



**2016 Virginia  
Form 500**

FEIN \_\_\_\_\_

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**INCOME**

1	Federal taxable income (from attached federal return) . . . . .	1	_____	.00
2	Total additions from Schedule 500ADJ, Section A, Line 7 . . . . .	2	_____	.00
3	Total (add Lines 1 and 2) . . . . .	3	_____	.00
4	Total subtractions from Schedule 500ADJ, Section B, Line 10 . . . . .	4	_____	.00
5	Balance (subtract Line 4 from Line 3). . . . .	5	_____	.00
6	Savings and Loan Association's Bad Debt Deduction (see Instructions) . . . . .	6	_____	.00
7	<b>Virginia taxable income</b> (subtract Line 6 from Line 5) . . . . .	7	_____	.00

**TAX COMPUTATION**

8	<b>Multistate Corporation</b> - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.			
	(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j) . . . . .	8(a)	_____	.00
	(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g).. . . . .	8(b)	_____	%
	(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c) . . . . .	8(c)	_____	.00
	(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e). . . . .	8(d)	_____	.00
9	<b>Income tax</b> [6% of Line 7 or 6% of Line 8(a)] . . . . .	9	_____	.00

**PAYMENTS AND CREDITS**

10	Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B. . . . .	10	_____	.00
11	Adjusted corporate tax (subtract Line 10 from Line 9). . . . .	11	_____	.00
12	2016 estimated Virginia income tax payments including overpayment credit from 2015 . . . . .	12	_____	.00
13	Extension payment . . . . .	13	_____	.00
14	Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A. . . . .	14	_____	.00
15	Pass-Through Entity total withholding from Schedule 500ADJ, Section D. . . . .	15	_____	.00
16	<b>Total payments and credits</b> (add Lines 12 through 15) . . . . .	16	_____	.00

**REFUND OR TAX DUE**

17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11) . . . . .	17	_____	.00
18	Penalty (see Instructions) . . . . .	18	_____	.00
19	Interest (see Instructions) . . . . .	19	_____	.00
20	Additional charge from Form 500C, Line 17 (attach Form 500C) . . . . .	20	_____	.00
21	<b>Total due</b> (add Lines 17 through 20). . . . .	21	_____	.00
22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16) . . . . .	22	_____	.00
23	Amount to be credited to 2017 estimated tax . . . . .	23	_____	.00
24	<b>Amount to be refunded</b> (subtract Line 23 from Line 22). . . . .	24	_____	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

Date	Signature of Officer	Title
Printed Name of Officer		Phone Number
Print Preparer's Name and Firm Name		Phone Number
Date	Individual or Firm, Signature of Preparer	Address of Preparer
Preparer's FEIN, PTIN, or SSN		Approved Vendor Code

**IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN.**