

# 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 [main Forms page](#) 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

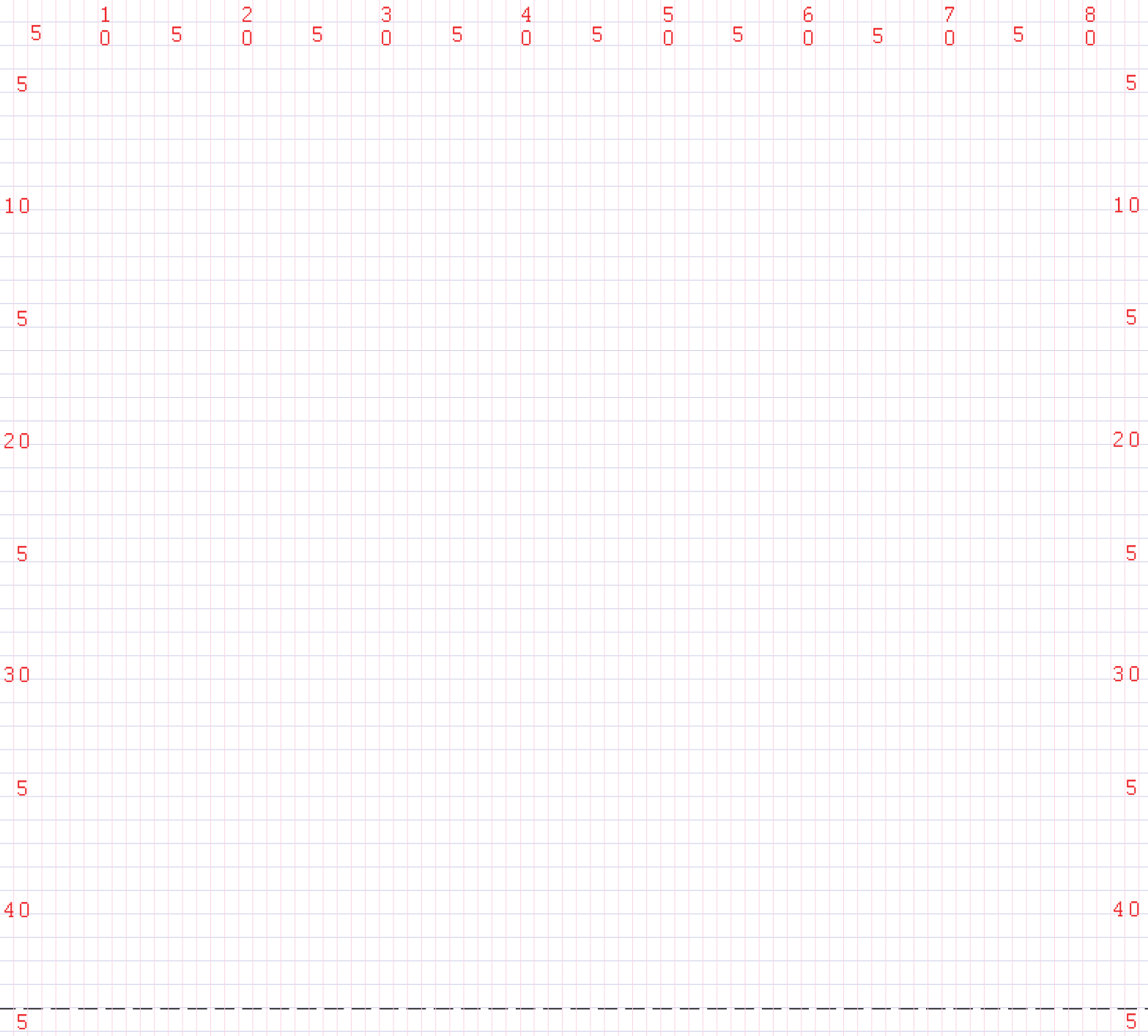
Example – XXXXXXXXXD 761VVVV 1YY00D

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

#### Form Table

| Field                           | Length | Justified / Position        | Format       | Negative Allowed? | Description / Details   |
|---------------------------------|--------|-----------------------------|--------------|-------------------|---|
| Your Social Security Number     | 9      | Left                        | Numeric      | N/A               | 9 digits<br>Print for all filing statuses.  |
| Spouse's Social Security Number | 9      | Left                        | Numeric      | N/A               | 9 digits<br>Print for filing statuses of: <ul style="list-style-type: none"> <li>• (All forms) Married, Filing Joint</li> <li>• (760PY) Married, Filing Separate on Combined Return</li> </ul>  |
| OCR Line                        | 29     | Col. 6, Row 52              | Numeric      | N/A               | See OCR Table for details   |
| Name(s)                         | 50     | Left                        | Alphanumeric | N/A               | Names of customer(s)<br>Your Name – Print for all filing statuses<br>Spouse's Name – Print for filing statuses of: <ul style="list-style-type: none"> <li>• (All forms) Married, Filing Joint</li> <li>• (760PY) Married, Filing Separate on Combined Return</li> </ul> |
| Address (Number & Street)       | 40     | Left                        | Alphanumeric | N/A               | Street address of customer(s)   |
| City, State & ZIP Code          | 52     | Left                        | Alphanumeric | N/A               | City, State Abbreviation & ZIP Code of customer(s)  |
| Amount of payment               | 15     | Right<br>Col. 60,<br>Row 60 | Numeric      | No                | Amount  |





**Form 760-PMT 2014 Payment Coupon**

(DOC ID 761) Please do not staple

To Be Used For Payments On Previously Filed 2014 Individual Income Tax Returns Only

Your Social Security Number

12 digit social security number input field

Spouse's Social Security Number

12 digit spouse's social security number input field

0000000000 7618888 114006

**Mail Payment To:**  
VA Department of Taxation  
P.O. Box 1478  
Richmond, VA 23218-1478

Make your check payable to the Virginia Department of Taxation

|                      |  |       |     |
|----------------------|--|-------|-----|
| Name(s)              |  |       |     |
| Address              |  |       |     |
| City                 |  | State | ZIP |
| Daytime Phone Number |  |       |     |

Amount of Payment

Amount of payment input field showing 00

