760C - 2017

• Enclose this form with Form 760, 763, 760PY or 770.

Fiscal Year Filers: Enter beginning date ______ 20 _____, ending date ____

Underpayment of Virginia Estimated Tax by Individuals, Estates and Trusts



_____ 20 ____ , and check here \Box

	e, Middle Initial and Last Name (of Bot	,				al Security Number or F		
Estate or Trust, Name and Title of Fiduciary					Spouse's	Spouse's Social Security Number		
					Office Use	e SC O	office Use Pay	ment
: I - (Compute Your Underpayme	ent						
1.	2017 Income Tax Liability Af (If \$150 or less, you are not	Credits. See instru	ictions.	1				
2.	Enter 90% of the Amount Sh			2	2.			
3.	2016 Income Tax Liability Af	16 Income Tax Liability After Spouse Tax Adjustment and Tax Credits					3.	
4.	Enter the Amount From Line	Enter the Amount From Line 2 or Line 3, Whichever is Less				4	ł.	
5.	Enter the Number of Installn	iable to Make Payments 5.						
	Line 6 Th	rough 14: Comp	lete Each Line A	cross All Columns	Before Continui	ng to Next Line		
				Α	В	C		D
	Due Dates of Installment Pa	nyments		May 1, 2017	June 15, 2017	Sept. 15, 20	17 Ja	an. 15, 20
7.	Tax Liability (Divide the amount on Line reported on Line 5 and er columns)							
8.	Enter the Income Tax Withheld for Each Installment Period Enter the Overpayment Credit from Your 2016 Income Tax Return							
9.								
10.	Enter the Amount of Any Timely Payment Made for Each Installment Period in the Appropriate Column (Do not enter any late payments)							
11.	Underpayment or [Overpayment] (Subtract Lines 8, 9 and 10 from Line 7. See instructions for overpayment)							
12.	Other Payments (Enter the payments from the Late Payment/Overpayment Table below, beginning with the earliest payment recorded. Do not enter more than the underpayment in any column.)							
		Date	Amount					
	a. First Payment	/ /						
	b. Second Payment	1 1						
	c. Third Payment	1 1						
	d. Fourth Payment	1 1						
13.	Enter the Total Timely Paym Due Date From Lines 8, 9, 7 (For ex., in Column A enter a	10 and 12						
14.	Subtract Line 13 from Line 7 (If the sum of all underpayments (do not include any OVERPAYMENTS) reported is \$150 or less, stop here; you are not subject to an addition to tax. If your underpayments total more than \$150, proceed to Part II)							
		Late Payment/C)vernavment Tah	le (See Instruction	e for Linge 11 an		ontinued o	on Back
	of Payment	Date of Paymen		Date of Payme		Date of Pay		

Payment Amount

\$

Payment Amount

\$

Payment Amount

\$

Payment Amount

\$



ırt II -	Exceptions That Void the Addition to Tax		A May 1, 2017	B June 15, 2017	C Sept. 15, 2017	D Jan. 15, 2018		
15.	Total Amount Paid and Withheld from January 1, 2017 Installment Date Indicated	through the						
16.	Exception 1: Prior Year's Tax (Multiply the 2016 tax by the percentage in each col.)	00% of 2016 Tax	25%	50%	75%	100%		
17.	Exception 2: Tax on Prior Year's Income Using the 2017 Rates and Exemptions (Multiply the 2016 tax by the percentage in each col.)	100% of Tax	25%	50%	75%	100%		
18.	May 31 column: Mi August 31 column: Mi	ultiply the actual a ultiply the actual a	mula below to com amount for the per amount for the per amount for the per April 30	iod ended April 30 iod ended May 31	, 2017, by 3. , 2017, by 2.4.	d c for each col.)		
	a. Annualized Virginia Adjusted Gross Income (VAGI) for		7 (ріні 00	iviay 01	/ tagast 01			
	b. Compute the Annualized Itemized Deductions Using Above OR Enter the Full Standard Deduction in Each Did Not Claim Itemized Deductions				Note Estates and trusts			
	c. Compute the Annualized Child and Dependent Care Other Deductions for Each Period	Expenses and				should use end dates		
	d. Total Dollar Amount of Exemptions Claimed on Your	Return				of March 31, April 30		
	e. Virginia Taxable Income (Subtract Lines 18b, c and d from Line 18a)					& July 31.		
	f. Virginia Tax (Enter the Virginia income tax for the amount(s) on Lin	ie 18e)						
	g. Multiply Line 18f by the Percentage Shown for Each	22.5%	45%	67.5%	Note			
19.	Exception 4 Worksheet: Tax on 2017 Income Over a 4, 5 and 8 Month Period* (* 3, 4 and 7 months for estates and trusts) Note Exceptions							
	Fro	om January 1 to:	April 30	May 31	August 31	3 and 4 do		
	a. Enter Your Virginia Adjusted Gross Income (VAGI) fo	r Each Period				not apply to		
	Enter the Itemized Deductions Claimed for Each Period OR (If Greater) the Full Standard Deduction					installment period.		
	c. Enter the Child and Dependent Care Expenses and Deductions for Each Period	Other				period.		
	d. Enter the Total Dollar Amount of Exemptions Claimer Return							
	e. Virginia Taxable Income (Subtract Lines 19b, c and d from Line 19a)							
	f. Virginia Tax (Enter the Virginia income tax for the amount(s) on Line							
	g. Multiply Line 19f by 90% (.90) for Each Period							

Ρ

If an exception has been met (Part II) for any installment period, complete the column for that period as follows: write "Exception" and the exception number (1, 2, 3, or 4) on Line 20; skip Lines 21 through 23; and enter "0" on Line 24. For all other periods, complete each line as instructed below.

number (1, 2, 3, or 4) on Line 20; skip Lines 21 through 23; and enter 0 on Line 24. For all other periods, complete each line as instructed below.					
		Α	В	C	D
		May 1, 2017	June 15, 2017	Sept. 15, 2017	Jan. 15, 2018
20.	Amount of Underpayment from Part I, Line 14				
21.	Date of Payment from Part I, Line 12 (If no payments were entered on Line 12, enter the actual date of payment or May 1, 2018, whichever is earlier.)				
22.	Number of Days After Installment Due Date Through Date Paid or May 1, 2018, Whichever Is Earlier (if May 1, 2018, is earlier, enter 365, 320, 228 and 106, respectively).				
23.	Multiply the Number of Days in Each Column on Line 22 by the Daily Rate of .00016 (6% Per Annum)				
24.	Multiply the Amount on Line 20 by Line 23 for Each Column				
25	Addition to Tax (Total the amounts on Line 24. Enter here and on the "Addition to Tax" li income tax return)	ne on your		'	•