N	Right	
557	FED/CG	1	Line 7, Col. A	Inventory at end of year	2	131	9	34	26	9	N	Right	
558	FED/CG	1	Line 8, Col. A	# of miles used vehicle for: Business	2	132	9	34	28	9	N	Right	
559	FED/CG	1	Line 9, Col. A	# of miles used vehicle for: Commuting	2	133	9	34	30	9	N	Right	
560	FED/CG	1	Line 10, Col. A	# of miles used vehicle for: Other	2	134	9	34	32	9	N	Right	
<b>Schedule 2106 and/or Schedule 2106-EZ Information - First Schedule</b>													
561	FED/CG	1	Line 11, Col. A	# of miles used vehicle for: Business	2	135	9	34	37	9	N	Right	
562	FED/CG	1	Line 12, Col. A	# of miles used vehicle for: Commuting	2	136	9	34	39	9	N	Right	
563	FED/CG	1	Line 13, Col. A	# of miles used vehicle for: Other	2	137	9	34	41	9	N	Right	
564	FED/CG	1	Line 14, Col. A	% of business use of vehicle: Vehicle 1	2	138	6	37	43	6	N	Right	XXX.XX; 2 decimal places, max = 100.00

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				
565	FED/CG	1	Line 15, Col. A	% of business use of vehicle: Vehicle 2	2	139	6	37	45	6	N	Right	XXX.XX; 2 decimal places, max = 100.00
<b>Schedule 4562 Information - First Schedule</b>													
566	FED/CG	1	Line 16, Col. A	Property used > 50% in qualified business	2	140	13	34	50	13	A	Left	
567	FED/CG	1	Line 17, Col. A	Date placed in service	2	141	6	37	52	6	D	Right	Date: MMDDYY
568	FED/CG	1	Line 18, Col. A	Business/investment use percentage	2	142	6	37	54	6	N	Right	XXX.XX; 2 decimal places, max = 100.00
569	FED/CG	1	Line 19, Col. A	Cost or other basis	2	143	9	34	56	9	N	Right	
570	FED/CG	1	Line 20, Col. A	Depreciation deduction	2	144	9	34	58	9	N	Right	
571	FED/CG	1	Line 21, Col. A	Elected section 179 cost	2	145	9	34	60	9	N	Right	
572	FED/CG	1	Line 22, Col. A	Business Locality Code	2	146	3	40	62	3	N	Right	
<b>Schedule C, Schedule C-EZ and/or Schedule F Information - Second Schedule</b>													
573	FED/CG	1	Line 1, Col. B	Schedule Name	2	147	1	73	13	1	A	Right	Display 'C' for Sch. C or C-EZ data Display 'F' for Sch. F data
574	FED/CG	1	Line 2, Col. B	Gross Receipts or Sales	2	148	9	60	16	9	N	Right	
575	FED/CG	1	Line 3, Col. B	Depreciation/Expense Deduction	2	149	9	60	18	9	N	Right	
576	FED/CG	1	Line 4, Col. B	Business Activity Code	2	150	6	63	20	6	N	Right	
577	FED/CG	1	Line 5, Col. B	Business Locality Code	2	151	3	66	22	3	N	Right	
578	FED/CG	1	Line 6, Col. B	Car and truck expenses	2	152	9	60	24	9	N	Right	
579	FED/CG	1	Line 7, Col. B	Inventory at end of year	2	153	9	60	26	9	N	Right	
580	FED/CG	1	Line 8, Col. B	# of miles used vehicle for: Business	2	154	9	60	28	9	N	Right	
581	FED/CG	1	Line 9, Col. B	# of miles used vehicle for: Commuting	2	155	9	60	30	9	N	Right	
582	FED/CG	1	Line 10, Col. B	# of miles used vehicle for: Other	2	156	9	60	32	9	N	Right	
<b>Schedule 2106 and/or Schedule 2106-EZ Information - Second Schedule</b>													
583	FED/CG	1	Line 11, Col. B	# of miles used vehicle for: Business	2	157	9	60	37	9	N	Right	
584	FED/CG	1	Line 12, Col. B	# of miles used vehicle for: Commuting	2	158	9	60	39	9	N	Right	
585	FED/CG	1	Line 13, Col. B	# of miles used vehicle for: Other	2	159	9	60	41	9	N	Right	
586	FED/CG	1	Line 14, Col. B	% of business use of vehicle: Vehicle 1	2	160	6	63	43	6	N	Right	XXX.XX; 2 decimal places, max = 100.00
587	FED/CG	1	Line 15, Col. B	% of business use of vehicle: Vehicle 2	2	161	6	63	45	6	N	Right	XXX.XX; 2 decimal places, max = 100.00
<b>Schedule 4562 Information - Second Schedule</b>													
588	FED/CG	1	Line 16, Col. B	Property used > 50% in qualified business	2	162	13	58	50	13	A	Right	
589	FED/CG	1	Line 17, Col. B	Date placed in service	2	163	6	63	52	6	D	Right	Date: MMDDYY
590	FED/CG	1	Line 18, Col. B	Business/ Investment use percentage	2	164	6	63	54	6	N	Right	XXX.XX; 2 decimal places, max = 100.00
591	FED/CG	1	Line 19, Col. B	Cost or other basis	2	165	9	60	56	9	N	Right	
592	FED/CG	1	Line 20, Col. B	Depreciation deduction	2	166	9	60	58	9	N	Right	
593	FED/CG	1	Line 21, Col. B	Elected section 179 cost	2	167	9	60	60	9	N	Right	
594	FED/CG	1	Line 22, Col. B	Business Locality Code	2	168	3	66	62	3	N	Right	
595	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.
596	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>													
597	VAC/CG	1	Top Center	Primary SSN	2	N/A	N/A	32	4	9	N	Right	
598	VAC/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VASVAC118999* See Font Requirements in the Guidelines.
599	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.

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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				
600	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.
601	VAC/CG	1	Part I, Line A	Balance of Total Overpayment available	2	169	9	66	12	9	N	Right	
602	VAC/CG	1	Part I, Line 1, Column A	Program Type	2	170	1	9	19	1	N	Right	
603	VAC/CG	1	Part I, Line 1, Column B	Beneficiary's Last Name	2	171	16	13	19	16	A	Left	
604	VAC/CG	1	Part I, Line 1, Column C	Account #	2	172	17	32	19	17	N	Right	
605	VAC/CG	1	Part I, Line 1, Column D	Routing # (CollegeAmerica only)	2	173	9	53	19	9	N	Right	
606	VAC/CG	1	Part I, Line 1, Column E	Contribution Amount	2	174	6	69	19	6	N	Right	
607	VAC/CG	1	Part I, Line 2, Column A	Program Type	2	175	1	9	21	1	N	Right	
608	VAC/CG	1	Part I, Line 2, Column B	Beneficiary's Last Name	2	176	16	13	21	16	A	Left	
609	VAC/CG	1	Part I, Line 2, Column C	Account #	2	177	17	32	21	17	N	Right	
610	VAC/CG	1	Part I, Line 2, Column D	Routing # (CollegeAmerica only)	2	178	9	53	21	9	N	Right	
611	VAC/CG	1	Part I, Line 2, Column E	Contribution Amount	2	179	6	69	21	6	N	Right	
612	VAC/CG	1	Part I, Line 3, Column A	Program Type	2	180	1	9	23	1	N	Right	
613	VAC/CG	1	Part I, Line 3, Column B	Beneficiary's Last Name	2	181	16	13	23	16	A	Left	
614	VAC/CG	1	Part I, Line 3, Column C	Account #	2	182	17	32	23	17	N	Right	
615	VAC/CG	1	Part I, Line 3, Column D	Routing # (CollegeAmerica only)	2	183	9	53	23	9	N	Right	
616	VAC/CG	1	Part I, Line 3, Column E	Contribution Amount	2	184	6	69	23	6	N	Right	
617	VAC/CG	1	Part I, Line 4, Column A	Program Type	2	185	1	9	25	1	N	Right	
618	VAC/CG	1	Part I, Line 4, Column B	Beneficiary's Last Name	2	186	16	13	25	16	A	Left	
619	VAC/CG	1	Part I, Line 4, Column C	Account #	2	187	17	32	25	17	N	Right	
620	VAC/CG	1	Part I, Line 4, Column D	Routing # (CollegeAmerica only)	2	188	9	53	25	9	N	Right	
621	VAC/CG	1	Part I, Line 4, Column E	Contribution Amount	2	189	6	69	25	6	N	Right	
622	VAC/CG	1	Part I, Line 5, Column A	Program Type	2	190	1	9	27	1	N	Right	
623	VAC/CG	1	Part I, Line 5, Column B	Beneficiary's Last Name	2	191	16	13	27	16	A	Left	

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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				
624	VAC/CG	1	Part I, Line 5, Column C	Account #	2	192	17	32	27	17	N	Right	
625	VAC/CG	1	Part I, Line 5, Column D	Routing # (CollegeAmerica only)	2	193	9	53	27	9	N	Right	
626	VAC/CG	1	Part I, Line 5, Column E	Contribution Amount	2	194	6	69	27	6	N	Right	
627	VAC/CG	1	Part I, Line 6	Total VA 529 & ABLEnow Contributions	2	195	9	66	29	9	N	Right	
628	VAC/CG	1	Middle Right	More than 5 VA 529 / ABLEnow Accounts	2	196	1	74	31	1	A	Right	Display 'X' if applicable
629	VAC/CG	1	Part II, Section A, Line 1	Balance of Remaining Overpayment available	2	197	9	66	35	9	N	Right	
630	VAC/CG	1	Part II, Section B, Line 2	Voluntary Contributions (Refund) - Code	2	198	2	55	39	2	N	Right	
631	VAC/CG	1	Part II, Section B, Line 2	Voluntary Contributions (Refund) - Amount	2	199	6	69	39	6	N	Right	
632	VAC/CG	1	Part II, Section B, Line 3	Voluntary Contributions (Refund) - Code	2	200	2	55	41	2	N	Right	
633	VAC/CG	1	Part II, Section B, Line 3	Voluntary Contributions (Refund) - Amount	2	201	6	69	41	6	N	Right	
634	VAC/CG	1	Part II, Section B, Line 4	Voluntary Contributions (Refund) - Code	2	202	2	55	43	2	N	Right	
635	VAC/CG	1	Part II, Section B, Line 4	Voluntary Contributions (Refund) - Amount	2	203	6	69	43	6	N	Right	
636	VAC/CG	1	Part II, Section B, Line 5	Voluntary Contributions (Refund) - Code	2	204	6	51	45	6	N	Right	
637	VAC/CG	1	Part II, Section B, Line 5	Voluntary Contributions (Refund) - Amount	2	205	6	69	45	6	N	Right	
638	VAC/CG	1	Part II, Section B, Line 6	Voluntary Contributions (Refund) - Code	2	206	6	51	47	6	N	Right	
639	VAC/CG	1	Part II, Section B, Line 6	Voluntary Contributions (Refund) - Amount	2	207	6	69	47	6	N	Right	
640	VAC/CG	1	Part II, Section B, Line 7	Voluntary Contributions (Refund) - Code	2	208	6	51	49	6	N	Right	
641	VAC/CG	1	Part II, Section B, Line 7	Voluntary Contributions (Refund) - Amount	2	209	6	69	49	6	N	Right	
642	VAC/CG	1	Part II, Section C, Line 8	Voluntary Contributions (Refund/Tax Payment) - Code	2	210	2	55	51	2	N	Right	
643	VAC/CG	1	Part II, Section C, Line 8	Voluntary Contributions (Refund/Tax Payment) - Amount	2	211	6	69	51	6	N	Right	
644	VAC/CG	1	Part II, Section C, Line 9	Voluntary Contributions (Refund/Tax Payment) - Code	2	212	2	55	53	2	N	Right	
645	VAC/CG	1	Part II, Section C, Line 9	Voluntary Contributions (Refund/Tax Payment) - Amount	2	213	6	69	53	6	N	Right	
646	VAC/CG	1	Part II, Section C, Line 10	Voluntary Contributions (Refund/Tax Payment) - Code	2	214	2	55	55	2	N	Right	
647	VAC/CG	1	Part II, Section C, Line 10	Voluntary Contributions (Refund/Tax Payment) - Amount	2	215	6	69	55	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				
648	VAC/CG	1	Part II, Section C, Line 11	Voluntary Contributions (Refund/Tax Payment) - Code	2	216	6	51	57	6	N	Right	
649	VAC/CG	1	Part II, Section C, Line 11	Voluntary Contributions (Refund/Tax Payment) - Amount	2	217	6	69	57	6	N	Right	
650	VAC/CG	1	Part II, Section C, Line 12	Voluntary Contributions (Refund/Tax Payment) - Code	2	218	6	51	59	6	N	Right	
651	VAC/CG	1	Part II, Section C, Line 12	Voluntary Contributions (Refund/Tax Payment) - Amount	2	219	6	69	59	6	N	Right	
652	VAC/CG	1	Part II, Section C, Line 13	Voluntary Contributions (Refund/Tax Payment) - Code	2	220	6	51	61	6	N	Right	
653	VAC/CG	1	Part II, Section C, Line 13	Voluntary Contributions (Refund/Tax Payment) - Amount	2	221	6	69	61	6	N	Right	
654	VAC/CG	1	Part II, Section D, Line 14	Total Other Voluntary Contributions	2	222	9	66	63	9	N	Right	
655	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.
656	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.
657	Trailer Data	N/A	N/A	Barcode 2 Trailer	2	223	5	N/A	N/A	5	N/A	N/A	

**Schedule OSC/CG**

658	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.
659	Header Data	N/A	N/A	Developer Code	3	2	4	N/A	N/A	4	N/A	N/A	
660	OSC/CG Form 1	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
661	OSC/CG Form 1	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
662	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.
663	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.
664	OSC/CG Form 1	1	Top Left	If claiming border state	3	3	1	41	18	1	A	Right	Display 'X' if applicable
665	OSC/CG Form 1	1	Line 1	Filing Status - other state's return	3	4	1	41	20	1	N	Right	
666	OSC/CG Form 1	1	Line 2	Person Claiming the Credit	3	5	1	41	22	1	N	Right	
667	OSC/CG Form 1	1	Line 3	Qualifying taxable income - other state	3	6	9	33	24	9	N	Right	
668	OSC/CG Form 1	1	Line 4	Virginia Taxable Income	3	7	9	33	26	9	N	Right	
669	OSC/CG Form 1	1	Line 5	Qualifying tax liability - other state	3	8	9	33	28	9	N	Right	
670	OSC/CG Form 1	1	Line 6	Other State Abbreviation	3	9	2	74	20	2	A	Right	2 character postal abbreviation
671	OSC/CG Form 1	1	Line 7	Virginia Income Tax	3	10	9	71	22	9	N	Right	
672	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
673	OSC/CG Form 1	1	Line 9	Virginia Income Tax multiplied by Income %	3	12	9	71	26	9	N	Right	
674	OSC/CG Form 1	1	Line 10	Credit Allowed	3	13	9	71	28	9	N	Right	
675	OSC/CG Form 1	1	Line 11	Filing Status - other state's return	3	14	1	41	33	1	N	Right	
676	OSC/CG Form 1	1	Line 12	Person Claiming the Credit	3	15	1	41	35	1	N	Right	
677	OSC/CG Form 1	1	Line 13	Qualifying taxable income - other state	3	16	9	33	37	9	N	Right	
678	OSC/CG Form 1	1	Line 14	Virginia Taxable Income	3	17	9	33	39	9	N	Right	
679	OSC/CG Form 1	1	Line 15	Qualifying tax liability - other state	3	18	9	33	41	9	N	Right	
680	OSC/CG Form 1	1	Line 16	Other State Abbreviation	3	19	2	74	33	2	A	Right	2 character postal abbreviation

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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				
681	OSC/CG Form 1	1	Line 17	Virginia Income Tax	3	20	9	71	35	9	N	Right	
682	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
683	OSC/CG Form 1	1	Line 19	Virginia Income Tax multiplied by Income %	3	22	9	71	39	9	N	Right	
684	OSC/CG Form 1	1	Line 20	Credit Allowed	3	23	9	71	41	9	N	Right	
685	OSC/CG Form 1	1	Line 21	Filing Status - other state's return	3	24	1	41	46	1	N	Right	
686	OSC/CG Form 1	1	Line 22	Person Claiming the Credit	3	25	1	41	48	1	N	Right	
687	OSC/CG Form 1	1	Line 23	Qualifying taxable income - other state	3	26	9	33	50	9	N	Right	
688	OSC/CG Form 1	1	Line 24	Virginia Taxable Income	3	27	9	33	52	9	N	Right	
689	OSC/CG Form 1	1	Line 25	Qualifying tax liability - other state	3	28	9	33	54	9	N	Right	
690	OSC/CG Form 1	1	Line 26	Other State Abbreviation	3	29	2	74	46	2	A	Right	2 character postal abbreviation
691	OSC/CG Form 1	1	Line 27	Virginia Income Tax	3	30	9	71	48	9	N	Right	
692	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
693	OSC/CG Form 1	1	Line 29	Virginia Income Tax multiplied by Income %	3	32	9	71	52	9	N	Right	
694	OSC/CG Form 1	1	Line 30	Credit Allowed	3	33	9	71	54	9	N	Right	
695	OSC/CG Form 1	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
696	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.
697	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.
698	OSC/CG Form 2	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
699	OSC/CG Form 2	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
700	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.
701	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.
702	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	
703	OSC/CG Form 2	1	Line 1	Filing Status - other state's return	3	34	1	41	20	1	N	Right	
704	OSC/CG Form 2	1	Line 2	Person Claiming the Credit	3	35	1	41	22	1	N	Right	
705	OSC/CG Form 2	1	Line 3	Qualifying taxable income - other state	3	36	9	33	24	9	N	Right	
706	OSC/CG Form 2	1	Line 4	Virginia Taxable Income	3	37	9	33	26	9	N	Right	
707	OSC/CG Form 2	1	Line 5	Qualifying tax liability - other state	3	38	9	33	28	9	N	Right	
708	OSC/CG Form 2	1	Line 6	Other State Abbreviation	3	39	2	74	20	2	A	Right	2 character postal abbreviation
709	OSC/CG Form 2	1	Line 7	Virginia Income Tax	3	40	9	71	22	9	N	Right	
710	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
711	OSC/CG Form 2	1	Line 9	Virginia Income Tax multiplied by Income %	3	42	9	71	26	9	N	Right	
712	OSC/CG Form 2	1	Line 10	Credit Allowed	3	43	9	71	28	9	N	Right	
713	OSC/CG Form 2	1	Line 11	Filing Status - other state's return	3	44	1	41	33	1	N	Right	
714	OSC/CG Form 2	1	Line 12	Person Claiming the Credit	3	45	1	41	35	1	N	Right	
715	OSC/CG Form 2	1	Line 13	Qualifying taxable income - other state	3	46	9	33	37	9	N	Right	
716	OSC/CG Form 2	1	Line 14	Virginia Taxable Income	3	47	9	33	39	9	N	Right	
717	OSC/CG Form 2	1	Line 15	Qualifying tax liability - other state	3	48	9	33	41	9	N	Right	
718	OSC/CG Form 2	1	Line 16	Other State Abbreviation	3	49	2	74	33	2	A	Right	2 character postal abbreviation
719	OSC/CG Form 2	1	Line 17	Virginia Income Tax	3	50	9	71	35	9	N	Right	
720	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
721	OSC/CG Form 2	1	Line 19	Virginia Income Tax multiplied by Income %	3	52	9	71	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				
722	OSC/CG Form 2	1	Line 20	Credit Allowed	3	53	9	71	41	9	N	Right	
723	OSC/CG Form 2	1	Line 21	Filing Status - other state's return	3	54	1	41	46	1	N	Right	
724	OSC/CG Form 2	1	Line 22	Person Claiming the Credit	3	55	1	41	48	1	N	Right	
725	OSC/CG Form 2	1	Line 23	Qualifying taxable income - other state	3	56	9	33	50	9	N	Right	
726	OSC/CG Form 2	1	Line 24	Virginia Taxable Income	3	57	9	33	52	9	N	Right	
727	OSC/CG Form 2	1	Line 25	Qualifying tax liability - other state	3	58	9	33	54	9	N	Right	
728	OSC/CG Form 2	1	Line 26	Other State Abbreviation	3	59	2	74	46	2	N	Right	2 character postal abbreviation
729	OSC/CG Form 2	1	Line 27	Virginia Income Tax	3	60	9	71	48	9	N	Right	
730	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
731	OSC/CG Form 2	1	Line 29	Virginia Income Tax multiplied by Income %	3	62	9	71	52	9	N	Right	
732	OSC/CG Form 2	1	Line 30	Credit Allowed	3	63	9	71	54	9	N	Right	
733	OSC/CG Form 2	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
734	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.
735	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.
736	OSC/CG Form 3	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
737	OSC/CG Form 3	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
738	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.
739	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.
740	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	
741	OSC/CG Form 3	1	Line 1	Filing Status - other state's return	3	64	1	41	20	1	N	Right	
742	OSC/CG Form 3	1	Line 2	Person Claiming the Credit	3	65	1	41	22	1	N	Right	
743	OSC/CG Form 3	1	Line 3	Qualifying taxable income - other state	3	66	9	33	24	9	N	Right	
744	OSC/CG Form 3	1	Line 4	Virginia Taxable Income	3	67	9	33	26	9	N	Right	
745	OSC/CG Form 3	1	Line 5	Qualifying tax liability - other state	3	68	9	33	28	9	N	Right	
746	OSC/CG Form 3	1	Line 6	Other State Abbreviation	3	69	2	74	20	2	A	Right	2 character postal abbreviation
747	OSC/CG Form 3	1	Line 7	Virginia Income Tax	3	70	9	71	22	9	N	Right	
748	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
749	OSC/CG Form 3	1	Line 9	Virginia Income Tax multiplied by Income %	3	72	9	71	26	9	N	Right	
750	OSC/CG Form 3	1	Line 10	Credit Allowed	3	73	9	71	28	9	N	Right	
751	OSC/CG Form 3	1	Line 11	Filing Status - other state's return	3	74	1	41	33	1	N	Right	
752	OSC/CG Form 3	1	Line 12	Person Claiming the Credit	3	75	1	41	35	1	N	Right	
753	OSC/CG Form 3	1	Line 13	Qualifying taxable income - other state	3	76	9	33	37	9	N	Right	
754	OSC/CG Form 3	1	Line 14	Virginia Taxable Income	3	77	9	33	39	9	N	Right	
755	OSC/CG Form 3	1	Line 15	Qualifying tax liability - other state	3	78	9	33	41	9	N	Right	
756	OSC/CG Form 3	1	Line 16	Other State Abbreviation	3	79	2	74	33	2	A	Right	2 character postal abbreviation
757	OSC/CG Form 3	1	Line 17	Virginia Income Tax	3	80	9	71	35	9	N	Right	
758	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
759	OSC/CG Form 3	1	Line 19	Virginia Income Tax multiplied by Income %	3	82	9	71	39	9	N	Right	
760	OSC/CG Form 3	1	Line 20	Credit Allowed	3	83	9	71	41	9	N	Right	
761	OSC/CG Form 3	1	Line 21	Filing Status - other state's return	3	84	1	41	46	1	N	Right	
762	OSC/CG Form 3	1	Line 22	Person Claiming the Credit	3	85	1	41	48	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				
763	OSC/CG Form 3	1	Line 23	Qualifying taxable income - other state	3	86	9	33	50	9	N	Right	
764	OSC/CG Form 3	1	Line 24	Virginia Taxable Income	3	87	9	33	52	9	N	Right	
765	OSC/CG Form 3	1	Line 25	Qualifying tax liability - other state	3	88	9	33	54	9	N	Right	
766	OSC/CG Form 3	1	Line 26	Other State Abbreviation	3	89	2	74	46	2	N	Right	2 character postal abbreviation
767	OSC/CG Form 3	1	Line 27	Virginia Income Tax	3	90	9	71	48	9	N	Right	
768	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
769	OSC/CG Form 3	1	Line 29	Virginia Income Tax multiplied by Income %	3	92	9	71	52	9	N	Right	
770	OSC/CG Form 3	1	Line 30	Credit Allowed	3	93	9	71	54	9	N	Right	
771	OSC/CG Form 3	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
772	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.
773	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.
774	OSC/CG Form 4	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
775	OSC/CG Form 4	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
776	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.
777	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.
778	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	
779	OSC/CG Form 4	1	Line 1	Filing Status - other state's return	3	94	1	41	20	1	N	Right	
780	OSC/CG Form 4	1	Line 2	Person Claiming the Credit	3	95	1	41	22	1	N	Right	
781	OSC/CG Form 4	1	Line 3	Qualifying taxable income - other state	3	96	9	33	24	9	N	Right	
782	OSC/CG Form 4	1	Line 4	Virginia Taxable Income	3	97	9	33	26	9	N	Right	
783	OSC/CG Form 4	1	Line 5	Qualifying tax liability - other state	3	98	9	33	28	9	N	Right	
784	OSC/CG Form 4	1	Line 6	Other State Abbreviation	3	99	2	74	20	2	A	Right	2 character postal abbreviation
785	OSC/CG Form 4	1	Line 7	Virginia Income Tax	3	100	9	71	22	9	N	Right	
786	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
787	OSC/CG Form 4	1	Line 9	Virginia Income Tax multiplied by Income %	3	102	9	71	26	9	N	Right	
788	OSC/CG Form 4	1	Line 10	Credit Allowed	3	103	9	71	28	9	N	Right	
789	OSC/CG Form 4	1	Line 11	Filing Status - other state's return	3	104	1	41	33	1	N	Right	
790	OSC/CG Form 4	1	Line 12	Person Claiming the Credit	3	105	1	41	35	1	N	Right	
791	OSC/CG Form 4	1	Line 13	Qualifying taxable income - other state	3	106	9	33	37	9	N	Right	
792	OSC/CG Form 4	1	Line 14	Virginia Taxable Income	3	107	9	33	39	9	N	Right	
793	OSC/CG Form 4	1	Line 15	Qualifying tax liability - other state	3	108	9	33	41	9	N	Right	
794	OSC/CG Form 4	1	Line 16	Other State Abbreviation	3	109	2	74	33	2	A	Right	2 character postal abbreviation
795	OSC/CG Form 4	1	Line 17	Virginia Income Tax	3	110	9	71	35	9	N	Right	
796	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
797	OSC/CG Form 4	1	Line 19	Virginia Income Tax multiplied by Income %	3	112	9	71	39	9	N	Right	
798	OSC/CG Form 4	1	Line 20	Credit Allowed	3	113	9	71	41	9	N	Right	
799	OSC/CG Form 4	1	Line 21	Filing Status - other state's return	3	114	1	41	46	1	N	Right	
800	OSC/CG Form 4	1	Line 22	Person Claiming the Credit	3	115	1	41	48	1	N	Right	
801	OSC/CG Form 4	1	Line 23	Qualifying taxable income - other state	3	116	9	33	50	9	N	Right	
802	OSC/CG Form 4	1	Line 24	Virginia Taxable Income	3	117	9	33	52	9	N	Right	
803	OSC/CG Form 4	1	Line 25	Qualifying tax liability - other state	3	118	9	33	54	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				
804	OSC/CG Form 4	1	Line 26	Other State Abbreviation	3	119	2	74	46	2	N	Right	2 character postal abbreviation
805	OSC/CG Form 4	1	Line 27	Virginia Income Tax	3	120	9	71	48	9	N	Right	
806	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
807	OSC/CG Form 4	1	Line 29	Virginia Income Tax multiplied by Income %	3	122	9	71	52	9	N	Right	
808	OSC/CG Form 4	1	Line 30	Credit Allowed	3	123	9	71	54	9	N	Right	
809	OSC/CG Form 4	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
810	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.
811	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.
812	OSC/CG Form 5	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
813	OSC/CG Form 5	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
814	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.
815	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.
816	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	
817	OSC/CG Form 5	1	Line 1	Filing Status - other state's return	3	124	1	41	20	1	N	Right	
818	OSC/CG Form 5	1	Line 2	Person Claiming the Credit	3	125	1	41	22	1	N	Right	
819	OSC/CG Form 5	1	Line 3	Qualifying taxable income - other state	3	126	9	33	24	9	N	Right	
820	OSC/CG Form 5	1	Line 4	Virginia Taxable Income	3	127	9	33	26	9	N	Right	
821	OSC/CG Form 5	1	Line 5	Qualifying tax liability - other state	3	128	9	33	28	9	N	Right	
822	OSC/CG Form 5	1	Line 6	Other State Abbreviation	3	129	2	74	20	2	A	Right	2 character postal abbreviation
823	OSC/CG Form 5	1	Line 7	Virginia Income Tax	3	130	9	71	22	9	N	Right	
824	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
825	OSC/CG Form 5	1	Line 9	Virginia Income Tax multiplied by Income %	3	132	9	71	26	9	N	Right	
826	OSC/CG Form 5	1	Line 10	Credit Allowed	3	133	9	71	28	9	N	Right	
827	OSC/CG Form 5	1	Line 11	Filing Status - other state's return	3	134	1	41	33	1	N	Right	
828	OSC/CG Form 5	1	Line 12	Person Claiming the Credit	3	135	1	41	35	1	N	Right	
829	OSC/CG Form 5	1	Line 13	Qualifying taxable income - other state	3	136	9	33	37	9	N	Right	
830	OSC/CG Form 5	1	Line 14	Virginia Taxable Income	3	137	9	33	39	9	N	Right	
831	OSC/CG Form 5	1	Line 15	Qualifying tax liability - other state	3	138	9	33	41	9	N	Right	
832	OSC/CG Form 5	1	Line 16	Other State Abbreviation	3	139	2	74	33	2	A	Right	2 character postal abbreviation
833	OSC/CG Form 5	1	Line 17	Virginia Income Tax	3	140	9	71	35	9	N	Right	
834	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
835	OSC/CG Form 5	1	Line 19	Virginia Income Tax multiplied by Income %	3	142	9	71	39	9	N	Right	
836	OSC/CG Form 5	1	Line 20	Credit Allowed	3	143	9	71	41	9	N	Right	
837	OSC/CG Form 5	1	Line 21	Filing Status - other state's return	3	144	1	41	46	1	N	Right	
838	OSC/CG Form 5	1	Line 22	Person Claiming the Credit	3	145	1	41	48	1	N	Right	
839	OSC/CG Form 5	1	Line 23	Qualifying taxable income - other state	3	146	9	33	50	9	N	Right	
840	OSC/CG Form 5	1	Line 24	Virginia Taxable Income	3	147	9	33	52	9	N	Right	
841	OSC/CG Form 5	1	Line 25	Qualifying tax liability - other state	3	148	9	33	54	9	N	Right	
842	OSC/CG Form 5	1	Line 26	Other State Abbreviation	3	149	2	74	46	2	N	Right	2 character postal abbreviation
843	OSC/CG Form 5	1	Line 27	Virginia Income Tax	3	150	9	71	48	9	N	Right	
844	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

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				
845	OSC/CG Form 5	1	Line 29	Virginia Income Tax multiplied by Income %	3	152	9	71	52	9	N	Right	
846	OSC/CG Form 5	1	Line 30	Credit Allowed	3	153	9	71	54	9	N	Right	Barcode allots for 15 entries. Allowable states exist per e-File schema. All software supported entries must be displayed on printout, but only 15 will be in 2D Barcode.
847	OSC/CG Form 5	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
848	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.
849	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.
850	Trailer Data	N/A	N/A	Barcode 3 Trailer	3	154	5	N/A	N/A	5	N/A	N/A	
851	OSC/CG Form 6	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
852	OSC/CG Form 6	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
853	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.
854	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.
855	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	
856	OSC/CG Form 6	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
857	OSC/CG Form 6	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
858	OSC/CG Form 6	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
859	OSC/CG Form 6	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
860	OSC/CG Form 6	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
861	OSC/CG Form 6	1	Line 6	Other State Abbreviation	N/A	N/A	N/A	74	20	2	A	Right	2 character postal abbreviation
862	OSC/CG Form 6	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
863	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
864	OSC/CG Form 6	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
865	OSC/CG Form 6	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
866	OSC/CG Form 6	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
867	OSC/CG Form 6	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
868	OSC/CG Form 6	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
869	OSC/CG Form 6	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
870	OSC/CG Form 6	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
871	OSC/CG Form 6	1	Line 16	Other State Abbreviation	N/A	N/A	N/A	74	33	2	A	Right	2 character postal abbreviation
872	OSC/CG Form 6	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
873	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
874	OSC/CG Form 6	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
875	OSC/CG Form 6	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
876	OSC/CG Form 6	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
878	OSC/CG Form 6	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
879	OSC/CG Form 6	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
880	OSC/CG Form 6	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
881	OSC/CG Form 6	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
882	OSC/CG Form 6	1	Line 26	Other State Abbreviation	N/A	N/A	N/A	74	46	2	A	Right	2 character postal abbreviation
883	OSC/CG Form 6	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	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				
884	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
885	OSC/CG Form 6	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
886	OSC/CG Form 6	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
887	OSC/CG Form 6	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
888	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.
889	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.
890	OSC/CG Form 7	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
891	OSC/CG Form 7	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
892	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.
893	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.
894	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	
895	OSC/CG Form 7	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
896	OSC/CG Form 7	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
897	OSC/CG Form 7	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
898	OSC/CG Form 7	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
899	OSC/CG Form 7	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
900	OSC/CG Form 7	1	Line 6	Other State Abbreviation	N/A	N/A	N/A	74	20	2	A	Right	2 character postal abbreviation
901	OSC/CG Form 7	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
902	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
903	OSC/CG Form 7	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
904	OSC/CG Form 7	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
905	OSC/CG Form 7	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
906	OSC/CG Form 7	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
907	OSC/CG Form 7	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
908	OSC/CG Form 7	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
909	OSC/CG Form 7	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
911	OSC/CG Form 7	1	Line 16	Other State Abbreviation	N/A	N/A	N/A	74	33	2	A	Right	2 character postal abbreviation
912	OSC/CG Form 7	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
913	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
914	OSC/CG Form 7	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
915	OSC/CG Form 7	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
916	OSC/CG Form 7	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
917	OSC/CG Form 7	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
918	OSC/CG Form 7	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
919	OSC/CG Form 7	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1000	OSC/CG Form 7	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1001	OSC/CG Form 7	1	Line 26	Other State Abbreviation	N/A	N/A	N/A	74	46	2	A	Right	2 character postal abbreviation
1002	OSC/CG Form 7	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1003	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
1004	OSC/CG Form 7	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1005	OSC/CG Form 7	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	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				
1006	OSC/CG Form 7	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1007	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.
1008	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.
1009	OSC/CG Form 8	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
1010	OSC/CG Form 8	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1011	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.
1012	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.
1013	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	
1014	OSC/CG Form 8	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1015	OSC/CG Form 8	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1016	OSC/CG Form 8	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1017	OSC/CG Form 8	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1018	OSC/CG Form 8	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1019	OSC/CG Form 8	1	Line 6	Other State Abbreviation	N/A	N/A	N/A	74	20	2	A	Right	2 character postal abbreviation
1020	OSC/CG Form 8	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1021	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
1022	OSC/CG Form 8	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1023	OSC/CG Form 8	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1024	OSC/CG Form 8	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1025	OSC/CG Form 8	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1026	OSC/CG Form 8	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1027	OSC/CG Form 8	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1028	OSC/CG Form 8	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1029	OSC/CG Form 8	1	Line 16	Other State Abbreviation	N/A	N/A	N/A	74	33	2	A	Right	2 character postal abbreviation
1030	OSC/CG Form 8	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1031	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
1032	OSC/CG Form 8	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1033	OSC/CG Form 8	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1034	OSC/CG Form 8	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1035	OSC/CG Form 8	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1036	OSC/CG Form 8	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1037	OSC/CG Form 8	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1038	OSC/CG Form 8	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1039	OSC/CG Form 8	1	Line 26	Other State Abbreviation	N/A	N/A	N/A	74	46	2	A	Right	2 character postal abbreviation
1040	OSC/CG Form 8	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1041	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
1042	OSC/CG Form 8	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1043	OSC/CG Form 8	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1044	OSC/CG Form 8	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1045	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.
1046	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.

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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				
1047	OSC/CG Form 9	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
1048	OSC/CG Form 9	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1049	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.
1050	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.
1051	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	
1052	OSC/CG Form 9	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1053	OSC/CG Form 9	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1054	OSC/CG Form 9	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1055	OSC/CG Form 9	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1056	OSC/CG Form 9	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1057	OSC/CG Form 9	1	Line 6	Other State Abbreviation	N/A	N/A	N/A	74	20	2	A	Right	2 character postal abbreviation
1058	OSC/CG Form 9	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1059	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
1060	OSC/CG Form 9	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1061	OSC/CG Form 9	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1062	OSC/CG Form 9	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1063	OSC/CG Form 9	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1064	OSC/CG Form 9	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1065	OSC/CG Form 9	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1066	OSC/CG Form 9	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1067	OSC/CG Form 9	1	Line 16	Other State Abbreviation	N/A	N/A	N/A	74	33	2	A	Right	2 character postal abbreviation
1068	OSC/CG Form 9	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1069	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
1070	OSC/CG Form 9	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1071	OSC/CG Form 9	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1072	OSC/CG Form 9	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1073	OSC/CG Form 9	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1074	OSC/CG Form 9	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1075	OSC/CG Form 9	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1076	OSC/CG Form 9	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1077	OSC/CG Form 9	1	Line 26	Other State Abbreviation	N/A	N/A	N/A	74	46	2	A	Right	2 character postal abbreviation
1078	OSC/CG Form 9	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1079	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
1080	OSC/CG Form 9	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1081	OSC/CG Form 9	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1082	OSC/CG Form 9	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1083	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.
1084	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.
1085	OSC/CG Form 10	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
1086	OSC/CG Form 10	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	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				
1087	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.
1088	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.
1089	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	
1090	OSC/CG Form 10	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1091	OSC/CG Form 10	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1092	OSC/CG Form 10	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1093	OSC/CG Form 10	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1094	OSC/CG Form 10	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1095	OSC/CG Form 10	1	Line 6	Other State Abbreviation	N/A	N/A	N/A	74	20	2	A	Right	2 character postal abbreviation
1096	OSC/CG Form 10	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1097	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
1098	OSC/CG Form 10	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1099	OSC/CG Form 10	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1100	OSC/CG Form 10	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1101	OSC/CG Form 10	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1102	OSC/CG Form 10	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1103	OSC/CG Form 10	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1104	OSC/CG Form 10	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1104	OSC/CG Form 10	1	Line 16	Other State Abbreviation	N/A	N/A	N/A	74	33	2	A	Right	2 character postal abbreviation
1105	OSC/CG Form 10	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1107	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
1108	OSC/CG Form 10	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1109	OSC/CG Form 10	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1110	OSC/CG Form 10	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1111	OSC/CG Form 10	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1112	OSC/CG Form 10	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1113	OSC/CG Form 10	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1114	OSC/CG Form 10	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1115	OSC/CG Form 10	1	Line 26	Other State Abbreviation	N/A	N/A	N/A	74	46	2	A	Right	2 character postal abbreviation
1116	OSC/CG Form 10	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1117	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
1118	OSC/CG Form 10	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1119	OSC/CG Form 10	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1120	OSC/CG Form 10	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1121	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.
1122	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.
1123	OSC/CG Form 11	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
1124	OSC/CG Form 11	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1125	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.
1126	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.
1127	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	

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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				
1128	OSC/CG Form 11	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1129	OSC/CG Form 11	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1130	OSC/CG Form 11	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1131	OSC/CG Form 11	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1132	OSC/CG Form 11	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1133	OSC/CG Form 11	1	Line 6	Other State Abbreviation	N/A	N/A	N/A	74	20	2	A	Right	2 character postal abbreviation
1134	OSC/CG Form 11	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1135	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
1136	OSC/CG Form 11	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1137	OSC/CG Form 11	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1138	OSC/CG Form 11	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1139	OSC/CG Form 11	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1140	OSC/CG Form 11	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1141	OSC/CG Form 11	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1142	OSC/CG Form 11	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1143	OSC/CG Form 11	1	Line 16	Other State Abbreviation	N/A	N/A	N/A	74	33	2	A	Right	2 character postal abbreviation
1144	OSC/CG Form 11	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1145	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
1146	OSC/CG Form 11	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1147	OSC/CG Form 11	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1148	OSC/CG Form 11	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1149	OSC/CG Form 11	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1150	OSC/CG Form 11	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1151	OSC/CG Form 11	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1152	OSC/CG Form 11	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1153	OSC/CG Form 11	1	Line 26	Other State Abbreviation	N/A	N/A	N/A	74	46	2	A	Right	2 character postal abbreviation
1154	OSC/CG Form 11	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1155	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
1156	OSC/CG Form 11	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1157	OSC/CG Form 11	1	Line 30	Total Credit Claimed	N/A	N/A	N/A	71	54	9	N	Right	
1158	OSC/CG Form 11	1	Line 31	Total Credit	N/A	N/A	N/A	71	57	9	N	Right	
1159	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.
1160	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.
1161	OSC/CG Form 12	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
1162	OSC/CG Form 12	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1163	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.
1164	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.
1165	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	
1166	OSC/CG Form 12	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1167	OSC/CG Form 12	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1168	OSC/CG Form 12	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	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				
1169	OSC/CG Form 12	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1170	OSC/CG Form 12	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1171	OSC/CG Form 12	1	Line 6	Other State Abbreviation	N/A	N/A	N/A	74	20	2	A	Right	2 character postal abbreviation
1172	OSC/CG Form 12	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1173	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
1174	OSC/CG Form 12	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1175	OSC/CG Form 12	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1176	OSC/CG Form 12	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1177	OSC/CG Form 12	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1178	OSC/CG Form 12	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1179	OSC/CG Form 12	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1180	OSC/CG Form 12	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1181	OSC/CG Form 12	1	Line 16	Other State Abbreviation	N/A	N/A	N/A	74	33	2	A	Right	2 character postal abbreviation
1182	OSC/CG Form 12	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1183	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
1184	OSC/CG Form 12	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1185	OSC/CG Form 12	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1186	OSC/CG Form 12	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1187	OSC/CG Form 12	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1188	OSC/CG Form 12	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1189	OSC/CG Form 12	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1190	OSC/CG Form 12	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1191	OSC/CG Form 12	1	Line 26	Other State Abbreviation	N/A	N/A	N/A	74	46	2	A	Right	2 character postal abbreviation
1192	OSC/CG Form 12	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1193	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
1194	OSC/CG Form 12	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1195	OSC/CG Form 12	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1196	OSC/CG Form 12	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1197	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.
1198	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.
1199	OSC/CG Form 13	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
1200	OSC/CG Form 13	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1201	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.
1202	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.
1203	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	
1204	OSC/CG Form 13	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1205	OSC/CG Form 13	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1206	OSC/CG Form 13	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1207	OSC/CG Form 13	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1208	OSC/CG Form 13	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1209	OSC/CG Form 13	1	Line 6	Other State Abbreviation	N/A	N/A	N/A	74	20	2	A	Right	2 character postal abbreviation



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				
1210	OSC/CG Form 13	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1211	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
1212	OSC/CG Form 13	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1213	OSC/CG Form 13	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1214	OSC/CG Form 13	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1215	OSC/CG Form 13	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1216	OSC/CG Form 13	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1217	OSC/CG Form 13	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1218	OSC/CG Form 13	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1219	OSC/CG Form 13	1	Line 16	Other State Abbreviation	N/A	N/A	N/A	74	33	2	A	Right	2 character postal abbreviation
1220	OSC/CG Form 13	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1221	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
1222	OSC/CG Form 13	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1223	OSC/CG Form 13	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1224	OSC/CG Form 13	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1225	OSC/CG Form 13	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1226	OSC/CG Form 13	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1227	OSC/CG Form 13	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1228	OSC/CG Form 13	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1229	OSC/CG Form 13	1	Line 26	Other State Abbreviation	N/A	N/A	N/A	74	46	2	A	Right	2 character postal abbreviation
1230	OSC/CG Form 13	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1231	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
1232	OSC/CG Form 13	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1233	OSC/CG Form 13	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1234	OSC/CG Form 13	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1235	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.
1236	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.
1237	OSC/CG Form 14	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
1238	OSC/CG Form 14	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1239	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.
1240	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.
1241	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	
1242	OSC/CG Form 14	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1243	OSC/CG Form 14	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1244	OSC/CG Form 14	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1245	OSC/CG Form 14	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1246	OSC/CG Form 14	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1247	OSC/CG Form 14	1	Line 6	Other State Abbreviation	N/A	N/A	N/A	74	20	2	A	Right	2 character postal abbreviation
1248	OSC/CG Form 14	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1249	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
1250	OSC/CG Form 14	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	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				
1251	OSC/CG Form 14	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1252	OSC/CG Form 14	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1253	OSC/CG Form 14	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1254	OSC/CG Form 14	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1255	OSC/CG Form 14	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1256	OSC/CG Form 14	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1257	OSC/CG Form 14	1	Line 16	Other State Abbreviation	N/A	N/A	N/A	74	33	2	A	Right	2 character postal abbreviation
1258	OSC/CG Form 14	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1259	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
1260	OSC/CG Form 14	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1261	OSC/CG Form 14	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1262	OSC/CG Form 14	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1263	OSC/CG Form 14	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1264	OSC/CG Form 14	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1265	OSC/CG Form 14	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1266	OSC/CG Form 14	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1267	OSC/CG Form 14	1	Line 26	Other State Abbreviation	N/A	N/A	N/A	74	46	2	A	Right	2 character postal abbreviation
1268	OSC/CG Form 14	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1269	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
1270	OSC/CG Form 14	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1271	OSC/CG Form 14	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1272	OSC/CG Form 14	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1273	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.
1274	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.
1275	OSC/CG Form 15	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
1276	OSC/CG Form 15	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1277	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.
1278	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.
1279	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	
1280	OSC/CG Form 15	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1281	OSC/CG Form 15	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1282	OSC/CG Form 15	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1283	OSC/CG Form 15	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1284	OSC/CG Form 15	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1285	OSC/CG Form 15	1	Line 6	Other State Abbreviation	N/A	N/A	N/A	74	20	2	A	Right	2 character postal abbreviation
1286	OSC/CG Form 15	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1287	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
1288	OSC/CG Form 15	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1289	OSC/CG Form 15	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1290	OSC/CG Form 15	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1291	OSC/CG Form 15	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				
1292	OSC/CG Form 15	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1293	OSC/CG Form 15	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1294	OSC/CG Form 15	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1295	OSC/CG Form 15	1	Line 16	Other State Abbreviation	N/A	N/A	N/A	74	33	2	A	Right	2 character postal abbreviation
1296	OSC/CG Form 15	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1297	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
1298	OSC/CG Form 15	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1299	OSC/CG Form 15	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1300	OSC/CG Form 15	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1301	OSC/CG Form 15	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1302	OSC/CG Form 15	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1303	OSC/CG Form 15	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1304	OSC/CG Form 15	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1305	OSC/CG Form 15	1	Line 26	Other State Abbreviation	N/A	N/A	N/A	74	46	2	A	Right	2 character postal abbreviation
1306	OSC/CG Form 15	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1307	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
1308	OSC/CG Form 15	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1309	OSC/CG Form 15	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1310	OSC/CG Form 15	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1311	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.
1312	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.
1313	OSC/CG Form 16	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
1314	OSC/CG Form 16	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1315	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.
1316	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.
1317	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	
1318	OSC/CG Form 16	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1319	OSC/CG Form 16	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1320	OSC/CG Form 16	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1321	OSC/CG Form 16	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1322	OSC/CG Form 16	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1323	OSC/CG Form 16	1	Line 6	Other State Abbreviation	N/A	N/A	N/A	74	20	2	A	Right	2 character postal abbreviation
1324	OSC/CG Form 16	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1325	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
1326	OSC/CG Form 16	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1327	OSC/CG Form 16	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1328	OSC/CG Form 16	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1329	OSC/CG Form 16	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1330	OSC/CG Form 16	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1331	OSC/CG Form 16	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1332	OSC/CG Form 16	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	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				
1333	OSC/CG Form 16	1	Line 16	Other State Abbreviation	N/A	N/A	N/A	74	33	2	A	Right	2 character postal abbreviation
1334	OSC/CG Form 16	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1335	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
1336	OSC/CG Form 16	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1337	OSC/CG Form 16	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1338	OSC/CG Form 16	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	41	46	1	N	Right	
1339	OSC/CG Form 16	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	41	48	1	N	Right	
1340	OSC/CG Form 16	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	33	50	9	N	Right	
1341	OSC/CG Form 16	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	33	52	9	N	Right	
1342	OSC/CG Form 16	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	33	54	9	N	Right	
1343	OSC/CG Form 16	1	Line 26	Other State Abbreviation	N/A	N/A	N/A	74	46	2	A	Right	2 character postal abbreviation
1344	OSC/CG Form 16	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	71	48	9	N	Right	
1345	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
1346	OSC/CG Form 16	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	52	9	N	Right	
1347	OSC/CG Form 16	1	Line 30	Credit Allowed	N/A	N/A	N/A	71	54	9	N	Right	
1348	OSC/CG Form 16	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1349	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.
1350	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.
1351	OSC/CG Form 16	1	Top Left	1D Barcode	N/A	N/A	N/A	6	8	N/A	N/A	N/A	*VA0OSC118999* See Font Requirements in the Guidelines.
1352	OSC/CG Form 16	1	Top Left	Primary SSN	N/A	N/A	N/A	6	12	9	N	Right	
1353	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.
1354	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.
1355	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	
1356	OSC/CG Form 16	1	Line 1	Filing Status - other state's return	N/A	N/A	N/A	41	20	1	N	Right	
1357	OSC/CG Form 16	1	Line 2	Person Claiming the Credit	N/A	N/A	N/A	41	22	1	N	Right	
1358	OSC/CG Form 16	1	Line 3	Qualifying taxable income - other state	N/A	N/A	N/A	33	24	9	N	Right	
1359	OSC/CG Form 16	1	Line 4	Virginia Taxable Income	N/A	N/A	N/A	33	26	9	N	Right	
1360	OSC/CG Form 16	1	Line 5	Qualifying tax liability - other state	N/A	N/A	N/A	33	28	9	N	Right	
1361	OSC/CG Form 16	1	Line 6	Other State Abbreviation	N/A	N/A	N/A	74	20	2	A	Right	2 character postal abbreviation
1362	OSC/CG Form 16	1	Line 7	Virginia Income Tax	N/A	N/A	N/A	71	22	9	N	Right	
1363	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
1364	OSC/CG Form 16	1	Line 9	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	26	9	N	Right	
1365	OSC/CG Form 16	1	Line 10	Credit Allowed	N/A	N/A	N/A	71	28	9	N	Right	
1366	OSC/CG Form 16	1	Line 11	Filing Status - other state's return	N/A	N/A	N/A	41	33	1	N	Right	
1367	OSC/CG Form 16	1	Line 12	Person Claiming the Credit	N/A	N/A	N/A	41	35	1	N	Right	
1368	OSC/CG Form 16	1	Line 13	Qualifying taxable income - other state	N/A	N/A	N/A	33	37	9	N	Right	
1369	OSC/CG Form 16	1	Line 14	Virginia Taxable Income	N/A	N/A	N/A	33	39	9	N	Right	
1370	OSC/CG Form 16	1	Line 15	Qualifying tax liability - other state	N/A	N/A	N/A	33	41	9	N	Right	
1371	OSC/CG Form 16	1	Line 16	Other State Abbreviation	N/A	N/A	N/A	74	33	2	A	Right	2 character postal abbreviation
1372	OSC/CG Form 16	1	Line 17	Virginia Income Tax	N/A	N/A	N/A	71	35	9	N	Right	
1373	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

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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				
1374	OSC/CG Form 16	1	Line 19	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	71	39	9	N	Right	
1375	OSC/CG Form 16	1	Line 20	Credit Allowed	N/A	N/A	N/A	71	41	9	N	Right	
1376	OSC/CG Form 16	1	Line 21	Filing Status - other state's return	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	
1377	OSC/CG Form 16	1	Line 22	Person Claiming the Credit	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	
1378	OSC/CG Form 16	1	Line 23	Qualifying taxable income - other state	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	
1379	OSC/CG Form 16	1	Line 24	Virginia Taxable Income	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	
1380	OSC/CG Form 16	1	Line 25	Qualifying tax liability - other state	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	
1381	OSC/CG Form 16	1	Line 26	Other State Abbreviation	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	2 character postal abbreviation
1382	OSC/CG Form 16	1	Line 27	Virginia Income Tax	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	
1383	OSC/CG Form 16	1	Line 28	Income Percentage	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	XXX.X; 1 decimal place, max = 100.0
1384	OSC/CG Form 16	1	Line 29	Virginia Income Tax multiplied by Income %	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	
1385	OSC/CG Form 16	1	Line 30	Credit Allowed	N/A	N/A	N/A	N/A	N/A	-	N/A	N/A	
1386	OSC/CG Form 16	1	Line 31	Total Credit Claimed	N/A	N/A	N/A	71	57	9	N	Right	
1387	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.
1388	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.

**Schedule VACS/CG**

1389	VACS/CG	1	Top Center	Primary SSN	N/A	N/A	N/A	34	4	9	N	Right	
1390	VACS/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VAVACS118999* See Font Requirements in the Guidelines.
1391	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.
1392	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.
1393	VACS/CG	1	Line 1, Col. A	Program Type	N/A	N/A	N/A	9	15	1	N	Right	
1394	VACS/CG	1	Line 1, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	15	16	A	Left	
1395	VACS/CG	1	Line 1, Col. C	Account #	N/A	N/A	N/A	32	15	17	N	Right	
1396	VACS/CG	1	Line 1, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	15	9	N	Right	
1397	VACS/CG	1	Line 1, Col. E	Contribution Amount	N/A	N/A	N/A	69	15	6	N	Right	
1398	VACS/CG	1	Line 2, Col. A	Program Type	N/A	N/A	N/A	9	17	1	N	Right	
1399	VACS/CG	1	Line 2, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	17	16	A	Left	
1400	VACS/CG	1	Line 2, Col. C	Account #	N/A	N/A	N/A	32	17	17	N	Right	
1401	VACS/CG	1	Line 2, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	17	9	N	Right	
1402	VACS/CG	1	Line 2, Col. E	Contribution Amount	N/A	N/A	N/A	69	17	6	N	Right	
1403	VACS/CG	1	Line 3, Col. A	Program Type	N/A	N/A	N/A	9	19	1	N	Right	
1404	VACS/CG	1	Line 3, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	19	16	A	Left	
1405	VACS/CG	1	Line 3, Col. C	Account #	N/A	N/A	N/A	32	19	17	N	Right	
1406	VACS/CG	1	Line 3, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	19	9	N	Right	
1407	VACS/CG	1	Line 3, Col. E	Contribution Amount	N/A	N/A	N/A	69	19	6	N	Right	
1408	VACS/CG	1	Line 4, Col. A	Program Type	N/A	N/A	N/A	9	21	1	N	Right	
1409	VACS/CG	1	Line 4, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	21	16	A	Left	
1410	VACS/CG	1	Line 4, Col. C	Account #	N/A	N/A	N/A	32	21	17	N	Right	
1411	VACS/CG	1	Line 4, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	21	9	N	Right	
1412	VACS/CG	1	Line 4, Col. E	Contribution Amount	N/A	N/A	N/A	69	21	6	N	Right	
1413	VACS/CG	1	Line 5, Col. A	Program Type	N/A	N/A	N/A	9	23	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				
1414	VACS/CG	1	Line 5, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	23	16	A	Left	
1415	VACS/CG	1	Line 5, Col. C	Account #	N/A	N/A	N/A	32	23	17	N	Right	
1416	VACS/CG	1	Line 5, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	23	9	N	Right	
1417	VACS/CG	1	Line 5, Col. E	Contribution Amount	N/A	N/A	N/A	69	23	6	N	Right	
1418	VACS/CG	1	Line 6, Col. A	Program Type	N/A	N/A	N/A	9	25	1	N	Right	
1419	VACS/CG	1	Line 6, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	25	16	A	Left	
1420	VACS/CG	1	Line 6, Col. C	Account #	N/A	N/A	N/A	32	25	17	N	Right	
1421	VACS/CG	1	Line 6, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	25	9	N	Right	
1422	VACS/CG	1	Line 6, Col. E	Contribution Amount	N/A	N/A	N/A	69	25	6	N	Right	
1423	VACS/CG	1	Line 7, Col. A	Program Type	N/A	N/A	N/A	9	27	1	N	Right	
1424	VACS/CG	1	Line 7, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	27	16	A	Left	
1425	VACS/CG	1	Line 7, Col. C	Account #	N/A	N/A	N/A	32	27	17	N	Right	
1426	VACS/CG	1	Line 7, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	27	9	N	Right	
1427	VACS/CG	1	Line 7, Col. E	Contribution Amount	N/A	N/A	N/A	69	27	6	N	Right	
1428	VACS/CG	1	Line 8, Col. A	Program Type	N/A	N/A	N/A	9	29	1	N	Right	
1429	VACS/CG	1	Line 8, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	29	16	A	Left	
1430	VACS/CG	1	Line 8, Col. C	Account #	N/A	N/A	N/A	32	29	17	N	Right	
1431	VACS/CG	1	Line 8, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	29	9	N	Right	
1432	VACS/CG	1	Line 8, Col. E	Contribution Amount	N/A	N/A	N/A	69	29	6	N	Right	
1433	VACS/CG	1	Line 9, Col. A	Program Type	N/A	N/A	N/A	9	31	1	N	Right	
1434	VACS/CG	1	Line 9, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	31	16	A	Left	
1435	VACS/CG	1	Line 9, Col. C	Account #	N/A	N/A	N/A	32	31	17	N	Right	
1436	VACS/CG	1	Line 9, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	31	9	N	Right	
1437	VACS/CG	1	Line 9, Col. E	Contribution Amount	N/A	N/A	N/A	69	31	6	N	Right	
1438	VACS/CG	1	Line 10, Col. A	Program Type	N/A	N/A	N/A	9	33	1	N	Right	
1439	VACS/CG	1	Line 10, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	33	16	A	Left	
1440	VACS/CG	1	Line 10, Col. C	Account #	N/A	N/A	N/A	32	33	17	N	Right	
1441	VACS/CG	1	Line 10, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	33	9	N	Right	
1442	VACS/CG	1	Line 10, Col. E	Contribution Amount	N/A	N/A	N/A	69	33	6	N	Right	
1443	VACS/CG	1	Line 11, Col. A	Program Type	N/A	N/A	N/A	9	35	1	N	Right	
1444	VACS/CG	1	Line 11, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	35	16	A	Left	
1445	VACS/CG	1	Line 11, Col. C	Account #	N/A	N/A	N/A	32	35	17	N	Right	
1446	VACS/CG	1	Line 11, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	35	9	N	Right	
1447	VACS/CG	1	Line 11, Col. E	Contribution Amount	N/A	N/A	N/A	69	35	6	N	Right	
1448	VACS/CG	1	Line 12, Col. A	Program Type	N/A	N/A	N/A	9	37	1	N	Right	
1449	VACS/CG	1	Line 12, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	37	16	A	Left	
1450	VACS/CG	1	Line 12, Col. C	Account #	N/A	N/A	N/A	32	37	17	N	Right	
1451	VACS/CG	1	Line 12, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	37	9	N	Right	
1452	VACS/CG	1	Line 12, Col. E	Contribution Amount	N/A	N/A	N/A	69	37	6	N	Right	
1453	VACS/CG	1	Line 13, Col. A	Program Type	N/A	N/A	N/A	9	39	1	N	Right	
1454	VACS/CG	1	Line 13, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	39	16	A	Left	
1455	VACS/CG	1	Line 13, Col. C	Account #	N/A	N/A	N/A	32	39	17	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
1456	VACS/CG	1	Line 13, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	39	9	N	Right	
1457	VACS/CG	1	Line 13, Col. E	Contribution Amount	N/A	N/A	N/A	69	39	6	N	Right	
1458	VACS/CG	1	Line 14, Col. A	Program Type	N/A	N/A	N/A	9	41	1	N	Right	
1459	VACS/CG	1	Line 14, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	41	16	A	Left	
1460	VACS/CG	1	Line 14, Col. C	Account #	N/A	N/A	N/A	32	41	17	N	Right	
1461	VACS/CG	1	Line 14, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	41	9	N	Right	
1462	VACS/CG	1	Line 14, Col. E	Contribution Amount	N/A	N/A	N/A	69	41	6	N	Right	
1463	VACS/CG	1	Line 15, Col. A	Program Type	N/A	N/A	N/A	9	43	1	N	Right	
1464	VACS/CG	1	Line 15, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	43	16	A	Left	
1465	VACS/CG	1	Line 15, Col. C	Account #	N/A	N/A	N/A	32	43	17	N	Right	
1466	VACS/CG	1	Line 15, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	43	9	N	Right	
1467	VACS/CG	1	Line 15, Col. E	Contribution Amount	N/A	N/A	N/A	69	43	6	N	Right	
1468	VACS/CG	1	Line 16, Col. A	Program Type	N/A	N/A	N/A	9	45	1	N	Right	
1469	VACS/CG	1	Line 16, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	45	16	A	Left	
1470	VACS/CG	1	Line 16, Col. C	Account #	N/A	N/A	N/A	32	45	17	N	Right	
1471	VACS/CG	1	Line 16, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	45	9	N	Right	
1472	VACS/CG	1	Line 16, Col. E	Contribution Amount	N/A	N/A	N/A	69	45	6	N	Right	
1473	VACS/CG	1	Line 17, Col. A	Program Type	N/A	N/A	N/A	9	47	1	N	Right	
1474	VACS/CG	1	Line 17, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	47	16	A	Left	
1475	VACS/CG	1	Line 17, Col. C	Account #	N/A	N/A	N/A	32	47	17	N	Right	
1476	VACS/CG	1	Line 17, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	47	9	N	Right	
1477	VACS/CG	1	Line 17, Col. E	Contribution Amount	N/A	N/A	N/A	69	47	6	N	Right	
1478	VACS/CG	1	Line 18, Col. A	Program Type	N/A	N/A	N/A	9	49	1	N	Right	
1479	VACS/CG	1	Line 18, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	49	16	A	Left	
1480	VACS/CG	1	Line 18, Col. C	Account #	N/A	N/A	N/A	32	49	17	N	Right	
1481	VACS/CG	1	Line 18, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	49	9	N	Right	
1482	VACS/CG	1	Line 18, Col. E	Contribution Amount	N/A	N/A	N/A	69	49	6	N	Right	
1483	VACS/CG	1	Line 19, Col. A	Program Type	N/A	N/A	N/A	9	51	1	N	Right	
1484	VACS/CG	1	Line 19, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	51	16	A	Left	
1485	VACS/CG	1	Line 19, Col. C	Account #	N/A	N/A	N/A	32	51	17	N	Right	
1486	VACS/CG	1	Line 19, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	51	9	N	Right	
1487	VACS/CG	1	Line 19, Col. E	Contribution Amount	N/A	N/A	N/A	69	51	6	N	Right	
1488	VACS/CG	1	Line 20, Col. A	Program Type	N/A	N/A	N/A	9	53	1	N	Right	
1489	VACS/CG	1	Line 20, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	53	16	A	Left	
1490	VACS/CG	1	Line 20, Col. C	Account #	N/A	N/A	N/A	32	53	17	N	Right	
1491	VACS/CG	1	Line 20, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	53	9	N	Right	
1492	VACS/CG	1	Line 20, Col. E	Contribution Amount	N/A	N/A	N/A	69	53	6	N	Right	
1493	VACS/CG	1	Line 21, Col. A	Program Type	N/A	N/A	N/A	9	55	1	N	Right	
1494	VACS/CG	1	Line 21, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	55	16	A	Left	
1495	VACS/CG	1	Line 21, Col. C	Account #	N/A	N/A	N/A	32	55	17	N	Right	
1496	VACS/CG	1	Line 21, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	55	9	N	Right	
1497	VACS/CG	1	Line 21, Col. E	Contribution Amount	N/A	N/A	N/A	69	55	6	N	Right	

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		#	Line #		#	Position	Length	Col.	Row				
1498	VACS/CG	1	Line 22, Col. A	Program Type	N/A	N/A	N/A	9	57	1	N	Right	
1499	VACS/CG	1	Line 22, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	57	16	A	Left	
1500	VACS/CG	1	Line 22, Col. C	Account #	N/A	N/A	N/A	32	57	17	N	Right	
1501	VACS/CG	1	Line 22, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	57	9	N	Right	
1502	VACS/CG	1	Line 22, Col. E	Contribution Amount	N/A	N/A	N/A	69	57	6	N	Right	
1503	VACS/CG	1	Line 23, Col. A	Program Type	N/A	N/A	N/A	9	59	1	N	Right	
1504	VACS/CG	1	Line 23, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	59	16	A	Left	
1505	VACS/CG	1	Line 23, Col. C	Account #	N/A	N/A	N/A	32	59	17	N	Right	
1506	VACS/CG	1	Line 23, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	59	9	N	Right	
1507	VACS/CG	1	Line 23, Col. E	Contribution Amount	N/A	N/A	N/A	69	59	6	N	Right	
1508	VACS/CG	1	Line 24, Col. A	Program Type	N/A	N/A	N/A	9	61	1	N	Right	
1509	VACS/CG	1	Line 24, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	61	16	A	Left	
1510	VACS/CG	1	Line 24, Col. C	Account #	N/A	N/A	N/A	32	61	17	N	Right	
1511	VACS/CG	1	Line 24, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	61	9	N	Right	
1512	VACS/CG	1	Line 24, Col. E	Contribution Amount	N/A	N/A	N/A	69	61	6	N	Right	
1513	VACS/CG	1	Line 25, Col. A	Program Type	N/A	N/A	N/A	9	63	1	N	Right	
1514	VACS/CG	1	Line 25, Col. B	Beneficiary's Last Name	N/A	N/A	N/A	13	63	16	A	Left	
1515	VACS/CG	1	Line 25, Col. C	Account #	N/A	N/A	N/A	32	63	17	N	Right	
1516	VACS/CG	1	Line 25, Col. D	Routing # (CollegeAmerica only)	N/A	N/A	N/A	53	63	9	N	Right	
1517	VACS/CG	1	Line 25, Col. E	Contribution Amount	N/A	N/A	N/A	69	63	6	N	Right	
1518	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.
1519	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.
<b>Schedule ADJS/CG</b>													
1520	ADJS/CG	1	Top Center	Primary SSN	N/A	N/A	N/A	35	4	9	N	Right	
1521	ADJS/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VAADJS118999* See Font Requirements in the Guidelines.
1522	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.
1523	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.
1524	ADJS/CG	1	Line 1	Additions - Code	N/A	N/A	N/A	15	16	2	N	Right	
1525	ADJS/CG	1	Line 1	Additions - Amount	N/A	N/A	N/A	23	16	9	N	Right	
1526	ADJS/CG	1	Line 2	Additions - Code	N/A	N/A	N/A	15	18	2	N	Right	
1527	ADJS/CG	1	Line 2	Additions - Amount	N/A	N/A	N/A	23	18	9	N	Right	
1528	ADJS/CG	1	Line 3	Additions - Code	N/A	N/A	N/A	15	20	2	N	Right	
1529	ADJS/CG	1	Line 3	Additions - Amount	N/A	N/A	N/A	23	20	9	N	Right	
1530	ADJS/CG	1	Line 4	Additions - Code	N/A	N/A	N/A	15	22	2	N	Right	
1531	ADJS/CG	1	Line 4	Additions - Amount	N/A	N/A	N/A	23	22	9	N	Right	
1532	ADJS/CG	1	Line 5	Additions - Code	N/A	N/A	N/A	15	24	2	N	Right	
1533	ADJS/CG	1	Line 5	Additions - Amount	N/A	N/A	N/A	23	24	9	N	Right	
1534	ADJS/CG	1	Line 6	Additions - Code	N/A	N/A	N/A	55	16	2	N	Right	
1535	ADJS/CG	1	Line 6	Additions - Amount	N/A	N/A	N/A	63	16	9	N	Right	
1536	ADJS/CG	1	Line 7	Additions - Code	N/A	N/A	N/A	55	18	2	N	Right	
1537	ADJS/CG	1	Line 7	Additions - Amount	N/A	N/A	N/A	63	18	9	N	Right	
1538	ADJS/CG	1	Line 8	Additions - Code	N/A	N/A	N/A	55	20	2	N	Right	
1539	ADJS/CG	1	Line 8	Additions - Amount	N/A	N/A	N/A	63	20	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				
1540	ADJS/CG	1	Line 9	Additions - Code	N/A	N/A	N/A	55	22	2	N	Right	
1541	ADJS/CG	1	Line 9	Additions - Amount	N/A	N/A	N/A	63	22	9	N	Right	
1542	ADJS/CG	1	Line 10	Additions - Code	N/A	N/A	N/A	55	24	2	N	Right	
1543	ADJS/CG	1	Line 10	Additions - Amount	N/A	N/A	N/A	63	24	9	N	Right	
1544	ADJS/CG	1	Line 11	Total ADJS Additions	N/A	N/A	N/A	63	26	9	N	Right	
1545	ADJS/CG	1	Line 12	Subtractions - Code	N/A	N/A	N/A	15	31	2	N	Right	
1546	ADJS/CG	1	Line 12	Subtractions - Amount	N/A	N/A	N/A	23	31	9	N	Right	
1547	ADJS/CG	1	Line 13	Subtractions - Code	N/A	N/A	N/A	15	33	2	N	Right	
1548	ADJS/CG	1	Line 13	Subtractions - Amount	N/A	N/A	N/A	23	33	9	N	Right	
1549	ADJS/CG	1	Line 14	Subtractions - Code	N/A	N/A	N/A	15	35	2	N	Right	
1550	ADJS/CG	1	Line 14	Subtractions - Amount	N/A	N/A	N/A	23	35	9	N	Right	
1551	ADJS/CG	1	Line 15	Subtractions - Code	N/A	N/A	N/A	15	37	2	N	Right	
1552	ADJS/CG	1	Line 15	Subtractions - Amount	N/A	N/A	N/A	23	37	9	N	Right	
1553	ADJS/CG	1	Line 16	Subtractions - Code	N/A	N/A	N/A	15	39	2	N	Right	
1554	ADJS/CG	1	Line 16	Subtractions - Amount	N/A	N/A	N/A	23	39	9	N	Right	
1555	ADJS/CG	1	Line 17	Subtractions - Code	N/A	N/A	N/A	55	31	2	N	Right	
1556	ADJS/CG	1	Line 17	Subtractions - Amount	N/A	N/A	N/A	63	31	9	N	Right	
1557	ADJS/CG	1	Line 18	Subtractions - Code	N/A	N/A	N/A	55	33	2	N	Right	
1558	ADJS/CG	1	Line 18	Subtractions - Amount	N/A	N/A	N/A	63	33	9	N	Right	
1559	ADJS/CG	1	Line 19	Subtractions - Code	N/A	N/A	N/A	55	35	2	N	Right	
1560	ADJS/CG	1	Line 19	Subtractions - Amount	N/A	N/A	N/A	63	35	9	N	Right	
1561	ADJS/CG	1	Line 20	Subtractions - Code	N/A	N/A	N/A	55	37	2	N	Right	
1562	ADJS/CG	1	Line 20	Subtractions - Amount	N/A	N/A	N/A	63	37	9	N	Right	
1563	ADJS/CG	1	Line 21	Subtractions - Code	N/A	N/A	N/A	55	39	2	N	Right	
1564	ADJS/CG	1	Line 21	Subtractions - Amount	N/A	N/A	N/A	63	39	9	N	Right	
1565	ADJS/CG	1	Line 22	Total ADJS Subtractions	N/A	N/A	N/A	63	41	9	N	Right	
1567	ADJS/CG	1	Line 23	Deductions - Code	N/A	N/A	N/A	15	46	3	N	Right	
1566	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
1567	ADJS/CG	1	Line 24	Deductions - Code	N/A	N/A	N/A	15	48	3	N	Right	
1568	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
1569	ADJS/CG	1	Line 25	Deductions - Code	N/A	N/A	N/A	15	50	3	N	Right	
1570	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
1571	ADJS/CG	1	Line 26	Deductions - Code	N/A	N/A	N/A	15	52	3	N	Right	
1572	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
1573	ADJS/CG	1	Line 27	Deductions - Code	N/A	N/A	N/A	15	54	3	N	Right	
1574	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
1575	ADJS/CG	1	Line 28	Deductions - Code	N/A	N/A	N/A	55	46	3	N	Right	
1576	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
1577	ADJS/CG	1	Line 29	Deductions - Code	N/A	N/A	N/A	55	48	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				
1578	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
1578	ADJS/CG	1	Line 30	Deductions - Code	N/A	N/A	N/A	55	50	3	N	Right	
1579	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
1580	ADJS/CG	1	Line 31	Deductions - Code	N/A	N/A	N/A	55	52	3	N	Right	
1581	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
1582	ADJS/CG	1	Line 32	Deductions - Code	N/A	N/A	N/A	55	54	3	N	Right	
1583	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
1584	ADJS/CG	1	Line 33	Total ADJS Deductions	N/A	N/A	N/A	62	56	9	N	Right	Allowed: negative sign; must float to print next to number with no space
1585	ADJS/CG	1	Bottom Left	Anchor	N/A	N/A	N/A	12	59	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1586	ADJS/CG	1	Bottom Right	Anchor	N/A	N/A	N/A	74	59	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
<b>VA Schedule A/CG</b>													
1587	SCH A/CG	1	Top Center	Primary SSN	N/A	N/A	N/A			9	N	Right	
1588	SCH A/CG	1	Top Right	1D Barcode	N/A	N/A	N/A	54	4	N/A	N/A	N/A	*VASCHA118999* See Font Requirements in the Guidelines.
1589	SCH A/CG	1	Top Left	Anchor	N/A	N/A	N/A	56	9	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1590	SCH A/CG	1	Top Right	Anchor	N/A	N/A	N/A	75	9	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1591	SCH A/CG	1	Top Left	First Name, Middle Initial, Last Name, & Suffix - Primary Taxpayer	N/A	N/A	N/A	6	8	30	A	Left	1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods
1592	SCH A/CG	1	Line 1	Medical & Dental Expenses	N/A	N/A	N/A	64	10	9	N	Right	
1593	SCH A/CG	1	Line 2	Federal Adjusted Gross Income (FAGI)	N/A	N/A	N/A	64	12	9	N	Right	
1594	SCH A/CG	1	Line 3	7.5% of Line 2	N/A	N/A	N/A	64	14	9	N	Right	
1595	SCH A/CG	1	Line 4	Total of Line 1 minus Line 3 or \$0	N/A	N/A	N/A	64	16	9	N	Right	
1596	SCH A/CG	1	Top Right	State & Local - General Sales Tax Indicator	N/A	N/A	N/A	50	18	1	A	Right	Display 'X' if applicable
1597	SCH A/CG	1	Line 5a	Taxes	N/A	N/A	N/A	64	18	9	N	Right	
1598	SCH A/CG	1	Line 5b	State & Local - Real Estate Taxes	N/A	N/A	N/A	64	20	9	N	Right	
1599	SCH A/CG	1	Line 5c	State & Local - Personal Property Taxes	N/A	N/A	N/A	64	22	9	N	Right	
1600	SCH A/CG	1	Line 5d	Total State & Local Taxes	N/A	N/A	N/A	64	24	9	N	Right	
1601	SCH A/CG	1	Line 5e	\$5,000 for filing status 3)	N/A	N/A	N/A	64	26	9	N	Right	
1602	SCH A/CG	1	Line 6	Other Deductible Taxes - Type	N/A	N/A	N/A	28	28	12	A	Left	Only display 'See Attached' visual message if attaching list of types/amounts to be reported for Line 6 Amount.
1603	SCH A/CG	1	Line 6	Other Deductible Taxes - Amount	N/A	N/A	N/A	64	28	9	N	Right	
1604	SCH A/CG	1	Line 7	Total Taxes Paid	N/A	N/A	N/A	64	30	9	N	Right	
1605	SCH A/CG	1	Middle Right	Home Mortgage & Points Indicator	N/A	N/A	N/A	50	32	1	A	Right	Display 'X' if applicable

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		#	Line #		#	Position	Length	Col.	Row				
1606	SCH A/CG	1	Line 8a	Federal Form 1098 - home mortgage interest & points reported to you	N/A	N/A	N/A	64	34	9	N	Right	
1607	SCH A/CG	1	Line 8b	Federal Form 1098 - home mortgage interest not reported to you	N/A	N/A	N/A	64	36	9	N	Right	
1608	SCH A/CG	1	Line 8b	First Name, Last Name, & Suffix - person that was paid the mortgage interest	N/A	N/A	N/A	28	38	25	A	Left	1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods
1609	SCH A/CG	1	Line 8b	Account # - person that was paid the mortgage interest	N/A	N/A	N/A	28	39	25	A	Left	
1610	SCH A/CG	1	Line 8b	Address Line 1 - person that was paid the mortgage interest	N/A	N/A	N/A	28	40	25	A	Left	
1611	SCH A/CG	1	Line 8b	Address Line 2 - person that was paid the mortgage interest	N/A	N/A	N/A	28	41	25	A	Left	
1612	SCH A/CG	1	Line 8c	Federal Form 1098 - points not reported to you	N/A	N/A	N/A	64	43	9	N	Right	
1613	SCH A/CG	1	Line 8e	Total Home Mortgage Interest & Points	N/A	N/A	N/A	64	45	9	N	Right	
1614	SCH A/CG	1	Line 9	Investment Interest	N/A	N/A	N/A	64	47	9	N	Right	
1615	SCH A/CG	1	Line 10	Total Interest Paid	N/A	N/A	N/A	64	49	9	N	Right	
1616	SCH A/CG	1	Line 11	Gifts to Charity - by cash or check	N/A	N/A	N/A	64	51	9	N	Right	
1617	SCH A/CG	1	Line 12	Gifts to Charity - other than by cash or check	N/A	N/A	N/A	64	53	9	N	Right	
1618	SCH A/CG	1	Line 13	Gifts to Charity - carryover from prior year	N/A	N/A	N/A	64	55	9	N	Right	
1619	SCH A/CG	1	Line 14	Total Gifts to Charity	N/A	N/A	N/A	64	57	9	N	Right	
1620	SCH A/CG	1	Line 15	Casualty & Theft Loss(es)	N/A	N/A	N/A	64	59	9	N	Right	
1621	SCH A/CG	1	Line 16	Other Itemized Deductions - Type	N/A	N/A	N/A	28	61	12	A	Left	Only display 'See Attached' visual message if attaching list of types/amounts to be reported for Line 16 Amount.
1622	SCH A/CG	1	Line 16	Other Itemized Deductions - Amount	N/A	N/A	N/A	64	61	9	N	Right	
1623	SCH A/CG	1	Line 17	Total VA Schedule A Itemized Deductions	N/A	N/A	N/A	64	63	9	N	Right	
1624	SCH A/CG	1	Bottom Left	Anchor	N/A	N/A	N/A	56	80	-	N/A	N/A	2/10 inch by 1/6 inch. See form.
1625	SCH A/CG	1	Bottom Right	Anchor	N/A	N/A	N/A	63	80	-	N/A	N/A	2/10 inch by 1/6 inch. See form.