760C - 2019 Underpayment of Virginia Estimated Tax by Individuals, Estates and Trusts

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

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bui icui i neis. Enter beginning	date	20	₋ , ending date	20 _	, and check h	ere 🗀
t Name, Middle Initial and Last Name (of Bo	oth If Joint) - OR - Name	of Estate or Trust		Your Social	Security Number or FEIN	
state or Trust, Name and Title of Fiduciary				Spouse's So	ocial Security Number	
				Office Use S	SC Office U	lse Payment
t I - Compute Your Underpaym	ent				1	
2019 Income Tax Liability A (If \$150 or less, you are no			Credits. See instru	uctions.	1.	
2. Enter 90% of the Amount S	hown on Line 1				2.	
3. 2018 Income Tax Liability A	fter Spouse Tax A	djustment and Tax	Credits	3.		
4. Enter the Amount From Lin	e 2 or Line 3, Whic	chever is Less			4.	
5. Enter the Number of Install	ment Periods for V	Vhich You Were L	iable to Make Payn	5.		
Line 6 T	hrough 14: Comp	lete Each Line A	cross All Column	s Before Continuino	g to Next Line	
			Α	В	С	D
6. Due Dates of Installment P	ayments		May 1, 2019	June 15, 2019	Sept. 15, 2019	Jan. 15, 20
 Tax Liability (Divide the amount on Line reported on Line 5 and e columns) 						
8. Enter the Income Tax WithI	neld for Each Insta	Ilment Period				
Enter the Overpayment C Return	redit from Your 20	018 Income Tax				
10. Enter the Amount of Any Installment Period in the Ap (Do not enter any late paym	propriate Column	Made for Each				
11. Underpayment or [Overpay (Subtract Lines 8, 9 and 10 overpayment)	rment] from Line 7. See	instructions for				
Other Payments (Enter the payments from the below, beginning with the enter more than the under the content of the co	earliest payment re	ecorded. Do not				
	Date	Amount				
a. First Payment	1 1					
b. Second Payment	1 1					
c. Third Payment	1 1					
d. Fourth Payment	1 1					
13. Enter the Total Timely Payr Due Date From Lines 8, 9, (For ex., in Column A enter a	10 and 12					
 Subtract Line 13 from Line (If the sum of all underp OVERPAYMENTS) reporte not subject to an addition to more than \$150, proceed to 	payments (do no d is \$150 or less, st o tax. If your unde	op here; you are				
	I ate Payment/C	Vernavment Tah	le (See Instruction	ns for Lines 11 and		ued on Back
	_ate i ayineili/C	verpayment rab	ic (Occ manachor	is ioi Eilles II allu	,	

Payment Amount

\$

Payment Amount

Payment Amount

Payment Amount

\$



rt II -	Exceptions That Void the Addition to Tax	A May 1, 2019	B June 15, 2019	C Sept. 15, 2019	D Jan. 15, 2020						
15.	Total Amount Paid and Withheld from January 1, 2019 Installment Date Indicated	through the	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,					
16.	Exception 1: Prior Year's Tax (Multiply the 2018 tax by the percentage in each col.)	100% of 2018 Tax	25%	50%	75%	100%					
17.	Exception 2: Tax on Prior Year's Income Using the 2019 Rates and Exemptions (Multiply the 2018 tax by the percentage in each col.)	100% of Tax	25%	50%	75%	100%					
18.											
	a. Annualized Virginia Adjusted Gross Income (VAGI)	· · · · · · · · · · · · · · · · · · ·	7.000		/ tagast o .	N. C.					
	b. Compute the Annualized Itemized Deductions Usin Above OR Enter the Full Standard Deduction in Ea Did Not Claim Itemized Deductions					Note Estates and trusts					
	c. Compute the Annualized Child and Dependent Car Other Deductions for Each Period	e Expenses and				should use end dates of March					
	d. Total Dollar Amount of Exemptions Claimed on You				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 L										
	g. Multiply Line 18f by the Percentage Shown for Eac	h Period	22.5%	45%	67.5%	Note					
19.	Exception 4 Worksheet: Tax on 2019 Income Over a 4, 5 and 8 Month Period* (* 3, 4 and 7 months for estates and trusts)										
	F	rom January 1 to:	April 30	May 31	August 31	3 and 4 do					
	a. Enter Your Virginia Adjusted Gross Income (VAGI)				not apply to						
	b. Enter the Itemized Deductions Claimed for Each Po Greater) the Full Standard Deduction				the fourth installment period.						
	c. Enter the Child and Dependent Care Expenses and Deductions for Each Period	d Other				period.					
	d. Enter the Total Dollar Amount of Exemptions Claim 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 Li										
	g. Multiply Line 19f by 90% (.90) for Each Period										

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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.

HUII	iber (1, 2, 3, or 4) on Line 20; skip Lines 21 through 23; and enter "0" on I						
		Α Α	В	C	D		
		May 1, 2019	June 15, 2019	Sept. 15, 2019	Jan. 15, 2020		
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, 2020, whichever is earlier.)						
22.	 a. Number of Days After Installment Due Date Through Date Paid or June 30, 2019, Whichever Is Earlier (If June 30, 2019, is earlier, enter 60 and 15 respectively.) 						
	b. Number of Days After June 30, 2019, Through Date Paid or May 1, 2020, Whichever Is Earlier (If May 1, 2020, is earlier, enter 306, 306, 229 and 107.)						
23.	 a. Multiply the Number of Days in Each Column on Line 22a by the Daily Rate .00022 (8% Per Annum) 						
	 Multiply the Number of Days in Each Column on Line 22b by the Daily Rate .00019 (7% Per Annum) 						
	c. Add Lines 23a and 23b in Each Column and Enter the Total Here						
24.	Multiply the Amount on Line 20 by Line 23c 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			•		