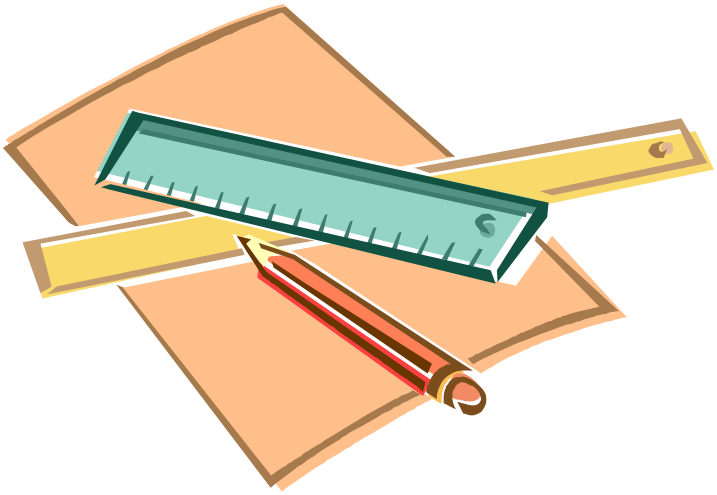
Virginia Department of Taxation

Specifications For

Scannable, Voucher Sized Documents



September 2005

See new account number
and form code formats

Revisions

Item	Form	Description	Rev. Date
1	- -	Added Forms 770 IP and 770ES	10/04/05
2	760ES/CG	Changed the beginning month (variable field 12) from abbreviation for month to numeric equivalent	10/14/05
3	770ES/CG	Changed the beginning month (variable field 11) from abbreviation for month to numeric equivalent	10/14/05
4	Locality Schedules	Revised locality schedules to include all Virginia cities and counties. **Note:** Print only those localities for which tax is due.	10/14/05

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What's New

New Virginia processing system related changes

- New account number formats for businesses (see page 2).
- New form codes in the OCR lines (see each form description).
- New 5-digit locality code scheme for business forms.
- New sales and use tax forms for consolidated filers, out-of-state dealers and vending machine sales.
  - All taxpayers who file Form ST9B (distribution schedule for consolidated filers) must use Form ST-9CO instead of Form ST9.
  - Out-of-State dealers must file a new long version of Form ST8 as well as Form ST8V (payment voucher) along with the ST6B.
  - Vending machine filers must use the new long format of Form VM-2, Form VM-2V (payment voucher) and Form VM-2B.

Legislative changes

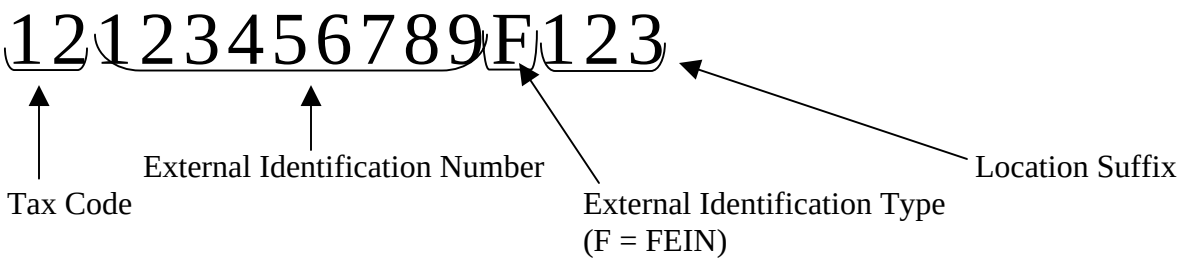
- Automatic extensions for individual income tax, corporation income tax and pass-through entity filers.
  - Forms 760E and 500E are no longer used to request extensions. The new extension forms 760IP and 500CP are used to make any additional payments needed to ensure at least 90% of the tax liability for the year is paid by the original due date of the return. Do not file these forms to request an extension. Extensions for 6 months are automatically granted.
  - The penalty for underpayment of the tentative tax has increased to 2% per month.
  - Form 502E has been discontinued. There is no need to file a form to request an extension for pass-through entity return filers.
- Reduced food tax rate on sales and use tax forms effective 7/1/05 (new versions of these forms were previously released on 5/12/05).

Other Changes

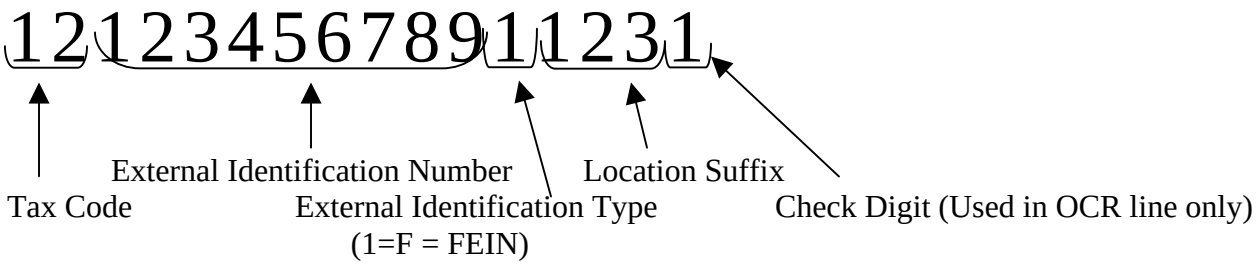
- Software vendors who produce forms for individual estimated payments should use the new Form 760ES/CG. The Form 760ES, Direct and 760ES, Local have been combined so that software vendors can produce one estimated form.

New Business Account Number

New Account Number is **15** characters:



New **OCR Line** Account Number: **16** characters (15 digit account number plus 1 check digit)
2-digit tax code
9-digit external identification number
1-digit external identification type (print "1" for "F" in the OCR line)
3-digit account suffix
1 check digit - Convert "F" in the 12th position of account number to "1" before calculating the check digit and printing the OCR line.



Note: Some businesses may be assigned temporary numbers containing a "V" in the first position of the external Identification Number, which is the 3rd position of the OCR line account number (12V2345678911231).

When using temporary account numbers always print "V" in the OCR line. Convert "V" in 3rd position to "0" for check digit calculations.

Important: If a taxpayer cannot provide the new Virginia account number for the OCR line, the software must print the old 10-digit Virginia account number and float the remaining fields 6 spaces left.

New Account Numbers and Old Form Layouts: Through the end of 2005, the new Virginia account number for the OCR line may be printed on the old form layouts as follows:

- Float left to start at print position 6, line 8 and print the new OCR line account number and check digit.
- Print OCR line form code starting at print position 22, line 8.
- Print OCR line filing period starting at print position 30, line 8.

General Guidelines for Vouchers

Voucher Size: Voucher height must be 3 2/3 inches (1/3 of a standard 81/2” X 11” size page). Voucher width must be 8 1/2 inches.

OCR Line: The location of the OCR read area is on the 6th print space at 10 print spaces per inch from the left edge of voucher and on the 8th print line at 6 print lines per inch from the top of voucher. A "Scan Band" 1/2 inch deep is centered on the 8th print line.

All printed characters shall be numeric.

Only OCR data shall appear in the OCR read area.

Note: Measuring from the top of an 8-½ inch by 11-inch page, the OCR line is on print row 52, print column 6.

Fonts: The OCR line must be printed in 12 point OCR-A font. OCR-A font is preferred for other variable fields but any other fixed pitched font will be accepted. Static text fonts should closely match samples in these guidelines.

Print Positions: All print positions assume six print rows per inch and ten print columns per inch (22 rows and 85 columns per voucher).

Location on Page: Vouchers must be printed 1 per page, at the BOTTOM of the page. This allows an uncut bottom edge that should reduce paper jams during processing.

Rounding: Round Individual Income Tax Vouchers to the Nearest Dollar
Rounding is required on all vendor versions of individual income tax vouchers. Each field should be rounded to the nearest dollar and any calculated fields should be the sum of the rounded dollar amounts. For example, the amount 1.52 should be printed as 2.

Rounding Optional on Business and Miscellaneous Tax Vouchers
Rounding is optional on all vendor versions of business and miscellaneous tax vouchers.

Individual Vouchers Rounding Required	Business and Miscellaneous Vouchers Rounding Optional
Form 760E/CG, Extension Payment Form 760ES Form 760-PMT, Payment Coupon	200, Litter Tax Return 500E, Corporation Extension Voucher and Tentative Tax Return 500ES, Declaration of Estimated Tax for Corporations 500V, Corporation Income Tax Payment Vouchers CU-7, Consumer’s Use Tax Return for Individuals ST-8, Out-of-State Dealer’s Use Tax Return ST-9, Retail Sales and Use Tax Return T-1, Tire Recycling Fee Return VA15, Employers Semi-Weekly Withholding Payment Voucher VA16, Employer’s Quarterly Reconciliation and Return VA5, Employer’s Return of Virginia Income Tax Withheld VA6, Employer’s Annual or Final Summary of Virginia Income Tax Withheld

Individual Vouchers Rounding Required	Business and Miscellaneous Vouchers Rounding Optional
	VM-2, Vending Machine Dealer's Sales Tax Return 8/08/05

Testing: Vouchers must be tested on our remittance processing system. Submit ten (10) vouchers with valid OCR lines and valid computations. Vouchers must be cut to size. Mail requests for approval and related forms to:

Virginia Department of Taxation
Substitute Forms Approval
3600 West Broad Street, Suite 169
Richmond, VA 23230

Contacts: **forms.unit@tax.virginia.gov**

Heath Pool
Substitute Forms Coordinator
804-367-0359
heath.pool@tax.virginia.gov

EV Goode
E-Services Supervisor
804-367-0646
ev.goode@tax.virginia.gov

Copies of forms:

Forms Request Unit
Warehouse Operations
4790 Eubank Road
Richmond, Virginia 23231
804 440-2541

New Check Digit Formula

New for 2005

Note: Digit 1 is the first digit on the right. Digit 15 is the first digit on the left.

Step 1	Multiply Digit	By	Resulting in:
	15	4	M1
	14	3	M2
	13	2	M3
	12	7	M4
	11	6	M5
	10	5	M6
	9	4	M7
	8	3	M8
	7	2	M9
	6	7	M10
	5	6	M11
	4	5	M12
	3	4	M13
	2	3	M14
	1	2	M15
Step 2	Add M1 through M15		
Step 3	Divide the total by 11 and determine the remainder.		
Step 4	If 0 or 1, then the remainder is the check digit. If the remainder is greater than 1, subtract from 11. The result is the check digit		

EXAMPLES

Number 726572240547629				
Step 1	**Multiply Digit**	**Character**	**Multiplier**	**Resulting in:**
	15	7	4	28
	14	2	3	6
	13	6	2	12
	12	5	7	35
	11	7	6	42
	10	2	5	10
	9	2	4	8
	8	4	3	12
	7	0	2	0
	6	5	7	35
	5	4	6	24
	4	7	5	35
	3	6	4	24
	2	2	3	6
	1	9	2	18
Step 2	Add M1 through M15			295
Step 3	Divide the total by 11 and determine the remainder.			9
Step 4	If the remainder is 0 or 1, then the remainder is the check digit.			
	If the remainder is greater than 1, subtract from 11. The result is the check digit.			2

Number 981970265121890				
Step 1	**Multiply Digit**	**Character**	**Multiplier**	**Resulting in:**
	15	9	4	36
	14	8	3	24
	13	1	2	2
	12	9	7	63
	11	7	6	42
	10	0	5	0
	9	2	4	8
	8	6	3	18
	7	5	2	10
	6	1	7	7
	5	2	6	12
	4	1	5	5
	3	8	4	32
	2	9	3	27
	1	0	2	0
Step 2	Add M1 through M15			286
Step 3	Divide the total by 11 and determine the remainder.			0
Step 4	If the remainder is 0 or 1, then the remainder is the check digit.			0
	If the remainder is greater than 1, subtract from 11. The result is the check digit.			

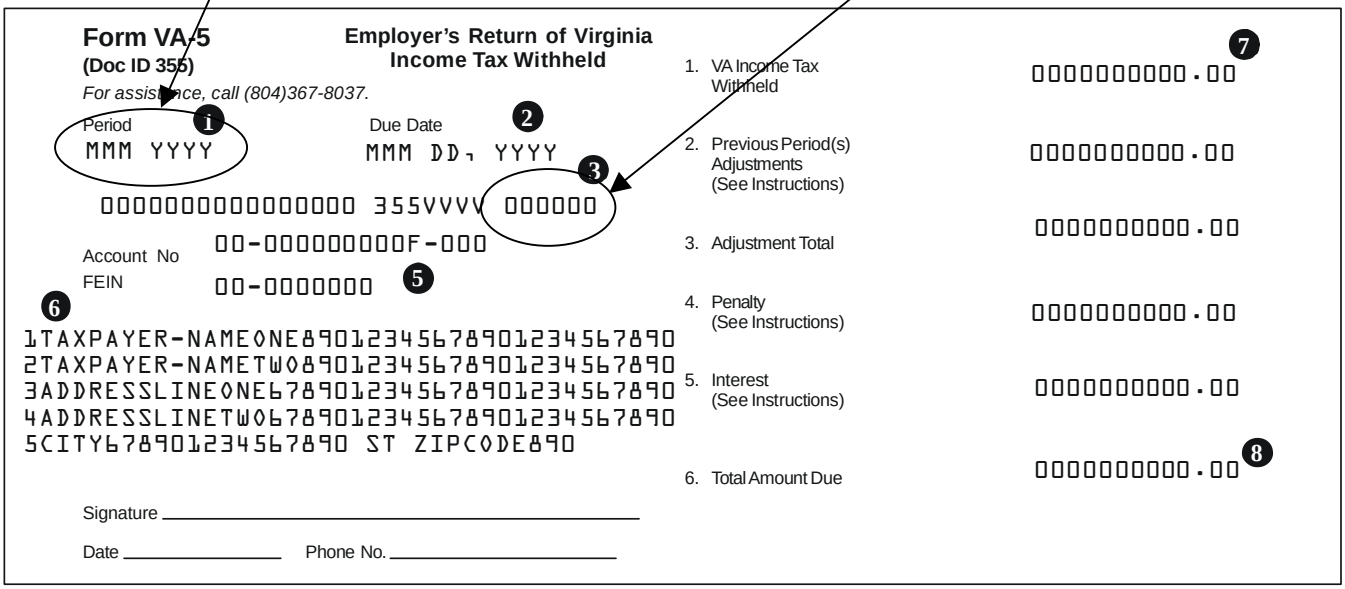
Number	573453405737451			
Step 1	**Multiply Digit**	**Character**	**Multiplier**	**Resulting in:**
	15	5	4	20
	14	7	3	21
	13	3	2	6
	12	4	7	28
	11	5	6	30
	10	3	5	15
	9	4	4	16
	8	0	3	0
	7	5	2	10
	6	7	7	49
	5	3	6	18
	4	7	5	35
	3	4	4	16
	2	5	3	15
	1	1	2	2
Step 2	Add M1 through M15			281
Step 3	Divide the total by 11 and determine the remainder.			6
Step 4	If the remainder is 0 or 1, then the remainder is the check digit. If the remainder is greater than 1, subtract from 11. The result is the check digit			5

Number	479112323236405			
Step 1	**Multiply Digit**	**Character**	**Multiplier**	**Resulting in:**
	15	4	4	16
	14	7	3	21
	13	9	2	18
	12	1	7	7
	11	1	6	6
	10	2	5	10
	9	3	4	12
	8	2	3	6
	7	3	2	6
	6	2	7	14
	5	3	6	18
	4	6	5	30
	3	4	4	16
	2	0	3	0
	1	5	2	10
Step 2	Add M1 through M15			190
Step 3	Divide the total by 11 and determine the remainder.			3
Step 4	If the remainder is 0 or 1, then the remainder is the check digit. If the remainder is greater than 1, subtract from 11. The result is the check digit			8

Determine the Filing Period and Period Ending Codes

For Period Ending. This field contains the ending month and year for which the voucher is filed. The format of this field varies from voucher to voucher. Generally, the period ending month for business taxes is the one prior to the due date month. See the vouchers in the back of this document for format.

OCR Scan Line Filing Period Field. This field contains the century, month and year for which the voucher is filed as well as a mod-11 check digit. The first character is for the century ("1" for the foreseeable future), the 2nd and 3rd characters are for the year, the 4th and 5th characters are for the month and the 6th character is for the check digit.



Note: The filing period month in the 760PMT and VA6 scan lines is always "00".

Sample Filing Periods and Check Digits

Format: Voucher filing periods consist of century, year, month and check digit in the following format:

1-digit century
2-digit year
2-digit month
1 check digit

2004		
Month	**Period**	**Check Digit**
January	10401	9
February	10402	7
March	10403	5
April	10404	3
May	10405	1
June	10406	1
July	10407	8
August	10408	6
September	10409	4
October	10410	8
November	10411	6
December	10412	4

2005		
Month	**Period**	**Check Digit**
January	10501	5
February	10502	3
March	10503	1
April	10504	1
May	10505	8
June	10506	6
July	10507	4
August	10508	2
September	10509	0
October	10510	4
November	10511	2
December	10512	0

2006		
Month	**Period**	**Check Digit**
January	10601	1
February	10602	1
March	10603	8
April	10604	6
May	10605	4
June	10606	2
July	10607	0
August	10608	9
September	10609	7
October	10610	0
November	10611	9
December	10612	7

2007		
Month	**Period**	**Check Digit**
January	10701	8
February	10702	6
March	10703	4
April	10704	2
May	10705	0
June	10706	9
July	10707	7
August	10708	5
September	10709	3
October	10710	7
November	10711	5
December	10712	3

Exceptions. 760PMT and VA6. The filing period month is always two zeroes.

- The filing period on the 760PMT and VA6 vouchers for tax year 2005, due in 2006 will be 105007.
- The filing period on the 760PMT and VA6 vouchers for tax year 2006, due in 2007 will be 106003.

200
Virginia Litter Tax Return

Field Number	Description
1	Date due – Month day and year form is due Maximum of 19 spaces (Alpha/Numeric) formatted MMMMMMMMM DD, YYYY
2	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (200) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
3	Account Number - 17-character account number (Alpha/Numeric) 2-character tax code hyphen 9-character external identification number 1-character alpha external identification type. Use “F” if FEIN, “S” if SSN hyphen 3-character account suffix
4	FEIN – 9-digit federal employer’s identification number formatted 99-9999999
5	Name and Address – mailing name and address of taxpayer
6	Year for which return is filed
7	Tax computation

500CP/CG
Automatic 6 Month Corporation Extension Payment Voucher

Do not file if no payment is due or if paying electronically.

Field Number	Description
1	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (502) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
2	Account Number - 17-character account number (Alpha/Numeric) 2-character tax code hyphen 9-character external identification number 1-character alpha external identification type. Use “F” for FEIN hyphen 3-character account suffix
3	FEIN – 9-digit federal employer’s identification number formatted 99-9999999
4	For the Year Ending – Ending month, day and year of year for which return is filed formatted MMMMMMMMM DD, YYYY
5	Name and Address – mailing name and address of taxpayer
6	Check if a nonprofit corporation – indicate if corporation is nonprofit
7	Net tentative tax payment – amount of this payment

500ES
Virginia Estimated Tax Declaration for Corporations

Field Number	Description
1	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (501) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit) 1 space 2-digit voucher number values are (01 through 04)
2	Account Number - 17-character account number (Alpha/Numeric) 2-character tax code hyphen 9-character external identification number 1-character alpha external identification. Use "F" for FEIN hyphen 3-character account suffix
3	FEIN – 9-digit federal employer's identification number formatted 99-9999999
4	For the Year Ending – Ending month, day and year of year for which return is filed formatted MMMMMMMMM DD, YYYY
5	Name and Address – mailing name and address of taxpayer
6	Voucher Number - there are a total of four vouchers; valid values are 1 through 4
7	Estimated Tax for the Year – Estimate total tax amount due for the year
8	Amount of this Payment – Payment amount

500V
Virginia Corporation Income Tax Payment Voucher

Field Number	Description
1	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (505) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
2	Account Number - 17-character account number (Alpha/Numeric) 2-character tax code hyphen 9-character external identification number 1-character alpha external identification. Use "F" for FEIN hyphen 3-character account suffix
3	FEIN – 9-digit federal employer's identification number formatted 99-9999999
4	For the Year Ending – Ending month, day and year of year for which return is filed formatted MMMMMMMMM DD, YYYY
5	Name and Address – mailing name and address of taxpayer
6	Original or Amended Voucher Number – indicate if this payment if for an original or an amended return
7	Amount of this Payment – Payment amount

502ECG
Virginia Pass Through Entity Income Tax Extension

Field Number	Description
1	For Taxable Year Ending – Ending month, day and year of year for which return is filed formatted MMMMMMMMM DD, YYYY
2	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (DIC) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
3	Account Number - 17-character account number (Alpha/Numeric) 2-character tax code hyphen 9-character external identification number 1-character alpha external identification type Use “F” if FEIN hyphen 3-character account suffix
4	FEIN – 9-digit federal employer’s identification number formatted 99-9999999
5	Entity Code – The code that corresponds to the type of entity filing this return SC - S corporation PG - general partnership PL - limited partnership LC - limited liability company LP - limited liability partnership
6	Name and Address – mailing name and address of taxpayer

Obsolete
No Longer Required

760IP/CG
Automatic 6 Month Extension Payment for Individuals

Do not file if no payment is due or if paying electronically.

Field Number	Description
1	OCR line – Maximum of 25 spaces (Numeric) 9-digit OCR line account number (SSN) 1 check digit 1 space 3-digit document identification code (763) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
2	Social Security Number or FEIN – Primary filer's social security number
3	Spouse's Social Security Number – Secondary filer's social security number
4	Name and Address – mailing name and address of taxpayer
5	Daytime Phone Number – daytime telephone number of primary taxpayer and spouse
6	New filer or new address has changed - indicate if voucher is for a 1st time filer or if the taxpayer's address has changed since the last return was filed
7	Fiscal year filer – indicate if fiscal year filer and provide beginning and ending dates of tax year
8	Payment Amount – Amount of this Payment
9	Preparer's name, address telephone number and FEIN, PTIN or SSN

Examples of the OCR Line Filing Period

The filing period on the 760IP/CG voucher for calendar year 2005 due May 1, 2006 will be 105120.

The filing period on the 760IP/CG voucher for fiscal year ending March 2006, due July 15, 2006 will be 106038.

760ES/CG
Virginia Estimated Income Tax Payment Voucher for Individuals

Mailing addresses for the first voucher filed are provided on page 33.
Mailing addresses for the remaining vouchers are provided on page 36.

Field Number	Description
1	Voucher Number - there are a total of four vouchers; valid values are 1 through 4
2	New filer or new address has changed - indicate if voucher is for a 1st time filer or if the taxpayer's address has changed since the last return was filed
3	Due Date – Month day and year this voucher is due in MM/DD/YY format. Calendar year filers should enter 05/01/06, 06/15/06, 09/15/06 or 01/15/07
4	OCR line – Maximum of 29 spaces (Numeric) 9-digit OCR line account number (SSN) 1 check digit 1 space 3-digit document identification code (762) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit) 1 space 3 digit locality code (See page 30)
5	Your Account Number – Primary filer's social security number.
6	Spouse's Your Account Number – Secondary filer's social security number.
7	Name and Address – mailing name and address of taxpayer
8	Daytime Phone Number – daytime telephone number of primary taxpayer
9	Locality No. – 3-digit locality code for county or city in which taxpayer resides (see Appendix 30)
10	Amount of Payment – Amount of this payment
11	First payment indicator – indicate if this voucher will accompany the first payment of the tax year
12	Fiscal Year Filers Beginning Month – if fiscal year filer provide beginning month in 99 format

OCR line filing periods for **calendar year 2006** are:

Due Date	OCR Line Filing Period
May 1, 2006	106054
June 15, 2006	106062
September 15, 2006	106097
January 15, 2007	107018

760-PMT
Payment Coupon

Field Number	Description
1	OCR line – Maximum of 25 spaces (Numeric) 9-digit OCR line account number (SSN) 1 check digit 1 space 3-digit document identification code (761) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
2	Name and Address – mailing name and address of taxpayer
3	Daytime Phone Number – daytime telephone number of primary taxpayer and spouse
4	Your Social Security Number – Primary filer's social security number
5	Spouse's Social Security Number – Secondary filer's social security number
6	Amount of Payment – Payment Amount

Example of the OCR Line Filing Period

The filing period on the 760PMT voucher for tax year 2005, due in 2006 will be 105007.

770IP/CG
Automatic 6 Month Extension Payment for Estates and Trusts

Do not file if no payment is due or if paying electronically.

Field Number	Description
1	OCR line – Maximum of 25 spaces (Numeric) 9-digit OCR line account number (FEIN) 1 check digit 1 space 3-digit document identification code (773) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
2	FEIN – federal ID number
3	Name and Address – trust name, fiduciary name and title and address of trust
4	Telephone Number – telephone number of trust
5	New filer or new address has changed – indicate if voucher is for a 1st time filer or if the taxpayer's address has changed since the last return was filed
6	Fiscal year filer – indicate if fiscal year filer and provide beginning and ending dates of tax year
7	Payment Amount – amount of this payment
8	Preparer's name, address telephone number and FEIN, PTIN or SSN

Examples of the OCR Line Filing Period

The filing period on the 770IP/CG voucher for calendar year 2005 due May 1, 2006 will be 105120.

The filing period on the 770IP/CG voucher for fiscal year ending March 2006, due July 15, 2006 will be 106038.

770ES/CG
Virginia Estimated Income Tax Payment Voucher for Estates & Trusts

Mailing addresses for the first voucher filed are provided on page 33.
Mailing addresses for the remaining vouchers are provided on page 36.

Field Number	Description
1	Voucher Number - there are a total of four vouchers; valid values are 1 through 4
2	New filer or new address has changed - indicate if voucher is for a 1st time filer or if the taxpayer's address has changed since the last return was filed
3	Due Date – Month day and year this voucher is due in MM/DD/YY format. Calendar year filers should enter 05/01/06, 06/15/06, 09/15/06 or 01/15/07
4	OCR line – Maximum of 29 spaces (Numeric) 9-digit OCR line account number (FEIN) 1 check digit 1 space 3-digit document identification code (772) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit) 1 space 3 digit locality code (See page 30)
5	Your Account Number – Federal ID number.
6	Name and Address – mailing name and address of taxpayer
7	Daytime Phone Number – daytime telephone number of primary taxpayer
8	Locality No. – 3-digit locality code for county or city in which the fiduciary qualified
9	Amount of Payment – Amount of this payment
10	First payment indicator – indicate if this voucher will accompany the first payment of the tax year
11	Fiscal Year Filers Beginning Month – if fiscal year filer provide beginning month in 99 format

OCR line filing periods for **calendar year 2006** are:

Due Date	OCR Line Filing Period
May 1, 2006	106054
June 15, 2006	106062
September 15, 2006	106097
January 15, 2007	107018

CU-7
Virginia Consumer's Use Tax Return for Individuals

Field Number	Description
1	Indicate whether residence is in the city or county, and print name
2	OCR line – Maximum of 25 spaces (Numeric) 9-digit OCR line account number (SSN for individuals) 1 check digit 1 space 3-digit document identification code (107) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
3	Taxable Year Beginning Date and Ending Date - Beginning and ending dates of taxable year in MM DD YY format
4	Your SSN – Primary taxpayer's social security number
5	Your Last Name, First Name – Primary taxpayer's last name, first name and middle initial
6	Spouse's SSN – Secondary filer's social security number
7	Spouse's Last Name, First Name – Spouse's last name, first name and middle initial
8	Mailing address, city, state and zip code
9	Tax computation
10	Total Due – Amount of this payment

ST-8 and ST-8V
Virginia Out-Of-State Dealers Use Tax Return and Voucher

Field Number	Description
1	1D Barcode Code 39-font 1D barcode (see page 29)
2	Name and Address – mailing name and address of taxpayer
3	Account Number - 17-character account number (Alpha/Numeric) 2-character tax code hyphen 9-character external identification number 1-character alpha external identification type (“F” if FEIN). hyphen 3-character account suffix
4	Period – Period for which voucher will be filed in MMM YYYY or MMM-MMM-MMM YYYY format
5	Tax computation
6	Check if Paid by EFT – Indicate if payment will be made via electronic funds transfer
7	Total Due – Amount of this payment
8	Due Date – Month day and year this voucher is due in MMM DD, YYYY format
9	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (138) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
10	Schedule of Local Taxes – Amount of tax to be tax to be distributed to localities. **IMPORTANT:** Print applicable localities only

New Rates beginning July 1, 2005

TAX	
State food sales and use tax	1.5%
State general sales and use tax	4%
Local sales and use tax	1%

DEALER’S DISCOUNT COMPUTATIONS			
Total Monthly Taxable Sales From All Locations		**Dealer’s Discount Rate**	
Is At Least	But Less Than	**Food Sales and Use**	**General Sales and Use**
$0	$62,501	.04	.03
$62,501	$208,001	.03	.0225
$208,001	--	.02	.015

Enter the total Dealer’s Discount on line 9 of Form ST-8.

ST-9
Virginia Retail Sales and Use Tax Return

Field Number	Description
1	For Period Ending – Ending date of period for which voucher will be filed in MMM YYYY or format
2	Due Date – Month day and year this voucher is due in MM M DD, YYYY format
3	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (109) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
4	Account Number - 17-character account number (Alpha/Numeric) 2-character tax code hyphen 9-character external identification number 1-character alpha external identification type (“F” = FEIN). hyphen 3-character account suffix
5	Locality - Five digit code for locality in which business is located
6	Name and Address – mailing name and address of taxpayer
7	Tax computation
8	Total Due – Amount of this payment
9	Check if Paid by EFT – Indicate if payment will be made via electronic funds transfer

Rates beginning July 1, 2005

TAX	
State food sales and use tax	1.5%
State general sales and use tax	4%
Local sales and use tax	1%

DEALER’S DISCOUNT COMPUTATIONS			
Total Monthly Taxable Sales From All Locations		**Dealer’s Discount Rate**	
Is At Least	But Less Than	**Food Sales and Use**	**General Sales and Use**
$0	$62,501	.04	.03
$62,501	$208,001	.03	.0225
$208,001	--	.02	.015

Enter the total Dealer’s Discount on line 9 of Form ST-9.

Dealer's Discount - The dealer's discount rate for food sales and use is different from the general sales and use tax dealers discount rate. Use the table below to separately compute the discount amounts and then include the combined sum on line 9 of Form ST-8 or Form ST-9.

DEALER'S DISCOUNT COMPUTATIONS

Total Monthly Taxable Sales From All Locations Is At Least	But Less Than	Food Sales and Use Dealer's Discount Rate	General Sales and Use Dealer's Discount Rate
$0	$62,501	.04	.03
$62,501	$208,001	.03	.0225
$208,001	--	.02	.015

For example, Dealer files on monthly basis.
Total taxable state sales and use is $300,000.
Taxable food sales and use is $100,000.
General taxable state sales and use $200,000.

	Food Computation	General Computation	Total
Total taxable sales and use	$100,000.00	$200,000.00	$300,000.00
Tax rate	0.015	0.04	- -
State tax	$1,500.00	$8,000.00	$9,500.00
Discount rate	0.02	0.015	- -
Discount	$30.00	$120.00	$150.00

ST-9CO (Consolidated Filers)
Virginia Retail Sales and Use Tax Return
Voucher and Schedule of Local Taxes

Variable Field	Description
1	1D Barcode Code 39-font 1D barcode (See page 29)
2	Name and Address – mailing name and address of taxpayer
3	Account Number - 17-character account number (Alpha/Numeric) 2-character tax code hyphen 9-character external identification number 1-character alpha external identification type (“F” = FEIN). hyphen 3-character account suffix
4	Period – Period for which voucher will be filed in MMM YYYY or MMM-MMM-MMM YYYY format
5	Due Date – Month day and year this voucher is due in MMM DD, YYYY format
6	Tax computation
7	Check if Paid by EFT – Indicate if payment will be made via electronic funds transfer
8	Total Due – Amount of this payment
9	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (139) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
10	Schedule of Local Taxes – Computation for amount of tax to be distributed to localities. **IMPORTANT:** Print applicable localities only.

Rates beginning July 1, 2005

TAX	
State food sales and use tax	1.5%
State general sales and use tax	4%
Local sales and use tax	1%

DEALER’S DISCOUNT COMPUTATIONS			
Total Monthly Taxable Sales From All Locations		**Dealer’s Discount Rate**	
Is At Least	But Less Than	**Food Sales and Use**	**General Sales and Use**
$0	$62,501	.04	.03
$62,501	$208,001	.03	.0225
$208,001	--	.02	.015

Enter the total Dealer’s Discount on line 9 of Form ST-9.

T-1

Variable Field	Description
1	For Period Ending – Ending date of period for which voucher will be filed in MMM YYYY format
2	Filing Date – Month day and year this voucher is due in MMM DD, YYYY format
3	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (201) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
4	Account Number - 17-character account number (Alpha/Numeric) 2-character tax code hyphen 9-character external identification number 1-character alpha external identification type (“F” = FEIN). hyphen 3-character account suffix
5	Name and Address – mailing name and address of taxpayer
6	Tax computation
	Period – Period for which voucher will be filed in MMM YYYY or MMM-MMM-MMM YYYY format
7	Total Due – Amount of this payment

VA15

Variable Field	Description
1	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (315) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the quarterly filing period formatted CYYMMX (6TH digit is a check digit)
2	For Period Ending – Ending date of period for which voucher will be filed in MM/YY or format
3	Account Number - 17-character account number (Alpha/Numeric) 2-character tax code hyphen 9-character external identification number 1-character alpha external identification type (“F” = FEIN). hyphen 3-character account suffix
4	FEIN – 9-digit federal employer’s identification number formatted 99-9999999
5	Name and Address – mailing name and address of taxpayer
6	Total Amount Due – amount of this payment

VA16

Variable Field	Description
1	Check Here if Paid by EFT - Enter "X" if payment made by EFT. Exact placement is not required
2	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (316) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
3	For Period Ending – Ending date of period for which voucher will be filed in MM/YY format
4	Due Date - Month day and year this voucher is due in MM/DD/YY format. The due date for a VA-16 is always last day of the month following the end of the quarter.
5	Account Number – 17 spaces (Alpha/Numeric) 2-character tax code 1 hyphen 9-character external identification number 1-character alpha external identification type ("F" = FEIN). 1 hyphen 3-character account suffix
6	FEIN – 9-digit federal employer's identification number formatted 99-9999999
7	Name and Address – mailing name and address of taxpayer
8	Tax computation
9	Total amount due – Amount of this payment

VA5

Variable Field	Description
1	Period – Period of which return is being filed in MMM YYYY or MMM-MMM-MMM YYYY
2	Due Date - due date varies based upon filing period month. Examples are listed below. Month / Due Date / Month / Due Date January / February 20 / July / August 20 February / March 20 / August / September 20 March / April 30 / September / October 31 April / May 20 / October / November 20 May / June 20 / November / December 20 June / July 31 / December / January 31
3	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (355) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
4	Account Number – 17 spaces (Alpha/Numeric) 2-character tax code 1 hyphen 9-character external identification number 1-character alpha external identification type (“F” = FEIN). 1 hyphen 3-character account suffix
5	FEIN – 9-digit federal employer’s identification number formatted 99-9999999
6	Name and address
7	Tax computation
8	Total Amount Due - print row 62, print column 68

VA6

Variable Field	Description
1	Lines 1 through 12 – Amount paid each period during the tax year. MONTHLY filers enter the amount of VA Income tax paid with Forms VA-5. QUARTERLY and SEMI-WEEKLY filers enter the amount paid each quarter on lines 3, 6, 9, and 12.
2	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (306) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
3	Calendar Year - Enter four-digit year for which form is filed.
4	Due Date - Month day and year the voucher is due in MM/ DD/YY format. The due date for a VA-6 is always February 28 of the following year.
5	Account Number – 17 spaces (Alpha/Numeric) 2-character tax code 1 hyphen 9-character external identification number 1-character alpha external identification type (“F” = FEIN). 1 hyphen 3-character account suffix
6	FEIN – 9-digit federal employer’s identification number formatted 99-9999999
7	Name and address
8	Total Payments - Total of lines 1 through 12
9	Total VA Tax Withheld - Enter total VA Tax Withheld during the year. This amount should equal the total of the accompanying income statements
10	Additional Payment -If total payments are less than VA tax withheld, enter this amount in the additional payment block and remit payment
11	Number of W2’s - Enter the total number of income statements sent with this report
12	Paid by EFT - Enter “X” if payment made by EFT

VM-2

Variable Field	Description
1	1D Barcode Code 39-font 1D barcode (See page 29)
2	Name and Address – mailing name and address of taxpayer
3	Account Number - 17-character account number (Alpha/Numeric) 2-character tax code hyphen 9-character external identification number 1-character alpha external identification type Use “F” if FEIN, “S” if SSN hyphen 3-character account suffix
4	Period – Period for which voucher will be filed in MMM YYYY or MMM-MMM-MMM YYYY format
5	Due Date – Month day and year this voucher is due in MMM DD, YYYY format
6	Tax computation
7	Total Amount Due – Amount of this payment
8	Check if Paid by EFT – Indicate if payment will be made via electronic funds transfer
9	OCR line – Maximum of 31 spaces (Numeric) 16-digit OCR line account number (the 16th digit is a check digit) 1 space 3-digit document identification code (232) 4-digit vendor NACTP code 1 space 6-digit filing period – the ending date of the filing period formatted CYYMMX (6TH digit is a check digit)
10	Schedule of Local Taxes – Computation for amount of tax to be distributed to localities. **IMPORTANT:** Print applicable localities only

Dealers Discount		
Total Monthly Sales from All Locations		Dealer’s Discount Rate
Is at least	But less than	
$0	$62,501	.032
$62,501	$208,001	.024
$208,001	- -	.016

1D Barcode

Barcode scheme:

- State ID - 2 characters (VA)
- Form ID - 4 characters
- Page Number - 1 character
- Tax Year - 2 characters
- Software Developer ID - 3 characters (last 3 digits of company ID)

Form	Form ID Code
Form 306	0306
Form 307	0307
Form 404	STDK
Form 763	763S
Form 301B	B301
Form 301C	C301
Form 301I	C301
Form 304 p 1	0304
Form 304 p 2	0304
Form 304, A p 1	304A
Form 304, A p 2	304B
Form 305 B	305B
Form 305 p 1	0305
Form 305 p 2	305A
Form 306A	306A
Form 306B	306B
Form 307A	307A
Form 500 p 1	CORP
Form 500A	CPSA
Form 500AB p 1	0IAB
Form 500AB p 2	0IAB
Form 500C	500C
Form 500CR p 1	CPCR
Form 500CR p 2	CPCR
Form 500CR p 3	CPCR
Form 500 EL	ELMT
Form 500NOLD	NOLD
Form 500T	500T
Form 500X	500X
Form 502 p 1	0PTE
Form 502 p 2	0PTE
Form 502A	502A
Form 760C p 1	760C
Form 760C p 2	760C
Form 760CG p 1	0760

Form	Form ID Code
Form 760CG p 2	0760
Form 760F	760F
Form 765 p 1	0765
Form 765 p 2	0765
Schedule ADJ/CG	0ADJ
Form AST-3	AST3
Schedule CR p 1	SCCR
Schedule CR p 2	SCCR
Schedule CR p 3	SCCR
Schedule CR p 4	SCCR
Schedule CR p 5	SCCR
Schedule CR/CG p1	SCCR
Schedule CR/CG p2	SCCR
Schedule CR/CG p3	SCCR
Schedule CR/CG p4	SCCR
Schedule CR/CG p5	SCCR
Schedule FED	0FED
Schedule INC/CG	SINC
Schedule L, 765	0765
Form LPC p 1	0LPC
Form LPC p 2	0LPC
Form LPC p 3	0LPC
Schedule OSC p 1	SOSC
Schedule OSC p 2	SOSC
Schedule OSC/CG	0OSC
Form PTE	0PTC
Form ST-6B	ST6B
Form ST-8	ST08
Form ST-9	ST09
Form ST-9B	ST9B
Form VK-1 p 1	0VK1
Form VK-1 p 2	0VK1
Form VM-2	VM02
Form VM-2B	VM2B

Example: Assuming Virginia's vendor ID is 0999, the bar code for the tax year 2005 Form 760 would translate as follows: V A 0 7 6 0 1 0 5 9 9 9

Form 760ES - FIPS Codes for Locality Code Boxes

COUNTY CODES

COUNTY	CODE	COUNTY	CODE	COUNTY	CODE
ACCOMACK	001	FRANKLIN	067	NOTTOWAY	135
ALBEMARLE	003	FREDERICK	069	ORANGE	137
ALLEGHANY	005	GILES	071	PAGE	139
AMELIA	007	GLOUCESTER	073	PATRICK	141
AMHERST	009	GOOCHLAND	075	PITTSYLVANIA	143
APPOMATTOX	011	GRAYSON	077	POWHATAN	145
ARLINGTON	013	GREENE	079	PRINCE EDWARD	147
AUGUSTA	015	GREENSVILLE	081	PRINCE GEORGE	149
BATH	017	HALIFAX	083	PRINCE WILLIAM	153
BEDFORD	019	HANOVER	085	PULASKI	155
BLAND	021	HENRICO	087	RAPPAHANNOCK	157
BOTETOURT	023	HENRY	089	RICHMOND	159
BRUNSWICK	025	HIGHLAND	091	ROANOKE	161
BUCHANAN	027	ISLE OF WIGHT	093	ROCKBRIDGE	163
BUCKINGHAM	029	JAMES CITY	095	ROCKINGHAM	165
CAMPBELL	031	KING AND QUEEN	097	RUSSELL	167
CAROLINE	033	KING GEORGE	099	SCOTT	169
CARROLL	035	KING WILLIAM	101	SHENANDOAH	171
CHARLES CITY	036	LANCASTER	103	SMYTH	173
CHARLOTTE	037	LEE	105	SOUTHAMPTON	175
CHESTERFIELD	041	LOUDOUN	107	SPOTSYLVANIA	177
CLARKE	043	LOUISA	109	STAFFORD	179
CRAIG	045	LUNENBURG	111	SURRY	181
CULPEPER	047	MADISON	113	SUSSEX	183
CUMBERLAND	049	MATHEWS	115	TAZEWELL	185
DICKENSON	051	MECKLENBURG	117	WARREN	187
DINWIDDIE	053	MIDDLESEX	119	WASHINGTON	191
ESSEX	057	MONTGOMERY	121	WESTMORELAND	193
FAIRFAX	059	NELSON	125	WISE	195
FAUQUIER	061	NEW KENT	127	WYTHE	197
FLOYD	063	NORTHAMPTON	131	YORK	199
FLUVANNA	065	NORTHUMBERLAND	133	UNASSIGNED	300

CITY CODES

CITY	CODE	CITY	CODE	CITY	CODE
ALEXANDRIA	510	FREDERICKSBURG	630	PETERSBURG	730
BEDFORD	515	GALAX	640	POQUOSON	735
BRISTOL	520	HAMPTON	650	PORTSMOUTH	740
BUENA VISTA	530	HARRISONBURG	660	RADFORD	750
CHARLOTTESVILLE	540	HOPEWELL	670	RICHMOND	760
CHESAPEAKE	550	LEXINGTON	678	ROANOKE	770
COLONIAL HEIGHTS	570	LYNCHBURG	680	SALEM	775
COVINGTON	580	MANASSAS	683	STAUNTON	790
DANVILLE	590	MANASSAS PARK	685	SUFFOLK	800
EMPORIA	595	MARTINSVILLE	690	VIRGINIA BEACH	810
FAIRFAX	600	NEWPORT NEWS	700	WAYNESBORO	820
FALLS CHURCH	610	NORFOLK	710	WILLIAMSBURG	830
FRANKLIN	620	NORTON	720	WINCHESTER	840

Business Tax Locality Codes for Locality Code Boxes

COUNTY CODES

COUNTY	CODE	COUNTY	CODE	COUNTY	CODE
ACCOMACK	51001	FRANKLIN (COUNTY)	51067	NOTTOWAY	51135
ALBEMARLE	51003	FREDERICK	51069	ORANGE	51137
ALLEGHANY	51005	GILES	51071	PAGE	51139
AMELIA	51007	GLOUCESTER	51073	PATRICK	51141
AMHERST	51009	GOOCHLAND	51075	PITTSYLVANIA	51143
APPOMATTOX	51011	GRAYSON	51077	POWHATAN	51145
ARLINGTON	51013	GREENE	51079	PRINCE EDWARD	51147
AUGUSTA	51015	GREENSVILLE	51081	PRINCE GEORGE	51149
BATH	51017	HALIFAX	51083	PRINCE WILLIAM	51153
BEDFORD COUNTY	51019	HANOVER	51085	PULASKI	51155
BLAND	51021	HENRICO	51087	RAPPAHANNOCK	51157
BOTETOURT	51023	HENRY	51089	RICHMOND COUNTY	51159
BRUNSWICK	51025	HIGHLAND	51091	ROANOKE COUNTY	51161
BUCHANAN	51027	ISLE OF WIGHT	51093	ROCKBRIDGE	51163
BUCKINGHAM	51029	JAMES CITY	51095	ROCKINGHAM	51165
CAMPBELL	51031	KING AND QUEEN	51097	RUSSELL	51167
CAROLINE	51033	KING GEORGE	51099	SCOTT	51169
CARROLL	51035	KING WILLIAM	51101	SHENANDOAH	51171
CHARLES CITY	51036	LANCASTER	51103	SMYTH	51173
CHARLOTTE	51037	LEE	51105	SOUTHAMPTON	51175
CHESTERFIELD	51041	LOUDOUN	51107	SPOTSYLVANIA	51177
CLARKE	51043	LOUISA	51109	STAFFORD	51179
CRAIG	51045	LUNENBURG	51111	SURRY	51181
CULPEPER	51047	MADISON	51113	SUSSEX	51183
CUMBERLAND	51049	MATHEWS	51115	TAZEWELL	51185
DICKENSON	51051	MECKLENBURG	51117	WARREN	51187
DINWIDDIE	51053	MIDDLESEX	51119	WASHINGTON	51191
ESSEX	51057	MONTGOMERY	51121	WESTMORELAND	51193
FAIRFAX COUNTY	51059	NELSON	51125	WISE	51195
FAUQUIER	51061	NEW KENT	51127	WYTHE	51197
FLOYD	51063	NORTHAMPTON	51131	YORK	51199
FLUVANNA	51065	NORTHUMBERLAND	51133	UNASSIGNED	51300

CITY CODES

CITY	CODE	CITY	CODE	CITY	CODE
ALEXANDRIA	51510	FREDERICKSBURG	51630	PETERSBURG	51730
BEDFORD	51515	GALAX	51640	POQUOSON	51735
BRISTOL	51520	HAMPTON	51650	PORTSMOUTH	51740
BUENA VISTA	51530	HARRISONBURG	51660	RADFORD	51750
CHARLOTTESVILLE	51540	HOPEWELL	51670	RICHMOND CITY	51760
CHESAPEAKE	51550	LEXINGTON	51678	ROANOKE CITY	51770
COLONIAL HEIGHTS	51570	LYNCHBURG	51680	SALEM	51775
COVINGTON	51580	MANASSAS	51683	STAUNTON	51790
DANVILLE	51590	MANASSAS PARK	51685	SUFFOLK	51800
EMPORIA	51595	MARTINSVILLE	51690	VIRGINIA BEACH	51810
FAIRFAX	51600	NEWPORT NEWS	51700	WAYNESBORO	51820
FALLS CHURCH	51610	NORFOLK	51710	WILLIAMSBURG	51830
FRANKLIN CITY	51620	NORTON	51720	WINCHESTER	51840

Document ID Codes for OCR Line

TAX	FORM NUMBER	ID CODE
Litter	200	200
Corporation Income	500CP	502
	500ES	501
	500V	505
	~~502E~~	~~522~~ Obsolete
Individual Income	760IP	763
	760ES, Generic	762
	760PMT	761
Consumer's Use	CU-7	107
Sales and Use	ST-8	138
	ST-9	109
	ST-9, CO	139
Tire	T-1	201
Income Tax Withholding	VA-15	315
	VA-16	316
	VA-5	355
	VA-6	306
Vending Machine	VM-2V	232

2006 Form 760ES Mailing Addresses and Telephone Numbers

Send the first voucher for the taxable year to the address below as designated by your Commissioner of the Revenue, Director of Finance or Director of Tax Administration.

Commissioner of the Revenue

* Denotes Director of Finance

** Denotes Director of Tax Administration

City/County	Phone No.	Address	ZIP Code
Accomack County	(757) 787-5747	P. O. Box 186, Accomac	23301-0186
Albemarle County *	(434) 296-5851	P. O. Box 1478, Richmond	23218-1478
Alexandria City *	(703) 838-4570	P. O. Box 1478, Richmond	23218-1478
Alleghany County	(540) 863-6640	P. O. Box 300, Low Moor	24457
Amelia County	(804) 561-2158	P. O. Box 269, Amelia	23002
Amherst County	(434) 946-9310	P. O. Box 719, Amherst	24521
Appomattox County	(434) 352-7450	P. O. Box 125, Appomattox	24522
Arlington County	(703) 228-3055	P. O. Box 1478, Richmond	23218-1478
Augusta County	(540) 245-5640	P. O. Box 959, Verona	24482
Bath County	(540) 839-7231	P. O. Box 130, Warm Springs	24484
Bedford City	(540) 587-6051	P. O. Box 807, Bedford	24523-0807
Bedford County	(540) 586-7621	122 E. Main St., Suite 103, Bedford	24523
Bland County	(276) 688-4291	P. O. Box 130, Bland	24315
Botetourt County	(540) 473-8270	P. O. Box 128, Fincastle	24090
Bristol City	(276) 645-7316	497 Cumberland St., Bristol	24201
Brunswick County	(434) 848-2313	P. O. Box 669, Lawrenceville	23868
Buchanan County	(276) 935-6541	P. O. Box 1042, Grundy	24614-1042
Buckingham County	(434) 969-4181	P. O. Box 138, Buckingham	23921
Buena Vista City	(540) 261-8610	2039 Sycamore Ave., Buena Vista	24416
Campbell County	(434) 332-9518	P. O. Box 66, Rustburg	24588
Caroline County	(804) 633-4054	P. O. Box 531, Bowling Green	22427
Carroll County	(276) 730-3080	P. O. Box 1478, Richmond	23218-1478
Charles City County	(804) 829-9216	P. O. Box 1478, Richmond	23218-1478
Charlotte County	(434) 542-5546	P. O. Box 308, Charlotte C.H.	23923
Charlottesville City	(434) 970-3160	P. O. Box 9031, Charlottesville	22906-9031
Chesapeake City	(757) 382-6488	P. O. Box 15285, Chesapeake	23328
Chesterfield County	(804) 748-1281	P. O. Box 124, Chesterfield	23832-0124
Clarke County	(540) 955-5108	P. O. Box 67, Berryville	22611
Colonial Heights City	(804) 520-9280	P. O. Box 3401, Colonial Heights	23834
Covington City	(540) 965-6350	P. O. Drawer 58, Covington	24426-0058
Craig County	(540) 864-6241	P. O. Box 186, New Castle	24127-0186
Culpeper County	(540) 727-3443	P. O. Box 1807, Culpeper	22701
Cumberland County	(804) 492-4280	P. O. Box 77, Cumberland	23040
Danville City	(434) 799-5145	P. O. Box 480, Danville	24543
Dickenson County	(276) 926-1646	P. O. Box 1067, Clintwood	24228
Dinwiddie County	(804) 469-4507	P. O. Box 104, Dinwiddie	23841-0104
Emporia City	(434) 634-5405	P. O. Box 956, Emporia	23847
Essex County	(804) 443-2661	P. O. Box 879, Tappahannock	22560-0879
Fairfax City	(703) 385-7880	10455 Armstrong St., Room 210, Fairfax	22030-3649
Fairfax County **	(703) 222-8234	P. O. Box 1478, Richmond	23218-1478
Falls Church City	(703) 248-5065	300 Park Avenue, Rm. 104-E, Falls Church	22046-3351
Fauquier County	(540) 347-8617	P. O. Box 149, Warrenton	20188-0149
Floyd County	(540) 745-9345	100 E. Main St., Floyd	24091
Fluvanna County	(434) 591-1940	P. O. Box 1478, Richmond	23218-1478
Franklin City	(757) 562-8548	P. O. Box 389, Franklin	23851-0389
Franklin County	(540) 483-3083	275 S. Main Street, Suite 106, Rocky Mount	24151
Frederick County	(540) 665-5681	107 N. Kent St., Winchester	22601
Fredericksburg City	(540) 372-1004	P. O. Box 644, Fredericksburg	22404-0644

CITY/COUNTY	PHONE NO.	ADDRESS	ZIP CODE
Galax City	(276) 236-2528	P. O. Box 1478, Richmond	23218-1478
Giles County	(540) 921-3321	130 N. Main St., Pearisburg	24134
Gloucester County	(804) 693-3451	6489 Main St., Ste. 137, Gloucester	23061
Goochland County	(804) 556-5807	P. O. Box 60, Goochland	23063
Grayson County	(276) 773-2381	P. O. Box 126, Independence	24348
Greene County	(434) 985-5211	P. O. Box 1478, Richmond	23218-1478
Greensville County	(434) 348-4227	1781 Greensville Co. Cir., Rm. 122, Emporia	23847
Halifax County	(434) 476-3314	P. O. Box 1847, Halifax	24558
Hampton City	(757) 727-6690	P. O. Box 636, Hampton	23669-0636
Hanover County	(804) 365-6129	P. O. Box 129, Hanover	23069-0129
Harrisonburg City	(540) 432-7704	P. O. Box 20031, Harrisonburg	22801-7531
Henrico County*	(804) 501-4263	P. O. Box 1478, Richmond	23218-1478
Henry County	(276) 634-4690	P. O. Box 1077, Collinsville	24078-1077
Highland County	(540) 468-2142	P. O. Box 148, Monterey	24465
Hopewell City	(804) 541-2237	P. O. Box 1604, Hopewell	23860
Isle of Wight County	(757) 365-6222	P. O. Box 107, Isle of Wight	23397
James City County	(757) 253-6695	P. O. Box 283, Williamsburg	23187-0283
King & Queen County	(804) 785-5976	P. O. Box 178, King & Queen Court House	23085
King George County	(540) 775-4664	10459 Courthouse Dr., Ste 101, King George	22485-3862
King William County	(804) 769-4942	P. O. Box 217, King William	23086
Lancaster County	(804) 462-7920	P. O. Box 122, Lancaster	22503
Lee County	(276) 346-7722	P. O. Box 96, Jonesville	24263
Lexington City	(540) 462-3701	P. O. Box 922, Lexington	24450
Loudoun County	(703) 777-0260	P. O. Box 1478, Richmond	23218-1478
Louisa County	(540) 967-3432	P. O. Box 8, Louisa	23093
Lunenburg County	(434) 696-2516	11512 Courthouse Rd., Ste. 101, Lunenburg	23952
Lynchburg City	(434) 455-3870	P. O. Box 858, Lynchburg	24505-0858
Madison County	(540) 948-4421	P. O. Box 56, Madison	22727
Manassas City	(703) 257-8298	P. O. Box 1478, Richmond	23218-1478
Manassas Park City	(703) 335-8825	P. O. Box 1478, Richmond	23218-1478
Martinsville City	(276) 403-5131	P. O. Box 1222, Martinsville	24114-1222
Mathews County	(804) 725-7168	P. O. Box 896, Mathews	23109-0896
Mecklenburg County	(434) 738-6191	P. O. Box 360, Boydton	23917
Middlesex County	(804) 758-5331	P. O. Box 148, Saluda	23149-0148
Montgomery County	(540) 382-5710	755 Roanoke St., Ste. 1-A, Christiansburg	24073
Nelson County	(434) 263-7060	P. O. Box 100, Lovingston	22949
New Kent County	(804) 966-9610	P. O. Box 99, New Kent	23124
Newport News City	(757) 926-8653	2400 Washington Ave., Newport News	23607-4389
Norfolk City	(757) 664-7885	P. O. Box 2260, Norfolk	23501-2260
Northampton County	(757) 678-0448	P. O. Box 65, Eastville	23347-0065
Northumberland County	(804) 580-4600	P. O. Box 309, Heathsville	22473
Norton City	(276) 679-0031	P. O. Box 347, Norton	24273
Nottoway County	(434) 645-9317	P. O. Box 5, Nottoway	23955
Orange County	(540) 672-4441	P. O. Box 389, Orange	22960
Page County	(540) 743-3840	101 S. Court St., Luray	22835
Patrick County	(276) 694-7131	P. O. Box 367, Stuart	24171
Petersburg City	(804) 733-2315	135 N. Union Street, Petersburg	23803
Pittsylvania County	(434) 432-7940	P. O. Box 272, Chatham	24531-0272
Poquoson City	(757) 868-3020	500 City Hall Ave., Poquoson	23662
Portsmouth City	(757) 393-8773	801 Crawford St., Portsmouth	23704-3870
Powhatan County	(804) 598-5616	P. O. Box 40, Powhatan	23139
Prince Edward County	(434) 392-3231	P. O. Box 446, Farmville	23901
Prince George County	(804) 733-2626	P. O. Box 155, Prince George	23875-0155
Prince William County*	(703) 792-6710	P. O. Box 1478, Richmond	23218-1478
Pulaski County	(540) 980-7750	52 W. Main Street, Suite 200, Pulaski	24301
Radford City	(540) 731-3613	619 Second St., Rm. 161, Radford	24141
Rappahannock County	(540) 675-5370	P. O. Box 115, Washington	22747-0115
Richmond City *	(804) 646-6474	P. O. Box 1478, Richmond	23218-1478

CITY/COUNTY	PHONE NO.	ADDRESS	ZIP CODE
Richmond County	(804) 333-3722	P. O. Box 366, Warsaw	22572
Roanoke City	(540) 853-6543	P.O. Box 718, Roanoke	24004
Roanoke County	(540) 772-2049	P. O. Box 21709, Roanoke	24018
Rockbridge County	(540) 463-3431	P. O. Box 1160, Lexington	24450-1160
Rockingham County	(540) 564-3071	20 E. Gay St., Harrisonburg	22802
Russell County	(276) 889-8018	P. O. Box 517, Lebanon	24266
Salem City	(540) 375-3019	P. O. Box 869, Salem	24153-0869
Scott County	(276) 386-7692	104 E. Jackson St., Suite 6, Gate City	24251
Shenandoah County	(540) 459-6170	P. O. Box 1478, Richmond	23218-1478
Smyth County	(276) 782-4040	P.O. Box 985, Marion, VA	24354
Southampton County	(757) 653-3032	P. O. Box 760, Courtland	23837-0760
Spotsylvania County	(540) 582-7046	P. O. Box 175, Spotsylvania	22553-0175
Stafford County	(540) 658-4131	P. O. Box 98, Stafford	22555-0098
Staunton City	(540) 332-3829	P. O. Box 4, Staunton	24402-0004
Suffolk City	(757) 923-3800	P. O. Box 1459, Suffolk	23439-1459
Surry County	(757) 294-5225	P. O. Box 35, Surry	23883
Sussex County	(434) 246-1022	P. O. Box 1398, Sussex	23884-0398
Tazewell County	(276) 988-1235	101 E. Main St., Tazewell	24651
Virginia Beach City	(757) 427-4483	2401 Court House Dr., Virginia Beach	23456
Warren County	(540) 635-2651	P. O. Box 1775, Front Royal	22630-0038
Washington County	(276) 676-6270	174 E. Main St., Abingdon	24210
Waynesboro City	(540) 942-6610	503 W. Main St., Rm. 107, Waynesboro	22980
Westmoreland County	(804) 493-9052	P. O. Box 68, Montross	22520
Williamsburg City	(757) 220-6150	P. O. Box 245, Williamsburg	23187
Winchester City	(540) 667-1815	P. O. Box 1478, Richmond	23218-1478
Wise County	(276) 328-3556	P. O. Box 1278, Wise	24293
Wythe County	(276) 223-6015	225 S. 4th St., Wytheville	24382
York County	(757) 890-3381	P. O. Box 90, Yorktown	23690-0090

2006 Form 760ES Mailing Addresses and Telephone Numbers

Send each Form 760ES voucher filed after the first voucher to the address below as designated by your Treasurer, Director of Finance or Director of Tax Administration.

Treasurer

* Denotes Director of Finance

** Denotes Director of Tax Administration

City/County	Phone No.	Address	ZIP Code
Accomack County	757-787-5738	P. O. Box 296, Accomac	23301
Albemarle County*	434-296-5851	P. O. Box 1478, Richmond	23218-1478
Alexandria City*	703-838-4570	P. O. Box 1478, Richmond	23218-1478
Alleghany County	540-863-6630	9212 Winterberry Ave., Suite F, Covington	24426
Amelia County	804-561-2145	P. O. Box 730, Amelia	23002
Amherst County	434-946-9318	P. O. Box 449, Amherst	24521
Appomattox County	434-352-5200	P. O. Box 689, Appomattox	24522
Arlington County	703-228-3090	P. O. Box 1478, Richmond	23218-1478
Augusta County	540-245-5660	P. O. Box 590, Verona	24482
Bath County	540-839-7256	P. O. Box 306, Warm Springs	24484
Bedford City	540-587-6057	P. O. Box 807, Bedford	24523-0807
Bedford County	540-586-7670	122 E. Main St., Suite 101, Bedford	24523
Bland County	276-688-3741	P. O. Box 145, Bland	24315
Botetourt County	540-473-8254	P. O. Box 100, Fincastle	24090
Bristol City	276-645-7316	497 Cumberland St., Bristol	24201
Brunswick County	434-848-2512	228 N. Main Street, Room 104,Lawrenceville	23868
Buchanan County	276-935-6551	P. O. Box 1056, Grundy	24614
Buckingham County	434-969-4744	P. O. Box 106, Buckingham	23921
Buena Vista City	540-261-8620	2039 Sycamore Ave., Buena Vista	24416
Campbell County	434-332-9590	P. O. Box 37, Rustburg	24588
Caroline County	804-633-5291	P. O. Box 431, Bowling Green	22427
Carroll County	276-728-9421	P. O. Box 1478, Richmond	23218-1478
Charles City County	804-829-9205	P. O. Box 1478, Richmond	23218-1478
Charlotte County	434-542-5125	P. O. Box 267, Charlotte C.H.	23923
Charlottesville City	434-970-3146	P. O. Box 9048, Charlottesville	22906-9048
Chesapeake City	757-382-6525	P. O. Box 16495, Chesapeake	23328-6495
Chesterfield County	804-748-1201	P. O. Box 70, Chesterfield	23832
Clarke County	540-955-5160	P. O. Box 537, Berryville	22611
Colonial Heights City	804-520-9320	P. O. Box 3401, Colonial Heights	23834-9001
Covington City	540-965-6340	P. O. Drawer 878, Covington	24426-0878
Craig County	540-864-5641	P. O. Box 57, New Castle	24127
Culpeper County	540-727-3442	P. O. Box 1447, Culpeper	22701
Cumberland County	804-492-4297	P. O. Box 28, Cumberland	23040
Danville City	434-799-5140	P. O. Box 1565, Danville	24543
Dickenson County	276-926-1610	P. O. Box 708, Clintwood	24228
Dinwiddie County	804-469-4510	P. O. Box 178, Dinwiddie	23841-0178
Emporia City	434-634-2349	P. O. Box 511, Emporia	23847
Essex County	804-443-2661	P. O. Box 489, Tappahannock	22560-0489
Fairfax City	703-385-7900	10455 Armstrong St., Room 208, Fairfax	22030-3649
Fairfax County**	703-222-8234	P. O. Box 1478, Richmond	23218-1478
Falls Church City	703-248-5046	300 Park Ave., Suite 103, Falls Church	22046-3351
Fauquier County	540-347-8691	P. O. Box 677, Warrenton	20188-0677
Floyd County	540-745-9357	100 E. Main St., Floyd	24091
Fluvanna County	434-591-1940	P. O. Box 1478, Richmond	23218-1478
Franklin City	757-562-8543	P. O. Box 179, Franklin.	23851
Franklin County	540-483-3078	275 S. Main St., #232, Rocky Mount	24151
Frederick County	540-665-5607	107 N. Kent St., Ste. 100, Winchester	22601
Fredericksburg City	540-372-1001	P. O. Box 267, Fredericksburg	22404
Galax City	276-236-4811	P. O. Box 1478, Richmond	23218-1478
Giles County	540-921-1240	130 N. Main St., Pearisburg	24134

Examples of Vouchers

The following pages contain examples of the vouchers in Adobe PDF format. When converted to PDF the documents are not always to scale, so the specifications document should be used to determine the positions of data on the forms.

Form 200 Virginia Litter Tax Return - For Calendar Year 2005

(Doc ID 200)

For assistance, call (804) 367-8037.

Date Due MMM DD, YYYY

0000000000000000 200VVVV 000000

Account Number 00-0000000000F-000

FEIN 00-0000000

1TAXPAYER-NAMEONE8901234567890123456789 0
2TAXPAYER-NAMETWO8901234567890123456789 0
3ADDRESSLINEONE6789012345678901234567890
4ADDRESSLINETWO6789012345678901234567890
5CITY6789012345678 90 ST ZIPCODE890

Signature _____

Date _____ Phone No. _____

1	Annual $10.00 Tax No. of Virginia Business Establishments	000 X $10 =	000
2	Annual $15.00 Tax No. of Virginia Business Establishment	000 X $15 =	000
3	Total (Add Lines 1 and 2).		0000.00
4	Penalty For Late Payment (See Instructions).		0000.00
5	Interest For Late Payment/Late Filing (See Instructions). .		0000.00
6	Total Amount Due (Add Lines 3 - 5)		0000.00

FORM 500CP/CG
(DOC ID 502)

Automatic 6 Month Corporation Extension Payment Voucher

Do not file if no payment is due or if paying electronically.

FORM 500CP/CG
(DOC ID 502)

VIRGINIA DEPARTMENT OF TAXATION
P.O. BOX 1500, RICHMOND, VA 23218-1500 ♦ (8 04) 367-8037

1 0000000000000000 502VVVV 000000

Check if a nonprofit corporation X 6

2 Virginia Account Number 00-0000000000F-000

3 Federal Employer's ID Number 000000000

4 For The Year Ending XXXXXXXXXXXXX

5
1TAXPAYER-NAME1234567890123456789 01
2TAXPAYER-NAME1234567890123456789 01
3TAXPAYER-NAME1234567890123456789 01
ADDRESSLINE1MMMMMMMMMMMMMMMMMMMMMMMM
ADDRESSLINE2MMMMMMMMMMMMMMMMMMMMMMMM
CITYMMMMMMMMMMMMMMMMMM ST ZIPCODE00

Net tentative tax payment 7 0000000000.00

Make check or money order payable to:
Virginia Department of Taxation

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

Signature: _____

Date: _____ Telephone No. ( ) _____

Do not file if no payment is due or if paying electronically.

FORM 500ES
(DOC ID 501)

VIRGINIA ESTIMATED TAX
DECLARATION FOR CORPORATIONS
VIRGINIA DEPARTMENT OF TAXATION
P.O. BOX 1500, RICHMOND, VA 23218-1500 ♦ (804) 367-8037

FORM 500ES
(DOC ID 501)
VOUCHER X 6

Return this voucher with a check or money order made payable to the **Virginia Department of Taxation.**

1 0000000000000000 501VVVV 000000 00

2 Virginia Account Number 00-0000000000F-000 3 Federal Employer's ID Number 000000000

4 For The Year Ending XXXXXXXXXXXXX

5
1TAXPAYER-NAME1234567890123456789 01
2TAXPAYER-NAME1234567890123456789 01
3TAXPAYER-NAME1234567890123456789 01
ADDRESSLINE1MMMMMMMMMMMMMMMMMMMMMMMM
ADDRESSLINE2MMMMMMMMMMMMMMMMMMMMMMMM
CITYMMMMMMMMMMMMMMMMM ST ZIPCODE00

7
1. Estimated tax for the year ..... $ 0000000000.00

8
2. Amount of this payment ..... $ 0000000000.00 ●

I declare that this declaration has been examined by me and to the best of my knowledge and belief, it is a true, correct, complete declaration.

SIGNATURE DATE PHONE

FORM 500V
(DOC ID 500)

VIRGINIA CORPORATION INCOME TAX PAYMENT VOUCHER

VIRGINIA DEPARTMENT OF TAXATION
P.O. BOX 1500, RICHMOND, VA 23218-1500
FOR INFORMATION CALL (804) 367-8037

FORM 500V
(DOC ID 500)

1 0000000000000000 505VVVV 000000

6 X Original
X Amended

Virginia Account Number — 2 00-0000000000F-000

Federal Employer's ID Number — 3 000000000

For The Year Ending — 4 XXXXXXXXXXXXX

5
1TAXPAYER-NAME1234567890123456789 01
2TAXPAYER-NAME1234567890123456789 01
3TAXPAYER-NAME1234567890123456789 01
ADDRESSLINE1MMMMMMMMMMMMMMMMMMMMMMM
ADDRESSLINE2MMMMMMMMMMMMMMMMMMMMMMM
CITYMMMMMMMMMMMMMMMMM ST ZIPCODE00

Amount of this payment ..... $ 7 0000000000.00 ●

Attach this voucher to Form 500 or Form 500-EC with a check or money order made payable to Virginia Department of Taxation.

You must file this voucher with your Form 500 or Form 500-EC, unless paying by EFT.

Obsolete
No Longer Required

502ECG **Virginia Pass Through Entity Income Tax Extension** **2005**

(DOC ID 522)

Virginia Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500
(804) 367-8037

1 For Taxable Year Ending
Month Year
XXXXXXXXXXXX

2
OOOOOOOOOOOOOOOO 522VVVV OOOOOO

3 Virginia Account Number
OO-OOOOOOOOOF-OOO

4 Federal Employer's ID Number
OOOOOOOOO

5 Entity Code
XX

6 Name and Address of Entity
1TAXPAYER-NAME1234567890123456789 01
2TAXPAYER-NAME1234567890123456789 01
3TAXPAYER-NAME1234567890123456789 01
ADDRESSLINE1MMMMMMMMMMMMMMMMMMMMMMMM
ADDRESSLINE2MMMMMMMMMMMMMMMMMMMMMMMM
CITYMMMMMMMMMMMMMMMM ST ZIPCODEOO

Do Not Submit Any Payment With This Form

An extension of six months, or until 30 days after the extended due date for the federal return, whichever is later, will be granted provided that this form is received by the due date of the pass through entity return. This form must be filed to receive an extension for filing.

Signature: _____

Date: _____ Phone No.: _____

Form 760/IP/CG
Doc ID 763

Individual Payment for Automatic Extension 2005

Do not file if no payment is due or if paying electronically.

1
0000000000 763VVVV 000000

2 000000000 3 000000000

4
XTAXPAYERNAMEXXXXXXX4567890123456 7
XSPOUSENAME2345678901234567890123 4
ADDRESSLINE1123456789012345678123 4
CITYSTATEANDZIPCODE0123456789012 34

SIGNATURE OF TAXPAYER OR AUTHORIZED PARTY — DATE — DAYTIME PHONE NUMBER
X 1234567890

SPOUSE'S SIGNATURE (IF JOINT DECLARATION) — DATE — DAYTIME PHONE NUMBER 5
X 1234567890

6 X New filer or address has changed

7 X Fiscal Year Filer
Beginning MM DD YY
Ending MM DD YY

Payment Amount 0000000000.00 8

PREPARERSNAME1234567890123X 9
ADDRESSLINE1123456789012345678
CITYSTATEANDZIPCODE0123456789 0
PREPARERPHONE NUMBER
PREPARERSFEIN

OFFICE USE ONLY

Do not file if no payment is due or if paying electronically.

Use the Form 760ES Mailing Addresses to determine if the vouchers are direct or local file.

Direct File Vouchers

Make your check or money order payable to the "Virginia Department of Taxation."

Mail your voucher and the check or money order to the "Virginia Department of Taxation."

Local File Vouchers

Make your check or money order payable to the Treasurer of the city or county in which you live.

If this is the first payment for this taxable year, mail to the Commissioner of the Revenue, Director of Finance or Director of Tax Administration.

Mail all other vouchers to the Treasurer.

2006 FORM 760ES/CG - Voucher 0 ❶
(DOC ID 762)
VIRGINIA ESTIMATED INCOME TAX PAYMENT VOUCHER FOR INDIVIDUALS

❷ X First time filers or address change check here

LOCALITY NO. ❾ 000

FOR OFFICE USE

DUE DATE: 00/00/00 ❸

❹ 0000000000 762VVVV 000000 000

Amount of payment

0000000000.00 ❿

❺ Your account number 0000000000

❻ Spouse's account number 0000000000

❼
1TAXPAYER-NAMEONE8901234567890123456789 0
2TAXPAYER-NAMETWO8901234567890123456789 0
3ADDRESSLINEONE6789012345678901234567890
4ADDRESSLINETWO6789012345678901234567890
5CITY6789012345678 90 ST ZIPCODE890

❶❶ X **Check here If this is your first payment for this taxable year.**

FISCAL YEAR FILERS: BEGINNING MONTH: 99 ❶❷

— Do not write below this line. —

Daytime Phone Number 0000000000 ❽

BE SURE PAYMENT IS APPLIED CORRECTLY. FOLLOW THESE INSTRUCTIONS:

- This voucher can **ONLY** be used to submit payment for *ELECTRONICALLY* filed returns.
  An electronically filed return is a return completed AND submitted with the use of tax preparation software or with the use of an internet based application.
- Never send a paper copy of the *ELECTRONICALLY* filed return with the payment.
- Complete the Payment Coupon by including the following information:
  - The Social Security Number and Spouse's Social Security Number (if filing a joint return).
    IMPORTANT NOTE: The Social Security Number used for "Your Social Security Number" MUST match the "Your SSN" used on the return.
  - Name and spouse's name (if filing a joint return), address, and phone number.
  - The amount of the enclosed payment.
- Make sure that the Social Security Number is written on the check. Mail the payment and the payment coupon to:

  Virginia Department of Taxation
  P.O. Box 1478
  Richmond, VA 23218-1478.
- Payments can also be made online using the web payment program. Log on to our website at **www.tax.state.va.us** or call **(804) 367-8031**. for additional information.
- Please note that if full payment is not postmarked by May 1, 2006, a bill for tax, penalty and interest will be issued.

Detach Form 760-PMT here. Complete this form and mail it with your check to the address shown on the form.

Please do not staple

2005 PAYMENT COUPON Form 760-PMT

(DOC ID 761)

TO BE USED FOR PAYMENTS OF ELECTRONICALLY FILED RETURNS ONLY

Due: May 1, 2006

1 ▯▯▯▯▯▯▯▯▯▯▯ 761VVVV 105007

Name(s) and Address

2 XTAXPAYER0RTRUSTNAME456789012345 67
XSP0USENAME234567890123456789012 34
ADDRESSLINE1123456789012345678123 4
CITYSTATEANDZIPC0DE012345678901234

3 **Daytime Phone Number:** ▯▯▯▯▯▯▯▯▯▯

Your Social Security Number

4 ▯▯▯▯▯▯▯▯▯

Spouse's Social Security Number

5 ▯▯▯▯▯▯▯▯▯

Make your check payable to the Virginia Department of Taxation

Amt of Payment ➧ 6 ▯▯▯▯▯▯▯▯▯▯.00

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

For use ONLY with electronically filed returns - Do NOT submit with Form 760

Form 770/IP/CG

Doc ID 773

Fiduciary Payment for Automatic Extension 2005

Do not file if no payment is due or if paying electronically.

❶ ▯▯▯▯▯▯▯▯▯▯ 773VVVV ▯▯▯▯▯▯

❷ ▯▯▯▯▯▯▯▯▯

❸
XTRUSTTAXPAYERNAME2345678901234567
XFIDUCIARYNAME23456789012345678 90X
XTRUSTTAXPAYERNAME2012345678901234
ADDRESSLINE1123456789012345678 1234
CITYSTATEANDZIPCODE012345678901234

Telephone number 1234567890

❹

❺ X New filer or address has changed

❻ X Fiscal Year Filer

Beginning MM DD YY

Ending MM DD YY

Payment Amount 0000000000.00 ❼

❽
PREPARERSNAME1234567890123X
ADDRESSLINE1123456789012345678
CITYSTATEANDZIPCODE01234567890
PREPARERPHONE NUMBER
PREPARERSFEIN

OFFICE USE ONLY

Do not file if no payment is due or if paying electronically.

Use the Form 760ES Mailing Addresses to determine if the vouchers are direct or local file.

Direct File Vouchers

Make your check or money order payable to the "Virginia Department of Taxation."

Mail your voucher and the check or money order to the "Virginia Department of Taxation."

Local File Vouchers

Make your check or money order payable to the Treasurer of the city or county in which you live.

If this is the first payment for this taxable year, mail to the Commissioner of the Revenue, Director of Finance or Director of Tax Administration.

Mail all other vouchers to the Treasurer.

2006 FORM 770ES/CG - Voucher 0 ❶
(DOC ID 772)
VIRGINIA ESTIMATED INCOME TAX PAYMENT VOUCHER FOR ESTATES & TRUSTS

❷ X First time filers or address change check here

LOCALITY NO. 000 ❽ FOR OFFICE USE

DUE DATE: 00/00/00 ❸

❹ 0000000000 772VVVV 000000 000

Amount of payment ❾

0000000000.00

❺ Your account number
0000000000

❻
1TAXPAYER-NAMEONE8901234567890123456789 0
2TAXPAYER-NAMETW08901234567890123456789 0
3ADDRESSLINEONE6789012345678901234567890
4ADDRESSLINETW06789012345678901234567890
5CITY6789012345678 90 ST ZIPCODE890

❿ X **Check here If this is your first payment for this taxable year.**

FISCAL YEAR FILERS: BEGINNING MONTH: 99 ⓫

— Do not write below this line. —

❼ Daytime Phone Number 0000000000

office use only

Please do not staple

FORM CU-7

(DOC ID 107)

VIRGINIA CONSUMER'S USE TAX RETURN FOR INDIVIDUALS

VIRGINIA DEPARTMENT OF TAXATION
P.O. BOX 26626, RICHMOND, VA 23218-6626
FOR INFORMATION CALL 804-367-8037

DO NOT mail your consumer's use tax return in the same envelope as your income tax return.

Make Check or Money Order Payable to:
VA Department of Taxation

1 Residence is in City X or County X of:
CITYORCOUNTY

2 0000000000 107VVVV 0000000

TAXABLE YEAR: Beginning date 3 MM DD YY and ending date MM DD YY

Your SSN
4 000000000

Your last name, 5 XTAXPAYERLAST first name, FIRST MI I

Spouse's SSN
000000000

Spouse's last name, 7 XSPOUSELAST first name, FIRST MI I

6 Address (Number and street)
ADDRESSLINE01234567890

City, 8 CITYLINE101234567890 State and Zip Code STATEANDZIPCODE

I declare that the the best of my knowledge, this return (including any accompanying schedules and statements) is a true and complete return.

SIGNATURE **DATE** **TELPHONE NUMBER**

1a. Non-Food Goods Total Costs	9 0000000000.00
1b. Food Goods Total Costs	0000000000.00
2a. Non-Food Goods Tax (rate 5.0%)	0000000000.00
2b. Food Goods Tax (rate 2.5%)	0000000000.00
3. Total Tax Add lines 2a & 2b	0000000000.00
4. Penalty (See Instructions)	0000000000.00
5. Interest (See Instructions)	0000000000.00
6. Total Due (Add lines 3, 4 and 5)	10 0000000000.00

Form ST-8 Virginia Out-Of-State Dealers Use Tax Return

For assistance, call (804)367-8037.

Name
1TAXPAYER-NAMEONE890123456789012345678 90
2TAXPAYER-NAMETWO890123456789012345678 90
3ADDRESSLINEONE678901234567890123456789 0
4ADDRESSLINETWO678901234567890123456789 0
5CITY678901234567890 ST ZIPCODE890

Account ID 00-000000000F-000

Period MMM-MMM-MMM YYYY

1	**Gross Sales and/or Rentals**	1	0000000000.00
2	**Personal Use**	2	0000000000.00
3	**Total Exempt State Sales and Other Deductions**	3	0000000000.00
4	**Total Taxable State Sales and Use**	4	0000000000.00

	a - Item		b - Taxable Amount	c - Tax
5	**State - Food Sales and Use** (1.5%)	5	0000000000.00	0000000000.00
6	**State - General Sales and Use** (4%)	6	0000000000.00	0000000000.00
7	**Local - Sales and Use** (1%)	7	0000000000.00	0000000000.00

8	**Total State Tax** (Line 5, Column c + Line 6, Column c)	8	0000000000.00
9	**Dealer's Discount** - See instructions.	9	0000000000.00
10	**Net State Tax Due** (Line 8 - Line 9)	10	0000000000.00
11	**Total State and Local Tax Due** (Line 10 + Line 7, Column c)	11	0000000000.00
12	**Penalty For Late Filing & Payment** - See instructions.	12	0000000000.00
13	**Interest For Late Filing & Payment** - See instructions.	13	0000000000.00
14	**Total Amount Due** (Line 11 + Line 12 + Line 13) Also, enter this amount on the voucher below.	14	0000000000.00

____ Check if paid by EFT.

Form ST-8V Virginia Out-Of-State Dealers Use Tax Voucher

(Doc ID 138)

Period MMM-MMM-MMM YYYY

Due Date MMM DD, YYYY

0000000000000000 138VVVV 000000

Account No. 00-000000000F-000

1TAXPAYER-NAMEONE890123456789012345678 90
2TAXPAYER-NAMETWO890123456789012345678 90
3ADDRESSLINEONE678901234567890123456789 0
4ADDRESSLINETWO678901234567890123456789 0
5CITY678901234567890 ST ZIPCODE890

Total Amount Due (From Line 14 above)

0000000000.00

Signature _____

Date _____ Phone No. _____

Form ST-6B Virginia Schedule of Local Taxes

1

2

Name
1TAXPAYER-NAMEONE8901234567890123456789 0
2TAXPAYER-NAMETW0890123456789012345678 90
3ADDRESSLINEONE6789012345678901234567890
4ADDRESSLINETW0678901234567890123456789 0
5CITY6789012345678 90 ST ZIPCODE890

3

Account ID 00-000000000F-000

4

Period MMM-MMM-MMM YYYY

10

Locality Name & Code Counties		Tax	Locality Name & Code Counties		Tax
ACCOMACK	51001	00000000.00	GREENSVILLE	51081	00000000.00
ALBEMARLE	51003	00000000.00	HALIFAX	51083	00000000.00
ALLEGHANY	51005	00000000.00	HANOVER	51085	00000000.00
AMELIA	51007	00000000.00	HENRICO	51087	00000000.00
AMHERST	51009	00000000.00	HENRY	51089	00000000.00
APPOMATTOX	51001	00000000.00	HIGHLAND	51091	00000000.00
ARLINGTON	51013	00000000.00	ISLE OF WIGHT	51093	00000000.00
AUGUSTA	51015	00000000.00	JAMES CITY	51095	00000000.00
BATH	51017	00000000.00	KING AND QUEEN	51097	00000000.00
BEDFORD COUNTY	51019	00000000.00	KING GEORGE	51099	00000000.00
BLAND	51021	00000000.00	KING WILLIAM	51101	00000000.00
BOTETOURT	51023	00000000.00	LANCASTER	51103	00000000.00
BRUNSWICK	51025	00000000.00	LEE	51105	00000000.00
BUCHANAN	51027	00000000.00	LOUDOUN	51107	00000000.00
BUCKINGHAM	51029	00000000.00	LOUISA	51109	00000000.00
CAMPBELL	51031	00000000.00	LUNENBURG	51111	00000000.00
CAROLINE	51033	00000000.00	MADISON	51113	00000000.00
CARROLL	51035	00000000.00	MATHEWS	51115	00000000.00
CHARLES CITY	51036	00000000.00	MECKLENBURG	51117	00000000.00
CHARLOTTE	51037	00000000.00	MIDDLESEX	51119	00000000.00
CHESTERFIELD	51041	00000000.00	MONTGOMERY	51121	00000000.00
CLARKE	51043	00000000.00	NELSON	51125	00000000.00
CRAIG	51045	00000000.00	NEW KENT	51127	00000000.00
CULPEPER	51047	00000000.00	NORTHAMPTON	51131	00000000.00
CUMBERLAND	51049	00000000.00	NORTHUMBERLAND	51133	00000000.00
DICKENSON	51051	00000000.00	NOTTOWAY	51135	00000000.00
DINWIDDIE	51053	00000000.00	ORANGE	51137	00000000.00
ESSEX	51057	00000000.00	PAGE	51139	00000000.00
FAIRFAX COUNTY	51059	00000000.00	PATRICK	51141	00000000.00
FAUQUIER	51061	00000000.00	PITTSYLVANIA	51143	00000000.00
FLOYD	51063	00000000.00	POWHATAN	51145	00000000.00
FLUVANNA	51065	00000000.00	PRINCE EDWARD	51147	00000000.00
FRANKLIN (COUNTY)	51067	00000000.00	PRINCE GEORGE	51149	00000000.00
FREDERICK	51069	00000000.00	PRINCE WILLIAM	51153	00000000.00
GILES	51071	00000000.00	PULASKI	51155	00000000.00
GLOUCESTER	51073	00000000.00	RAPPAHANNOCK	51157	00000000.00
GOOCHLAND	51075	00000000.00			
GRAYSON	51077	00000000.00	**Subtotal Page 1**		00000000.00
GREENE	51079	00000000.00			

Form ST-6B Virginia Schedule of Local Taxes

Name
1TAXPAYER-NAMEONE890123456789012345678 90
2TAXPAYER-NAMETWO890123456789012345678 90
3ADDRESSLINEONE678901234567890123456789 0
4ADDRESSLINETWO678901234567890123456789 0
5CITY678901234567890 ST ZIPCODE890

Account ID 00-000000000F-000

Period MMM-MMM-MMM YYYY

Locality Name & Code		Tax
Counties		
RICHMOND COUNTY	51159	00000000.00
ROANOKE COUNTY	51161	00000000.00
ROCKBRIDGE	51163	00000000.00
ROCKINGHAM	51165	00000000.00
RUSSELL	51167	00000000.00
SCOTT	51169	00000000.00
SHENANDOAH	51171	00000000.00
SMYTH	51173	00000000.00
SOUTHAMPTON	51175	00000000.00
SPOTSYLVANIA	51177	00000000.00
STAFFORD	51179	00000000.00
SURRY	51181	00000000.00
SUSSEX	51183	00000000.00
TAZEWELL	51185	00000000.00
WARREN	51187	00000000.00
WASHINGTON	51191	00000000.00
WESTMORELAND	51193	00000000.00
WISE	51195	00000000.00
WYTHE	51197	00000000.00
YORK	51199	00000000.00
Cities		
ALEXANDRIA	51510	00000000.00
BEDFORD	51515	00000000.00
BRISTOL	51520	00000000.00
BUENA VISTA	51530	00000000.00
CHARLOTTESVILLE	51540	00000000.00
CHESAPEAKE	51550	00000000.00
COLONIAL HEIGHTS	51570	00000000.00
COVINGTON	51580	00000000.00
DANVILLE	51590	00000000.00
EMPORIA	51595	00000000.00
FAIRFAX	51600	00000000.00
FALLS CHURCH	51610	00000000.00
FRANKLIN CITY	51620	00000000.00
FREDERICKSBURG	51630	00000000.00

Locality Name & Code		Tax
Cities		
GALAX	51640	00000000.00
HAMPTON	51650	00000000.00
HARRISONBURG	51660	00000000.00
HOPEWELL	51670	00000000.00
LEXINGTON	51678	00000000.00
LYNCHBURG	51680	00000000.00
MANASSAS	51683	00000000.00
MANASSAS PARK	51685	00000000.00
MARTINSVILLE	51690	00000000.00
NEWPORT NEWS	51700	00000000.00
NORFOLK	51710	00000000.00
NORTON	51720	00000000.00
PETERSBURG	51730	00000000.00
POQUOSON	51735	00000000.00
PORTSMOUTH	51740	00000000.00
RADFORD	51750	00000000.00
RICHMOND CITY	51760	00000000.00
ROANOKE CITY	51770	00000000.00
SALEM	51775	00000000.00
STAUNTON	51790	00000000.00
SUFFOLK	51800	00000000.00
VIRGINIA BEACH	51810	00000000.00
WAYNESBORO	51820	00000000.00
WILLIAMSBURG	51830	00000000.00
WINCHESTER	51840	00000000.00
Subtotal Page 2		00000000.00
Subtotal Page 1		00000000.00
Total Local Taxes		00000000.00

FORM ST-9

(DOC ID 109)
VIRGINIA
RETAIL SALES
AND USE TAX
RETURN

For assistance call: ***(804) 367-8037***

FOR PERIOD ENDING
1 XXX 0000

DUE DATE
2 XXX 00, 0000

3 0000000000000000 109VVVV 000000

ACCOUNT NUMBER
4 00-0000000000F-000

LOCALITY
5 000

6
1TAXPAYER-NAME1234567890123456789 01
2TAXPAYER-NAME1234567890123456789 01
3TAXPAYER-NAME1234567890123456789 01
ADDRESSLINE1MMMMMMMMMMMMMMMMMMMMMMMM
ADDRESSLINE2MMMMMMMMMMMMMMMMMMMMMMMM
CITYMMMMMMMMMMMMMMMMMMMM ST
ZIPCODE00

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 PHONE NO.

Mail to: **Virginia Department of Taxation, P.O. Box 26626 , Richmond, VA 23261-6626**

7

1. GROSS SALES		1. 0000000000.00 ●
2. PERSONAL USE		2. 0000000000.00 ●
3. EXEMPT STATE SALES AND OTHER DEDUCTIONS		3. 0000000000.00 ●
4. TOTAL TAXABLE STATE SALES AND USE		4. 0000000000.00
(a) ITEM AND TAX RATE	**(b)** TAXABLE AMOUNT	**(c)** TAX
5. **STATE**- FOOD SALES & USE (1.5%)	0000000000.00	5. 0000000000.00 ●
6. **STATE** - GENERAL SALES & USE (4%)	0000000000.00	6. 0000000000.00 ●
7. LOCAL - SALES & USE (1%)	0000000000.00	7. 0000000000.00 ●
8. **TOTAL STATE TAX: Line 5 (c) plus Line 6(c)**		8. 0000000000.00
9. DEALER'S DISCOUNT		9. 0000000000.00 ●
10. NET STATE TAX DUE: Line 8 minus Line 9		10 0000000000.00
11. TOTAL STATE AND LOCAL TAX DUE: Line 10 plus Line 7(c)		11. 0000000000.00
12. PENALTY		12. 0000000000.00 ●
13. INTEREST		13. 0000000000.00 ●

14. TOTAL AMOUNT DUE : 14. 0000000000.00 ●

8

Check here if paid by EFT X 9

Do not write in the space at right.

Form ST-9CO Virginia Retail Sales and Use Tax Return

For assistance, call (804)367-8037.

Name 1TAXPAYER-NAMEONE8901234567890123456789O
2TAXPAYER-NAMETWO8901234567890123456789O
3ADDRESSLINEONE6789O1234567890123456789O
4ADDRESSLINETWO6789O1234567890123456789O
5CITY6789O1234567890 ST ZIPCODE89O

Account Number 00-000000000F-000
Period XXX 0000
Due Date XXX 00, 0000

1	**Gross Sales and/or Rentals**	1	0000000000.00
2	**Personal Use**	2	0000000000.00
3	**Total Exempt State Sales and Other Deductions**	3	0000000000.00
4	**Total Taxable State Sales and Use**	4	0000000000.00

	a - Item		b - Taxable Amount	c - Tax
5	**State - Food Sales and Use** (1.5%)	5	0000000000.00	0000000000.00
6	**State - General Sales and Use** (4%)	6	0000000000.00	0000000000.00
7	**Local - Sales and Use** (1%)	7	0000000000.00	0000000000.00

8	**Total State Tax** (**Line 5**, Column c + **Line 6**, Column c)	8	0000000000.00
9	**Dealer's Discount** - See instructions.	9	0000000000.00
10	**Net State Tax Due** (Line 8 - Line 9)	10	0000000000.00
11	**Total State and Local Tax Due** (Line 10 + Line 7, Column c)	11	0000000000.00
12	**Penalty For Late Filing & Payment** - See instructions.	12	0000000000.00
13	**Interest For Late Filing & Payment** - See instructions.	13	0000000000.00
14	**Total Amount Due** (Line 11 + Line 12 + Line 13) Also, enter this amount below on the voucher.	14	0000000000.00

X Check if paid by EFT.

Be sure to sign on the reverse side of this return.

Form ST-9V Virginia Retail Sales and Use Tax Voucher

(Doc ID139)

Period MMM YYYY Due Date MMM DD, YYYY

0000000000000000 139VVVV 000000

Account Number
00-000000000F-000

1TAXPAYER-NAMEONE8901234567890123456789O
2TAXPAYER-NAMETWO8901234567890123456789O
3ADDRESSLINEONE6789O1234567890123456789O
4ADDRESSLINETWO6789O1234567890123456789O
5CITY6789O1234567890 ST ZIPCODE89O

Total Amount Due
(Line 14 of above return)

0000000000.00

Mail to: **P.O. Box 26627, Richmond, VA 23261-6627**

Schedule of Local Taxes for Consolidated Filers

The following pages contain the format for the Schedule of Local Tax required of consolidated dealers. This schedule was developed as though a computation of taxes was required for every locaity in Virginia. When programming, please plan for calcuation and printing only those localities for which your clients have locations.

Form ST-9B **Virginia Schedule of Local Taxes**

1

2

Name 1TAXPAYER-NAMEONE8901234567890123456789 0 Account Number 00-000000000F-000 3

Period XXX 0000 4

LOCALITY NAME LOCALITY CODE GROSS SALES	PERSONAL USE	EXEMPT LOCAL	OTHER DEDUCTIONS	TAXABLE LOCAL
ACCOMACK 51001 00000000.00	10 00000000.00	00000000.00	00000000.00	0000000.00
ALBEMARLE 51003 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
ALLEGHANY 51005 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
AMELIA 51007 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
AMHERST 51009 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
APPOMATTOX 51001 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
ARLINGTON 51013 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
AUGUSTA 51015 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
BATH 51017 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
BEDFORD COUNTY 51019 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
BLAND 51021 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
BOTETOURT 51023 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00

Form ST-9B **Virginia Schedule of Local Taxes**

1

2

Name 1TAXPAYER-NAMEONE8901234567890123456789 0 Account Number 00-000000000F-000 3

Period XXX 0000 4

LOCALITY NAME LOCALITY CODE GROSS SALES	PERSONAL USE	EXEMPT LOCAL	OTHER DEDUCTIONS	TAXABLE LOCAL
BRUNSWICK 51025 00000000.00	9 00000000.00	00000000.00	00000000.00	00000000.00
BUCHANAN 51027 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
BUCKINGHAM 51029 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
CAMPBELL 51031 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
CAROLINE 51033 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
CARROLL 51035 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
CHARLES CITY 51036 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
CHARLOTTE 51037 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
CHESTERFIELD 51041 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
CLARKE 51043 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
CRAIG 51045 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
CULPEPER 51047 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00

Form ST-9B **Virginia Schedule of Local Taxes**

1

2

Name 1TAXPAYER-NAMEONE8901234567890123456789 0 Account Number 00-000000000F-000 3

Period XXX 0000 4

LOCALITY NAME LOCALITY CODE GROSS SALES	PERSONAL USE	EXEMPT LOCAL	OTHER DEDUCTIONS	TAXABLE LOCAL
CUMBERLAND 51049 00000000.00	9 00000000.00	00000000.00	00000000.00	00000000.00
DICKENSON 51051 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
DINWIDDIE 51053 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
ESSEX 51057 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
FAIRFAX COUNTY 51059 00000000.00	0000000000	00000000.00	00000000.00	00000000.00
FAUQUIER 51061 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
FLOYD 51063 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
FLUVANNA 51065 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
FRANKLIN COUNTY 51067 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
FREDERICK 51069 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
GILES 51071 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
GLOUCESTER 51073 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00

Form ST-9B **Virginia Schedule of Local Taxes**

1

2

Name 1TAXPAYER-NAMEONE8901234567890123456789 0 Account Number 00-000000000F-000 3

Period XXX 0000 4

LOCALITY NAME LOCALITY CODE GROSS SALES	PERSONAL USE	EXEMPT LOCAL	OTHER DEDUCTIONS	TAXABLE LOCAL
GOOCHLAND 51075 00000000.00	9 00000000.00	00000000.00	00000000.00	00000000.00
GRAYSON 51077 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
GREENE 51079 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
GREENSVILLE 51081 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
HALIFAX 51083 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
HANOVER 51085 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
HENRICO 51087 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
HENRY 51089 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
HIGHLAND 51091 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
ISLE OF WIGHT 51093 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
JAMES CITY 51095 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
KING AND QUEEN 51097 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00

Form ST-9B **Virginia Schedule of Local Taxes**

1

2

Name 1TAXPAYER-NAMEONE8901234567890123456789 0 Account Number 00-000000000F-000 3

Period XXX 0000 4

LOCALITY NAME LOCALITY CODE GROSS SALES	PERSONAL USE	EXEMPT LOCAL	OTHER DEDUCTIONS	TAXABLE LOCAL
KING GEORGE 51099 00000000.00	9 00000000.00	00000000.00	00000000.00	00000000.00
KING WILLIAM 51101 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
LANCASTER 1103 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
LEE 51105 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
LOUDOUN 51107 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
LOUISA 51109 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
LUNENBURG 51111 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
MADISON 51113 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
MATHEWS 51115 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
MECKLENBURG 51117 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
MIDDLESEX 51119 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
MONTGOMERY 51121 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00

Form ST-9B **Virginia Schedule of Local Taxes**

1

2

Name 1TAXPAYER-NAMEONE8901234567890123456789 0 Account Number 00-000000000F-000 3

Period XXX 0000 4

LOCALITY NAME LOCALITY CODE GROSS SALES	PERSONAL USE	EXEMPT LOCAL	OTHER DEDUCTIONS	TAXABLE LOCAL
NELSON 51125 00000000.00	9 00000000.00	00000000.00	00000000.00	00000000.00
NEW KENT 51127 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
NORTHAMPTON 51131 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
NORTHUMBERLAND 51133 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
NOTTOWAY 51135 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
ORANGE 51137 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
PAGE 51139 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
PATRICK 51141 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
PITTSYLVANIA 51143 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
POWHATAN 51145 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
PRINCE EDWARD 51147 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
PRINCE GEORGE 51149 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00

Form ST-9B **Virginia Schedule of Local Taxes**

1

2

Name 1TAXPAYER-NAMEONE8901234567890123456789 0 Account Number 00-000000000F-000 3

Period XXX 0000 4

LOCALITY NAME LOCALITY CODE GROSS SALES	PERSONAL USE	EXEMPT LOCAL	OTHER DEDUCTIONS	TAXABLE LOCAL
PRINCE WILLIAM 9 51153 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
PULASKI 51155 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
RAPPAHANNOCK 51157 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
RICHMOND COUNTY 51159 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
ROANOKE COUNTY 51161 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
ROCKBRIDGE 51163 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
ROCKINGHAM 51165 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
RUSSELL 51167 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SCOTT 51169 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SHENANDOAH 51171 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SMYTH 51173 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SOUTHAMPTON 1175 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00

Form ST-9B **Virginia Schedule of Local Taxes**

1

2

Name 1TAXPAYER-NAMEONE8901234567890123456789 0 Account Number 00-000000000F-000 3

Period XXX 0000 4

LOCALITY NAME LOCALITY CODE GROSS SALES	PERSONAL USE	EXEMPT LOCAL	OTHER DEDUCTIONS	TAXABLE LOCAL
SPOTSYLVANIA 51177 00000000.00	9 00000000.00	00000000.00	00000000.00	00000000.00
STAFFORD 51179 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SURRY 51181 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUSSEX 51183 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
TAZEWELL 51185 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
WARREN 51187 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
WASHINGTON 51191 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
WESTMORELAND 51193 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
WISE 51195 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
WYTHE 51197 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
YORK 51199 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
ALEXANDRIA 51510 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00

Form ST-9B **Virginia Schedule of Local Taxes**

1

2

Name 1TAXPAYER-NAMEONE8901234567890123456789 0 Account Number 00-000000000F-000 3

Period XXX 0000 4

LOCALITY NAME LOCALITY CODE GROSS SALES	PERSONAL USE	EXEMPT LOCAL	OTHER DEDUCTIONS	TAXABLE LOCAL
BEDFORD CITY 51515 00000000.00	9 00000000.00	00000000.00	00000000.00	00000000.00
BRISTOL 51520 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
BUENA VISTA 51530 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
CHARLOTTESVILLE 51540 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
CHESAPEAKE 51550 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
COLONIAL HEIGHTS 51570 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
COVINGTON 51580 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
DANVILLE 51590 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
EMPORIA 51595 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
FAIRFAX 51600 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
FALLS CHURCH 51610 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
FRANKLIN CITY 51620 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00

Form ST-9B **Virginia Schedule of Local Taxes**

1

2

Name 1TAXPAYER-NAMEONE8901234567890123456789 0 Account Number 00-000000000F-000 3

Period XXX 0000 4

LOCALITY NAME LOCALITY CODE GROSS SALES	PERSONAL USE	EXEMPT LOCAL	OTHER DEDUCTIONS	TAXABLE LOCAL
FREDERICKSBURG 9 51630 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
GALAX 51640 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
HAMPTON 51650 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
HARRISONBURG 51660 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
HOPEWELL 51670 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
LEXINGTON 51678 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
LYNCHBURG 51680 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
MANASSAS 51683 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
MANASSAS PARK 51685 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
MARTINSVILLE 51690 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
NEWPORT NEWS 51700 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
NORFOLK 51710 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00

Form ST-9B **Virginia Schedule of Local Taxes**

1

2

Name 1TAXPAYER-NAMEONE8901234567890123456789 0 Account Number 00-000000000F-000 3

Period XXX 0000 4

LOCALITY NAME LOCALITY CODE GROSS SALES	PERSONAL USE	EXEMPT LOCAL	OTHER DEDUCTIONS	TAXABLE LOCAL
NORTON 51720 00000000.00	9 00000000.00	00000000.00	00000000.00	00000000.00
PETERSBURG 51730 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
POQUOSON 51735 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
PORTSMOUTH 51740 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
RADFORD 51750 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
RICHMOND CITY 51760 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
ROANOKE CITY 51770 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SALEM 51775 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
STAUNTON 51790 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUFFOLK 51800 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
VIRGINIA BEACH 51810 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
WAYNESBORO 51820 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00

Form ST-9B **Virginia Schedule of Local Taxes**

1

2

Name 1TAXPAYER-NAMEONE8901234567890123456789 0 Account Number 00-000000000F-000 3

Period XXX 0000 4

LOCALITY NAME LOCALITY CODE GROSS SALES	PERSONAL USE	EXEMPT LOCAL	OTHER DEDUCTIONS	TAXABLE LOCAL
WILLIAMSBURG 51830 00000000.00	9 00000000.00	00000000.00	00000000.00	00000000.00
WINCHESTER 51840 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL FROM OTHER PAGES, IF **APPROPRIATE** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
TOTAL ALL PAGES 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00
SUBTOTAL **PAGE 99** 00000000.00	00000000.00	00000000.00	00000000.00	00000000.00

FORM T-1 VIRGINIA TIRE RECYCLING FEE RETURN
(DOC ID 201)

For Assistance Call (804) 367-8037

1 FOR PERIOD ENDING
XXX 0000

2 FILING DATE
XXX 00, 0000

3
0000000000000000 201VVVV 000000

4 ACCOUNT NUMBER
00-0000000000F-000

5
1TAXPAYER-NAME1234567890123456789 01
2TAXPAYER-NAME1234567890123456789 01
3TAXPAYER-NAME1234567890123456789 01
ADDRESSLINE1MMMMMMMMMMMMMMMMMMMMMMMM
ADDRESSLINE2MMMMMMMMMMMMMMMMMMMMMMMM
CITYMMMMMMMMMMMMMMMMMM ST
ZIPCODE00

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 PHONE NO.

1. NUMBER OF TIRES SOLD	0000000000.00 6
2d. TOTAL DEDUCTIONS	0000000000.00
3. ITEM 1 LESS ITEM 2d	0000000000.00
4. RECYCLING FEE	0000000000.00
5. DEALER'S 5% DISCOUNT	0000000000.00
6. ITEM 4 LESS ITEM 5	0000000000.00
7. PENALTY FOR LATE FILING AND PAYMENT	0000000000.00
8. INTEREST FOR LATE FILING AND PAYMENT	0000000000.00
9. TOTAL FEE, PENALTY AND INTEREST	0000000000.00 7

ITEM 4. Multiply Item 3 by the rate for the period shown below.

- For filing periods through June 30, 2003 the rate is $.50 per tire.
- For filing periods beginning July 1, 2003 through June 30, 2006 the rate is $1.00 per tire.
- For filing periods beginning June 30, 2006 the rate is $.50 per tire.

Form VA-15 Employer's Voucher For Payment of Virginia Income Tax Withheld (Semi-Weekly)

(DOC ID 315)

For assistance, call (804)367-8037.

For Period Ending MM/YY 1

0000000000000000 315VVVV 000000 2

Account No 00-0000000000F-000 3

FEIN 00-00000000 4

5

1TAXPAYER-NAMEONE8901234567890123456789 0
2TAXPAYER-NAMETWO8901234567890123456789 0
3ADDRESSLINEONE6789012345678901234567890
4ADDRESSLINETWO6789012345678901234567890
5CITY6789012345678901 ST ZIPCODE890

Declaration and Signature

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 Phone Number

Total Amount Due 0000000000.00 6

Please do not print name and/or address changes on this voucher. Use the Change Form (R3) at all times to ensure the accuracy of your account.

Please do not write in the area below.

FORM VA-16
(DOC ID 316)

Please do not fold or staple

EMPLOYER'S QUARTERLY RECONCILATION AND RETURN OF VIRGINIA INCOME TAX WITHHELD

Make Check or Money Order Payable to:
VA Department of Taxation
P.O. BOX 27264, RICHMOND, VA 23218-7264
FOR INFORMATION CALL 804-367-8037

1 X CHECK HERE IF PAID BY EFT

2 OOOOOOOOOOOOOOOOO 316VVVV OOOOOO

FOR PERIOD ENDING	DUE DATE	ACCOUNT NUMBER	FEIN
3 OO/OO	4 OO/OO/OO	5 OO-OOOOOOOOOF-OOO	6 OOOOOOOOO

7
1TAPAYER-NAME1234567890123456789 01
2TAXPAYER-NAME1234567890123456789 01
3TAXPAYER-NAME1234567890123456789 01
ADDRESSLINE1MMMMMMMMMMMMMMMMMMMMMMMM
ADDRESSLINE2MMMMMMMMMMMMMMMMMMMMMMMM
CITYMMMMMMMMMMMMMMMM ST ZIPCODEOO

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

SIGNATURE **DATE** **TELEPHONE NUMBER**

1. VA Income Tax Withheld	8 OOOOOOOOOO.OO
2. Previous Perilod(s) Adjustment (See Instructions)	OOOOOOOOOO.OO
I`3. Adjusted Total	OOOOOOOOOO.OO
4. Payments made during the period of this return	OOOOOOOOOO.OO
5. Balance tax due this quarter	OOOOOOOOOO.OO
6. Penalty (See Instructions)	OOOOOOOOOO.OO
7. Interest (See Instructions)	OOOOOOOOOO.OO
8. Payment for month following the period of this return	OOOOOOOOOO.OO
9. Total Amount Due	9 OOOOOOOOOO.OO

Form VA-5
(Doc ID 355)

Employer's Return of Virginia Income Tax Withheld

For assistance, call (804)367-8037.

Period ❶ MMM YYYY

Due Date ❷ MMM DD, YYYY

❸

0000000000000000 355VVVV 000000

Account No 00-000000000F-000

FEIN 00-0000000 ❺

❻

1TAXPAYER-NAMEONE8901234567890123456789 0
2TAXPAYER-NAMETWO8901234567890123456789 0
3ADDRESSLINEONE6789012345678901234567890
4ADDRESSLINETWO6789012345678901234567890
5CITY6789012345678901 ST ZIPCODE890

Signature _____

Date _____ Phone No. _____

1.	VA Income Tax Withheld	0000000000.00 ❼
2.	Previous Period(s) Adjustments (See Instructions)	0000000000.00
3.	Adjustment Total	0000000000.00
4.	Penalty (See Instructions)	0000000000.00
5.	Interest (See Instructions)	0000000000.00
6.	Total Amount Due	0000000000.00 ❽

FORM VA-6

(DOC ID 306)

VIRGINIA DEPARTMENT OF TAXATION

P.O. BOX 1278, RICHMOND, VA 23218-1278

FOR INFORMATION CALL (804) 367-8037

1

EMPLOYER'S ANNUAL OR FINAL SUMMARY OF VIRGINIA INCOME TAX WITHHELD

1. J AN	0000000000.00	5. MAY	0000000000.00	9. SEP	0000000000.00
2. FEB	0000000000.00	6. JUN	0000000000.00	3rd QTR 10. OCT	0000000000.00
3. MAR	0000000000.00	2nd QTR 7. JUL	0000000000.00	11. NOV	0000000000.00
1st QTR 4. APR	0000000000.00	8. AUG	0000000000.00	12. DEC	0000000000.00

4th QTR

2

0000000000000000 306VVVV 000000

3 CALENDAR YEAR	4 DUE DATE	5 ACCOUNT NUMBER	6 FEIN	
0000	00/00/00	00-0000000000F-000	000000000	

7

1TAXPAYER-NAME1234567890123456789 01
2TAXPAYER-NAME1234567890123456789 01
3TAXPAYER-NAME1234567890123456789 01
ADDRESSLINE1MMMMMMMMMMMMMMMMMMMMMMMM
ADDRESSLINE2MMMMMMMMMMMMMMMMMMMMMMMM
CITYMMMMMMMMMMMMMMMM ST ZIPCODE00

A COPY OF EACH W-2 AND/OR 1099 STATEMENT (STATE COPY) FOR WHICH VIRGINIA WITHHOLDING WAS REQUIRED MUST BE FILED WITH THIS REPORT.

13. TOTAL PAYMENTS (Lines 1 thru 12) 0000000000.00 8

14. TOTAL VA TAX WITHHELD ON W-2 AND/OR 1099 STATEMENTS (e.g. 1099R) 0000000000.00 9

15. ADDITIONAL PAYMENT 0000000000.00 10

16. ENTER THE TOTAL NUMBER OF W-2 AND/OR 1099 STATEMENTS (STATE COPY) SENT WITH THIS REPORT 00000 11

12 X **CHECK HERE IF PAID BY EFT** ***Please do not write below this line***

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

SIGNATURE **DATE** **TELEPHONE NUMBER**

Form VM-2 Virginia Vending Machine Dealer's Sales Tax Return

For assistance, call (804)367-8037.

1

Name 2

1TAXPAYER-NAMEONE8901234567890123456789 0
2TAXPAYER-NAMETWO8901234567890123456789 0
3ADDRESSLINEONE6789012345678901234567890
4ADDRESSLINETWO6789012345678901234567890
5CITY6789012345678901 ST ZIPCODE890

Account Number 00-000000000F-000 3

Period MMM YYYY 4

Due Date MMM DD, YYYY 5

	Column A - Item		Column B - State	Column C - Local
1	**Cost of Tangible Personal Property**	1	0000000000.00	0000000000.00 6
2d	**Total Deductions**	2d	0000000000.00	0000000000.00
3	**Total Taxable Amount**	3	0000000000.00	0000000000.00
4	**Tax (5% State, 1% Local)**	4	0000000000.00	0000000000.00
5b	**Dealer's Discount**	5b	0000000000.00	
6	**Net Tax Due** (Line 4 - Line 5b)	6	0000000000.00	0000000000.00
7	**Penalty For Late Filing & Payment**	7	0000000000.00	0000000000.00
8	**Interest For Late Filing & Payment**	8	0000000000.00	0000000000.00
9	**Total Tax, Penalty and Interest Due** (Line 6 + Line 7 + Line 8)	9	0000000000.00	0000000000.00

10 **Total Amount Due** (Line 9, Col. B + Col. C) **10** 0000000000.00 7
Also, enter this amount below on the voucher.

8
X Check if paid by EFT.

X Check if Out-of-Business and enter the termination/sold date MM/DD/YY

Be sure to sign on the reverse side of this return.

Form VM-2V Virginia Vending Machine Dealer's Sales Tax Voucher

(Doc ID 232)

Period 4 MMM YYYY Due Date 5 MMM DD, YYYY

0000000000000000 232VVVV 000000 9

Account Number
00-000000000F-000 3

2
1TAXPAYER-NAMEONE8901234567890123456789 0
2TAXPAYER-NAMETWO8901234567890123456789 0
3ADDRESSLINEONE6789012345678901234567890
4ADDRESSLINETWO6789012345678901234567890
5CITY6789012345678901 ST ZIPCODE890

Total Amount Due
(Line 10 of above return.)

7
0000000000.00

Form VM-2B **Schedule of Local Vending Machine Sales Tax**

1

Name

2

1TAXPAYER-NAMEONE890123456789012345678 90
2TAXPAYER-NAMETWO890123456789012345678 90

Account Number 00-000000000F-000 3

Period MMM YYYY 4

Locality Name 10	Code	Cost Price and/or Manufactured Cost of Tangible Personal Property Sold Through Vending Machine	Total Deductions	Amount on Which Local Vending Machine Tax Will Be Computed
ACCOMACK	51001	000000000.00	000000000.00	000000000.00
ALBEMARLE	51003	000000000.00	000000000.00	000000000.00
ALLEGHANY	51005	000000000.00	000000000.00	000000000.00
AMELIA	51007	000000000.00	000000000.00	000000000.00
AMHERST	51009	000000000.00	000000000.00	000000000.00
APPOMATTOX	51011	000000000.00	000000000.00	000000000.00
ARLINGTON	51013	000000000.00	000000000.00	000000000.00
AUGUSTA	51012	000000000.00	000000000.00	000000000.00
BATH	51017	000000000.00	000000000.00	000000000.00
BEDFORD	51019	000000000.00	000000000.00	000000000.00
Subtotal this page		000000000.00	000000000.00	000000000.00
Subtotals From Other Pages, If Applicable		000000000.00	000000000.00	000000000.00
Grand Total		000000000.00	000000000.00	000000000.00
		Grand Total must equal the amount shown on Line 1, Col. C, Form VM-2.	Grand Total must equal the amount shown on Line 2d, Col. C, Form VM-2	Grand Total must equal the amount shown on Line 3, Col. C, Form VM-2

VIRGINIA DEPARTMENT OF TAXATION
VENDING MACHINE SALES TAX
PO BOX 26627
RICHMOND VA 23261-6627

Mail to this address.

Form VM-2B **Schedule of Local Vending Machine Sales Tax**

1

Name

2

1TAXPAYER-NAMEONE8901234567890123456789 0
2TAXPAYER-NAMETWO8901234567890123456789 0

Account Number 00-000000000F-000 3

Period MMM YYYY 4

Locality Name	Code	Cost Price and/or Manufactured Cost of Tangible Personal Property Sold Through Vending Machine	Total Deductions	Amount on Which Local Vending Machine Tax Will Be Computed
BOTETOURT	51023	000000000.00	000000000.00	000000000.00
BRUNSWICK	51025	000000000.00	000000000.00	000000000.00
BUCHANAN	51027	000000000.00	000000000.00	000000000.00
BUCKINGHAM	51029	000000000.00	000000000.00	000000000.00
CAMPBELL	51031	000000000.00	000000000.00	000000000.00
CAROLINE	51033	000000000.00	000000000.00	000000000.00
CARROLL	51035	000000000.00	000000000.00	000000000.00
CHARLES CITY	51036	000000000.00	000000000.00	000000000.00
CHARLOTTE	51037	000000000.00	000000000.00	000000000.00
CHESTERFIELD	51041	000000000.00	000000000.00	000000000.00
CLARKE	51043	000000000.00	000000000.00	000000000.00
CRAIG	51045	000000000.00	000000000.00	000000000.00
CULPEPER	51047	000000000.00	000000000.00	000000000.00
CUMBERLAND	51049	000000000.00	000000000.00	000000000.00
DICKENSON	51051	000000000.00	000000000.00	000000000.00
DINWIDDIE	51053	000000000.00	000000000.00	000000000.00
ESSEX	51057	000000000.00	000000000.00	000000000.00
FAIRFAX	51059	000000000.00	000000000.00	000000000.00
FAUQUIER	51061	000000000.00	000000000.00	000000000.00
FLOYD	51063	000000000.00	000000000.00	000000000.00
FLUVANNA	51065	000000000.00	000000000.00	000000000.00
FRANKLIN	51067	000000000.00	000000000.00	000000000.00
FREDERICK	51069	000000000.00	000000000.00	000000000.00
GILES	51071	000000000.00	000000000.00	000000000.00
Subtotal this page		000000000.00	000000000.00	000000000.00

Form VM-2B **Schedule of Local Vending Machine Sales Tax**

1

Name

2

1TAXPAYER-NAMEONE8901234567890123456789 0
2TAXPAYER-NAMETWO8901234567890123456789 0

Account Number 00-000000000F-000 3

Period MMM YYYY 4

Locality Name	Code	Cost Price and/or Manufactured Cost of Tangible Personal Property Sold Through Vending Machine	Total Deductions	Amount on Which Local Vending Machine Tax Will Be Computed
GLOUCESTER	51073	000000000.00	000000000.00	000000000.00
GOOCHLAND	51075	000000000.00	000000000.00	000000000.00
GRAYSON	51077	000000000.00	000000000.00	000000000.00
GREENE	51079	000000000.00	000000000.00	000000000.00
GREENSVILLE	51081	000000000.00	000000000.00	000000000.00
HALIFAX	51083	000000000.00	000000000.00	000000000.00
HANOVER	51085	000000000.00	000000000.00	000000000.00
HENRICO	51087	000000000.00	000000000.00	000000000.00
HENRY	51089	000000000.00	000000000.00	000000000.00
HIGHLAND	51091	000000000.00	000000000.00	000000000.00
ISLE OF WIGHT	51093	000000000.00	000000000.00	000000000.00
JAMES CITY	51095	000000000.00	000000000.00	000000000.00
KING AND QUEEN	51097	000000000.00	000000000.00	000000000.00
KING GEORGE	51099	000000000.00	000000000.00	000000000.00
KING WILLIAM	51101	000000000.00	000000000.00	000000000.00
LANCASTER	51103	000000000.00	000000000.00	000000000.00
LEE	51105	000000000.00	000000000.00	000000000.00
LOUDOUN	51107	000000000.00	000000000.00	000000000.00
LOUISA	51109	000000000.00	000000000.00	000000000.00
LUNENBURG	51111	000000000.00	000000000.00	000000000.00
MADISON	51113	000000000.00	000000000.00	000000000.00
MATHEWS	51115	000000000.00	000000000.00	000000000.00
MECKLENBURG	51117	000000000.00	000000000.00	000000000.00
MIDDLESEX	51119	000000000.00	000000000.00	000000000.00
Subtotal this page		000000000.00	000000000.00	000000000.00

Form VM-2B **Schedule of Local Vending Machine Sales Tax**

1

Name

2

1TAXPAYER-NAMEONE890123456789012345678 90
2TAXPAYER-NAMETWO890123456789012345678 90

Account Number 00-000000000F-000 3

Period MMM YYYY 4

Locality Name	Code	Cost Price and/or Manufactured Cost of Tangible Personal Property Sold Through Vending Machine	Total Deductions	Amount on Which Local Vending Machine Tax Will Be Computed
MONTGOMERY	51121	000000000.00	000000000.00	000000000.00
NELSON	51125	000000000.00	000000000.00	000000000.00
NEW KENT	51127	000000000.00	000000000.00	000000000.00
NORTHAMPTON	51131	000000000.00	000000000.00	000000000.00
NORTHUMBERLAND	51133	000000000.00	000000000.00	000000000.00
NOTTOWAY	51135	000000000.00	000000000.00	000000000.00
ORANGE	51137	000000000.00	000000000.00	000000000.00
PAGE	51139	000000000.00	000000000.00	000000000.00
PATRICK	51141	000000000.00	000000000.00	000000000.00
PITTSYLVANIA	51143	000000000.00	000000000.00	000000000.00
POWHATAN	51145	000000000.00	000000000.00	000000000.00
PRINCE EDWARD	51147	000000000.00	000000000.00	000000000.00
PRINCE GEORGE	51149	000000000.00	000000000.00	000000000.00
PRINCE WILLIAM	51153	000000000.00	000000000.00	000000000.00
PULASKI	51155	000000000.00	000000000.00	000000000.00
RAPPAHANNOCK	51157	000000000.00	000000000.00	000000000.00
RICHMOND	51159	000000000.00	000000000.00	000000000.00
ROANOKE	51161	000000000.00	000000000.00	000000000.00
ROCKBRIDGE	51163	000000000.00	000000000.00	000000000.00
ROCKINGHAM	51165	000000000.00	000000000.00	000000000.00
RUSSELL	51167	000000000.00	000000000.00	000000000.00
SCOTT	51169	000000000.00	000000000.00	000000000.00
SHENANDOAH	51171	000000000.00	000000000.00	000000000.00
SMYTH	51173	000000000.00	000000000.00	000000000.00
Subtotal this page		000000000.00	000000000.00	000000000.00

Form VM-2B **Schedule of Local Vending Machine Sales Tax**

1

Name 2

1TAXPAYER-NAMEONE890123456789012345678 90
2TAXPAYER-NAMETWO890123456789012345678 90

Account Number 00-000000000F-000 3

Period MMM YYYY 4

Locality Name	Code	Cost Price and/or Manufactured Cost of Tangible Personal Property Sold Through Vending Machine	Total Deductions	Amount on Which Local Vending Machine Tax Will Be Computed
SOUTHAMPTON	51175	000000000.00	000000000.00	000000000.00
SPOTSYLVANIA	51177	000000000.00	000000000.00	000000000.00
STAFFORD	51179	000000000.00	000000000.00	000000000.00
SURRY	51181	000000000.00	000000000.00	000000000.00
SUSSEX	51183	000000000.00	000000000.00	000000000.00
TAZEWELL	51185	000000000.00	000000000.00	000000000.00
WARREN	51187	000000000.00	000000000.00	000000000.00
WASHINGTON	51191	000000000.00	000000000.00	000000000.00
WESTMORELAND	51193	000000000.00	000000000.00	000000000.00
WISE	51195	000000000.00	000000000.00	000000000.00
WYTHE	51197	000000000.00	000000000.00	000000000.00
YORK	51199	000000000.00	000000000.00	000000000.00
ALEXANDRIA	51510	000000000.00	000000000.00	000000000.00
BEDFORD (CITY)	51515	000000000.00	000000000.00	000000000.00
BRISTOL	51520	000000000.00	000000000.00	000000000.00
BUENA VISTA	51530	000000000.00	000000000.00	000000000.00
CHARLOTTESVILLE	51540	000000000.00	000000000.00	000000000.00
CHESAPEAKE	51550	000000000.00	000000000.00	000000000.00
COLONIAL HEIGHTS	51570	000000000.00	000000000.00	000000000.00
COVINGTON	51580	000000000.00	000000000.00	000000000.00
DANVILLE	51590	000000000.00	000000000.00	000000000.00
EMPORIA	51595	000000000.00	000000000.00	000000000.00
FAIRFAX (CITY)	51600	000000000.00	000000000.00	000000000.00
FALLS CHURCH	51610	000000000.00	000000000.00	000000000.00
Subtotal this page		000000000.00	000000000.00	000000000.00

Form VM-2B **Schedule of Local Vending Machine Sales Tax**

1

Name 2

1TAXPAYER-NAMEONE890123456789012345678 90
2TAXPAYER-NAMETWO890123456789012345678 90

Account Number 00-000000000F-000 3

Period MMM YYYY 4

Locality Name	Code	Cost Price and/or Manufactured Cost of Tangible Personal Property Sold Through Vending Machine	Total Deductions	Amount on Which Local Vending Machine Tax Will Be Computed
FRANKLIN (CITY)	51620	000000000.00	000000000.00	000000000.00
FREDERICKSBURG	51630	000000000.00	000000000.00	000000000.00
GALAX	51640	000000000.00	000000000.00	000000000.00
HAMPTON	51650	000000000.00	000000000.00	000000000.00
HARRISONBURG	51660	000000000.00	000000000.00	000000000.00
HOPEWELL	51670	000000000.00	000000000.00	000000000.00
LEXINGTON	51678	000000000.00	000000000.00	000000000.00
LYNCHBURG	51680	000000000.00	000000000.00	000000000.00
MANASSAS	51683	000000000.00	000000000.00	000000000.00
MANASSAS PARK	51685	000000000.00	000000000.00	000000000.00
MARTINSVILLE	51690	000000000.00	000000000.00	000000000.00
NEWPORT NEWS	51700	000000000.00	000000000.00	000000000.00
NORFOLK	51710	000000000.00	000000000.00	000000000.00
NORTON	51720	000000000.00	000000000.00	000000000.00
PETERSBURG	51730	0000000000.00	0000000000.00	000000000.00
POQUOSON	51735	0000000000.00	0000000000.00	000000000.00
PORTSMOUTH	51740	0000000000.00	0000000000.00	000000000.00
RADFORD	51750	0000000000.00	0000000000.00	000000000.00
RICHMOND (CITY)	51760	0000000000.00	0000000000.00	000000000.00
ROANOKE (CITY)	51770	0000000000.00	0000000000.00	000000000.00
SALEM	51775	0000000000.00	0000000000.00	000000000.00
STAUNTON	51790	0000000000.00	0000000000.00	000000000.00
SUFFOLK	51800	0000000000.00	0000000000.00	000000000.00
Subtotal this page		000000000.00	000000000.00	000000000.00

Form VM-2B **Schedule of Local Vending Machine Sales Tax**

1

Name

2

1TAXPAYER-NAMEONE8901234567890123456789 0
2TAXPAYER-NAMETWO8901234567890123456789 0

Account Number 00-000000000F-000 3

Period MMM YYYY 4

Locality Name	Code	Cost Price and/or Manufactured Cost of Tangible Personal Property Sold Through Vending Machine	Total Deductions	Amount on Which Local Vending Machine Tax Will Be Computed
VIRGINIA BEACH	51810	0000000000.00	0000000000.00	000000000.00
WAYNESBORO	51820	0000000000.00	0000000000.00	000000000.00
WILLIAMSBURG	51830	0000000000.00	0000000000.00	000000000.00
WINCHESTER	51840	0000000000.00	0000000000.00	000000000.00
UNASSIGNED	00300	0000000000.00	0000000000.00	000000000.00

Subtotal this page	000000000.00	000000000.00	000000000.00

Counties

Accomack	51001	Franklin County	51067	Nottoway	51135
Albermale	51003	Frederick	51069	Orange	51137
Alleghany	51005	Giles	51071	Page	51139
Amelia	51007	Gloucester	51073	Patrick	51141
Amherst	51009	Goochland	51075	Pittsylvania	51143
Appomattox	51011	Grayson	51077	Powhatan	51145
Arlington	51013	Greene	51079	Prince Edward	51147
Augusta	51015	Greensville	51081	Prince George	51149
Bath	51017	Halifax	51083	Prince William	51153
Bedford County	51019	Hanover	51085	Pulaski	51155
Bland	51021	Henrico	51087	Rappahannock	51157
Botetourt	51023	Henry	51089	Richmond County	51159
Brunswick	51025	Highland	51091	Roanoke County	51161
Buchanan	51027	Isle Of Wight	51093	Rockbridge	51163
Buckingham	51029	James City	51095	Rockingham	51165
Campbell	51031	King And Queen	51097	Russell	51167
Caroline	51033	King George	51099	Scott	51169
Carroll	51035	King William	51101	Shenandoah	51171
Charles City	51036	Lancaster	51103	Smyth	51173
Charlotte	51037	Lee	51105	Southampton	51175
Chesterfield	51041	Loudoun	51107	Spotsylvania	51177
Clarke	51043	Louisa	51109	Stafford	51179
Craig	51045	Lunenburg	51111	Surry	51181
Culpeper	51047	Madison	51113	Sussex	51183
Cumberland	51049	Mathews	51115	Tazewell	51185
Dickenson	51051	Mecklenburg	51117	Warren	51187
Dinwiddie	51053	Middlesex	51119	Washington	51191
Essex	51057	Montgomery	51121	Westmoreland	51193
Fairfax County	51059	Nelson	51125	Wise	51195
Fauquier	51061	New Kent	51127	Wythe	51197
Floyd	51063	Northampton	51131	York	51199
Fluvanna	51065	Northumberland	51133		

Cities

Alexandria	51510	Fredericksburg	51630	Petersburg	51730
Bedford City	51515	Galax	51640	Poquoson	51735
Bristol	51520	Hampton	51650	Portsmouth	51740
Buena Vista	51530	Harrisonburg	51660	Radford	51750
Charlottesville	51540	Hopewell	51670	Richmond City	51760
Chesapeake	51550	Lexington	51678	Roanoke City	51770
Colonial Heights	51570	Lynchburg	51680	Salem	51775
Covington	51580	Manassas	51683	Staunton	51790
Danville	51590	Manassas Park	51685	Suffolk	51800
Emporia	51595	Martinsville	51690	Virginia Beach	51810
Fairfax City	51600	Newport News	51700	Waynesboro	51820
Falls Church	51610	Norfolk	51710	Williamsburg	51830
Franklin City	51620	Norton	51720	Winchester	51840