# **Virginia Department of Taxation**

# Substitute Forms Specifications

## Form 760PMT - Income Tax Payment Voucher - Individual

### **Special Notes**

- Document ID 761
- Barcode No
- Rounding Yes; the length of 15 for numeric fields includes the 2 places for the ".00" rounded cents.
- Due Date May 1<sup>st</sup>
- Neither the OCR Line nor the Account Number field may contain dashes or hyphens (-).
- Review the instructions provided via the <u>main Forms page</u> when computations are required and/or when amount/numbers must be transferred to/from another form. The 760PMT supports Forms 760, 760PY and 763.

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

#### **OCR Table**

Example - XXXXXXXXXD 761VVVV 1YY00D

| Section                         | Length | Position       | Format / | Description / Details                       |
|---------------------------------|--------|----------------|----------|---|
|                                 |        |                | Data     |   |
| SSN                             | 9      | Col. 6, Row 52 | Numeric  | XXXXXXXX = 9 digits                         |
| Check Digit (for SSN)           | 1      |                | Numeric  | D = Check Digit Calculator result           |
| Blank Space                     | 1      |                | N/A      |   |
| Doc ID                          | 3      |                | Numeric  | 761   |
| Vendor ID                       | 4      |                | Numeric  | VVVV = 4 digits of the NACTP Vendor ID code |
| Blank Space                     | 1      |                | N/A      |   |
| Filing Period                   | 5      |                | Date     | Ending date of the Filing Period            |
| -                               |        |                | (1YY00)  | 1 = Century, YY = Tax Year, 00 = Month      |
| Check Digit (for Filing Period) | 1      |                | Numeric  | D = Check Digit Calculator result           |

#### Form Table

| Field                  | Longth | luctifical / | Formet       | Mogativa             | Description / Details                               |
|------------------------|--------|--------------|--------------|----------------------|---|
| Field                  | Length | Justified /  | Format       | Negative<br>Allowed? | Description / Details                               |
|                        |        | Position     |              | Alloweur             |   |
| Your Social Security   | 9      | Left         | Numeric      | N/A                  | 9 digits  |
| Number                 |        |              |              |                      | Print for all filing statuses.                      |
| Spouse's Social        | 9      | Left         | Numeric      | N/A                  | 9 digits  |
| Security Number        |        |              |              |                      | Print for filing statuses of:                       |
|                        |        |              |              |                      | (All forms) Married, Filing Joint                   |
|                        |        |              |              |                      | (760PY) Married, Filing Separate on Combined Return |
| OCR Line               | 29     | Col. 6,      | Numeric      | N/A                  | See OCR Table for details                           |
|                        |        | Row 52       |              |                      |   |
| Name(s)                | 50     | Left         | Alphanumeric | N/A                  | Names of customer(s)                                |
|                        |        |              |              |                      | Your Name – Print for all filing statuses           |
|                        |        |              |              |                      | Spouse's Name – Print for filing statuses of:       |
|                        |        |              |              |                      | (All forms) Married, Filing Joint                   |
|                        |        |              |              |                      | (760PY) Married, Filing Separate on Combined Return |
| Address                | 40     | Left         | Alphanumeric | N/A                  | Street address of customer(s)                       |
| (Number & Street)      |        |              |              |                      |   |
| City, State & ZIP Code | 52     | Left         | Alphanumeric | N/A                  | City, State Abbreviation & ZIP Code of customer(s)  |
| Amount of payment      | 15     | Right        | Numeric      | No                   | Amount  |
|                        |        | Col. 60,     |              |                      |   |
|                        |        | Row 60       |              |                      |   |