

# Virginia Department of Taxation

## Substitute Forms Specifications

### Form 800IES – Initial Estimated Tax Payment Voucher & Registration (R-1A)

#### Special Notes

- Document ID – 800
- Barcode – N/A
- Rounding – Yes; the length of 15 for numeric fields includes the 2 places for the “.00” rounded cents.
- Due Dates – Initial declaration of estimated insurance premiums license tax
- Form 800IES and Form R-1A are submitted together on a single page.
- Neither the OCR Line nor the Account Number field may contain dashes or hyphens (-).
- Review the instructions provided via the [main Forms page](#) when computations are required and/or when amount/numbers must be transferred to/from another form.

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

#### OCR Table – 800IES

Example – 39XXXXXXXXX1001D 800VVVV 1YYMMD 01

Section	Length	Position	Format / Data	Description / Details
Tax Code	2	Col. 6, Row 52	Numeric	39 = Insurance Premiums License Tax
FEIN	9		Numeric	XXXXXXXXXX = 9 digits or V with 8 digits
External ID Type	1		Numeric	1 = indicates the 9 digits before it as the FEIN
Account Suffix	3		Numeric	001
Check Digit (for Account Number)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Doc ID	3		Numeric	800
Vendor ID	4		Numeric	VVVV = 4 digits of the NACTP Vendor ID code
Blank Space	1		N/A	
Filing Period	5		Date (1YYMM)	1 = Century, YY = Tax Year, MM = Month 04/15/21 = 12104 06/15/21 = 12106 09/15/21 = 12109 12/15/21 = 12112
Check Digit (for Filing Period)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Voucher Number	2		Numeric	01

#### Form Table – R1A with 800IES

Field	Length	Justified / Position	Format	Negative Allowed?	Description / Details
Business Name	40	Left	Alphanumeric	N/A	Name of business
Federal Employer ID Number	9	Left	Alphanumeric	N/A	9 digits or V with 8 digits
Address (Number & Street)	40	Left	Alphanumeric	N/A	Physical street address of customer
NAIC Number	5	Left	Numeric	N/A	5 digits
City	40	Left	Alphanumeric	N/A	City of customer
State & ZIP Code	12	Left	Alphanumeric	N/A	State Abbreviation & ZIP Code of customer
Line 1, Column A (R-1A)	15	Right	Numeric	No	Amount
Line 1, Column C (R-1A)	15	Right	Numeric	No	Amount – Software Generated Computation
Line 2, Column A (R-1A)	15	Right	Numeric	No	Amount
Line 2, Column C (R-1A)	15	Right	Numeric	No	Amount – Software Generated Computation
Line 3, Column A (R-1A)	15	Right	Numeric	No	Amount
Line 3, Column C (R-1A)	15	Right	Numeric	No	Amount – Software Generated Computation
Line 4, Column A (R-1A)	15	Right	Numeric	No	Amount
Line 4, Column C (R-1A)	15	Right	Numeric	No	Amount – Software Generated Computation
Line 5, Column A (R-1A)	15	Right	Numeric	No	Amount – Software Generated Computation
Line 5, Column C (R-1A)	15	Right	Numeric	No	Amount – Software Generated Computation
Line 6, Column A (R-1A)	15	Right	Numeric	No	Amount – Software Generated Computation
Line 6, Column C (R-1A)	15	Right	Numeric	No	Amount – Software Generated Computation
\$0.00 estimated gross premium income	1	N/A	Checkbox	N/A	Display “X” if applicable

**Form 800IES – Initial Estimated Tax Payment Voucher & Registration (R-1A) (con't)**

**Form Table – R1A with 800IES**

<b>Field</b>	<b>Length</b>	<b>Justified / Position</b>	<b>Format</b>	<b>Negative Allowed?</b>	<b>Description / Details</b>
Voucher 1	1	Right	Numeric	N/A	1 = Voucher 1
Payment – Check	1	N/A	Checkbox	N/A	Display “X” if applicable
Payment – Money Order	1	N/A	Checkbox	N/A	Display “X” if applicable
OCR Line	34	Col. 6, Row 52	Numeric	N/A	See OCR Table for details
VA Account Number	15	Left	Alphanumeric	N/A	39XXXXXXXXXXF001 39 = Tax Code, XXXXXXXXX = FEIN, F001 = ID Type & Account Suffix
Federal Employer’s ID Number	9	Left	Alphanumeric	N/A	9 digits or V with 8 digits
NAIC/License #	6	Left	Numeric	N/A	6 digits
Company Name	40	Left	Alphanumeric	N/A	Name of customer
Address (Number & Street)	40	Left	Alphanumeric	N/A	Street address of customer
City, State & ZIP Code	52	Left	Alphanumeric	N/A	City, State Abbreviation & ZIP Code of customer
Line 1	4	Right	Date (YYYY)	N/A	Taxable Year
Line 2	15	Right	Numeric	No	Amount
Line 3	15	Right Col. 60, Row 60	Numeric	Yes	Amount