Virginia Department of Taxation

Substitute Forms Specifications

Form 770IP - Automatic Extension Payment Coupon - Fiduciary & Unified Nonresident

Attention: All 770IP payments and vouchers / returns must be made electronically. Paper vouchers are only allowed for customers with an approved waiver.

Special Notes

- Document ID 773
- Barcode No
- Rounding Yes; the length of 15 for numeric fields includes the 2 places for the ".00" rounded cents.
- Due Date May 1st
- Neither the OCR Line nor the Account Number field may contain dashes or hyphens (-).
- Review the instructions provided via the <u>main Forms page</u> when computations are required and/or when amount/numbers must be transferred to/from another form. The 770IP supports Forms 765 and 770.

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

OCR Table

Example - XXXXXXXXXD 773VVVV 1YYMMD

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	773
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
			(1YYMM)	1 = Century, YY = Tax Year, MM = Month
Check Digit (for Filing Period)	1		Numeric	D = Check Digit Calculator result

Form Table

FORM Table						
Field	Length	Justified / Position	Format	Negative Allowed?	Description / Details	
New Filer/Address Has	1	N/A	Checkbox	N/A	Display 'X' if applicable	
Changed Checkbox						
Fiscal Year Filer	1	N/A	Checkbox	N/A	Display 'X' if applicable	
Checkbox						
Fiscal Year: Begin Date	10	Left	Date	N/A	MM/DD/YY	
_					MM = Month, DD = Day, YY = Year	
Fiscal Year: End Date	10	Left	Date	N/A	MM/DD/YY	
					MM = Month, DD = Day, YY = Year	
OCR Line	29	Col. 6,	Numeric	N/A	See OCR Table for details	
		Row 52				
FEIN for Estate, Trust or	9	Left	Numeric	N/A	9 digits or V with 8 digits	
Unified Filer						
Name	40	Left	Alphanumeric	N/A	Name of Estate, Trust or Unified Nonresident	
Name and Title	40	Left	Alphanumeric	N/A	Name and Title of Fiduciary or Unified Nonresident	
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)	
Payment Amount	15	Right	Numeric	No	Amount	
		Col. 60,				
		Row 60				