

Virginia Department of Taxation

Substitute Forms Specifications

VA16 – Quarterly Withholding Reconciliation of VA-15 Payments

*Attention: All VA16 payments and vouchers / returns must be made electronically.
Paper vouchers are only allowed for customers with an approved waiver.*

Special Notes

- Document ID – 316
- Barcode – No
- Rounding – No; the length of 15 for numeric fields includes the 2 places for the cents.
- Due Date – 04/30, 07/31, 10/31 and 01/31
- 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

Example – 30XXXXXXXXX1###D 316VVVV 1YYMM

Section	Length	Position	Format / Data	Description / Details
Tax Code	2	Col. 6, Row 52	Numeric	30
FEIN	9		Numeric	XXXXXXXXX = 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	### = 3-digit Account Suffix, Ex. 001, 002, 003
Check Digit (for Account Number)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Doc ID	3		Numeric	316
Vendor ID	4		Numeric	VVVV = 4 digits of the NACTP Vendor ID code
Blank Space	1		N/A	
Filing Period	5		Date (1YYMM)	Ending date of the Filing Period 1 = Century, YY = Tax Year, MM = Month 03/31/17 = 11703 06/30/17 = 11706 09/30/17 = 11709 12/31/17 = 11712
Check Digit (for Filing Period)	1	Numeric	D = Check Digit Calculator	

Form Table

Field	Length	Justified / Position	Format	Negative Allowed?	Description / Details
Period	10	Left	Date	N/A	MM/DD/YYYY
Due Date	10	Left	Date	N/A	MM/DD/YYYY
OCR Line	31	Col. 6, Row 52	Numeric	N/A	See OCR Table for details
Account Number	15	Left	Alphanumeric	N/A	30XXXXXXXXXF### 30 = Tax Code, XXXXXXXXXXXX = FEIN, F### = ID Type & Account Suffix
FEIN	9	Left	Alphanumeric	N/A	9 digits or V with 8 digits
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	15	Right	Numeric	No	Amount
Line 2	15	Right	Numeric	Yes	Amount
Line 3	15	Right	Numeric	Yes	Amount – Software Generated Computation
Line 4	15	Right	Numeric	Yes	Amount
Line 5	15	Right	Numeric	Yes	Amount
Line 6	15	Right	Numeric	Yes	Amount
Line 7	15	Right	Numeric	Yes	Amount
Line 8	15	Right	Numeric	Yes	Amount
Line 9	15	Right Col. 60, Row 60	Numeric	Yes	Amount – Software Generated Computation

5 1 5 2 5 3 5 4 5 5 6 5 7 5 8

0 0 0 0 0 0 0 0 0 0 0 0 0 0

5 5 5 5 5 5 5 5 5 5 5 5 5 5

10 10

5 5

20 20

5 5

30 30

5 5

40 40

Form VA-16 Employer's Quarterly Reconciliation and Return of Virginia Income Tax Withheld (Doc ID 316)

For assistance, call (804) 367-8037.

Period	Due Date
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00000000000000000000 3168888 000000

Account Number		FEIN	
Name			
Address			
City		State	Zip

I declare that this return (including accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Signature _____ Date _____
 Va. Dept. of Taxation, VA-16 W REV 02/15 Phone Number _____

1. VA Income Tax Withheld
2. Previous Period(s) Adjustments (See Instructions)
3. Adjusted Total
4. Payments Made During This Period
5. Balance of Tax Due This Quarter
6. Penalty (See Instructions)
7. Interest (See Instructions)
8. Payment for Month Following This Period
9. Total Amount Due

5 50 5 5 60 8

5 0 5 6 5 7 5 8

0 0 0 0 0 0 0 0