

Virginia Department of Taxation

Substitute Forms Specifications

Form 760ES – Estimated Income Tax Payment Voucher - Individual

Special Notes

- Document ID – 762
- Barcode – No
- Rounding – Yes; the length of 15 for numeric fields includes the 2 places for the “.00” rounded cents.
- Due Date – 05/01, 06/15, 09/15 and 01/15
- Neither the OCR Line nor the Account Number field may contain dashes or hyphens (-).
- Review the instructions provided via the [main Forms page](#) when computations are required and/or when amount/numbers must be transferred to/from another form.

Use the [Check Digit Calculator](#) to determine the correct digit used in the applicable section of the OCR Line.

OCR Table

Example – XXXXXXXXXD 762VVVV 1YYMM D LLL

Section	Length	Position	Format / Data	Description / Details
SSN	9	Col. 6, Row 52	Numeric	XXXXXXXXXX = 9 digits
Check Digit (for SSN)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Doc ID	3		Numeric	762
Vendor ID	4		Numeric	VVVV = 4 digits of the NACTP Vendor ID code
Blank Space	1		N/A	
Filing Period	5		Date (1YYMM)	Ending date of the Filing Period 1 = Century, YY = Tax Year, MM = Month 05/01/17 = 11705 06/15/17 = 11706 09/15/17 = 11709 01/15/18 = 11801
Check Digit (for Filing Period)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Locality Code	3		Numeric	LLL = 3 digits

Form Table

Field	Length	Justified / Position	Format	Negative Allowed?	Description / Details
Voucher Number	1	Left	Numeric	N/A	1, 2, 3 or 4
First Time Filer/Address Checkbox	1	N/A	Checkbox	N/A	Display 'X' if applicable
First Payment Indicator Checkbox	1	N/A	Checkbox	N/A	Display 'X' if applicable
Locality No.	3	Left	Numeric	N/A	3 digits
Fiscal Year Filers Beginning Month	2	Left	Numeric	N/A	2 digits
OCR Line	29	Col. 6, Row 52	Numeric	N/A	See OCR Table for details
Your Social Security Number	9	Left	Numeric	N/A	9 digits
Spouse's Social Security Number	9	Left	Numeric	N/A	9 digits
First Name	20	Left	Alphanumeric	N/A	First name of customer
MI	1	Left	Alpha	N/A	Middle initial
Last Name	20	Left	Alphanumeric	N/A	Last name of customer
Spouse's First Name	20	Left	Alphanumeric	N/A	First name of customer's spouse
MI	1	Left	Alpha	N/A	Middle initial
Spouse's Last Name	20	Left	Alphanumeric	N/A	Last name of customer's spouse
Address (Number & Street)	40	Left	Alphanumeric	N/A	Street address of customer
City, State & ZIP Code	52	Left	Alphanumeric	N/A	City, State Abbreviation & ZIP Code of customer
Amount of payment	15	Right Col. 60, Row 60	Numeric	No	Amount

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

5 0 5 0 5 0 5 0 5 0 5 0 5 0

5 10 5 20 5 30 5 40

5 5

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 VIRGINIA ESTIMATED INCOME TAX
 PAYMENT VOUCHER FOR INDIVIDUALS

- Check if this is a new address.
- Check here if this is your first payment for this taxable year.

LOCALITY NO.	FOR OFFICE USE
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50 CALENDAR YEAR FILERS: DUE **MAY 1, 2017** OR FISCAL YEAR FILERS: BEGINNING MONTH: _____ 50

0000000000 7620000 117056 000

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

Your Social Security Number (SSN)		Spouses SSN (if filing a joint return)	
5	First Name	MI	Last Name
5	Spouse's First Name (if filing a joint return)	MI	Spouse's Last Name (if filing a joint return)
Address (Number and Street) of Taxpayer			
City, State and ZIP Code			
5	Daytime Phone Number	2	3
5	0	5	0
5	0	5	0

Amount of payment

5	6	7	8
5	0	5	0
5	0	5	0
			.00

60 60

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VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

CALENDAR YEAR FILERS: DUE **JUNE 15, 2017** OR
FISCAL YEAR FILERS: BEGINNING MONTH: _____

0000000000 7620000 117064 000

- Check if this is a new address.
- Check here if this is your first payment for this taxable year.

LOCALITY NO.	FOR OFFICE USE
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Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

Amount of payment

.00

Your Social Security Number (SSN)	Spouses SSN (if filing a joint return)
First Name	MI Last Name
Spouse's First Name (if filing a joint return)	MI Spouse's Last Name (if filing a joint return)
Address (Number and Street) of Taxpayer	
City, State and ZIP Code	
Daytime Phone Number	

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VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

CALENDAR YEAR FILERS: DUE **SEPTEMBER 15, 2017** OR
FISCAL YEAR FILERS: BEGINNING MONTH: _____

0000000000 7620000 117099 000

- Check if this is a new address.
- Check here if this is your first payment for this taxable year.

LOCALITY NO.	FOR OFFICE USE
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Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

Amount of payment

.00

Your Social Security Number (SSN)	Spouses SSN (if filing a joint return)
First Name	MI Last Name
Spouse's First Name (if filing a joint return)	MI Spouse's Last Name (if filing a joint return)
Address (Number and Street) of Taxpayer	
City, State and ZIP Code	
Daytime Phone Number	

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VIRGINIA ESTIMATED INCOME TAX
PAYMENT VOUCHER FOR INDIVIDUALS

CALENDAR YEAR FILERS: DUE **JANUARY 15, 2018** OR
FISCAL YEAR FILERS: BEGINNING MONTH: _____

0000000000 7620000 118011 000

- Check if this is a new address.
- Check here if this is your first payment for this taxable year.

LOCALITY NO.	FOR OFFICE USE
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Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

Amount of payment

.00

Your Social Security Number (SSN)	Spouses SSN (if filing a joint return)
First Name	MI Last Name
Spouse's First Name (if filing a joint return)	MI Spouse's Last Name (if filing a joint return)
Address (Number and Street) of Taxpayer	
City, State and ZIP Code	
Daytime Phone Number	