

Virginia Department of Taxation

Substitute Forms Specifications

Form 800V – Insurance Premiums License Tax Payment Voucher

Special Notes

- Document ID – 832
- Barcode – No
- Rounding – Yes; the length of 15 for numeric fields includes the 2 places for the “.00” rounded cents.
- Due Date – March 1
- Filing Period – The month is specially displayed as “00” (zero zero) in the OCR Line.
- 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 – 39XXXXXXXXX1001D 832VVVV 11600D

Section	Length	Position	Format / Data	Description / Details
Tax Code	2	Col. 6, Row 52	Numeric	39 = Insurance Premiums License Tax
FEIN	9		Numeric	XXXXXXXXX = 9 digits or V with 8 digits
External ID Type	1		Numeric	1 = indicates the 9 digits before it as the FEIN
Account Suffix	3		Numeric	001
Check Digit (for Account Number)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Doc ID	3		Numeric	832
Vendor ID	4		Numeric	VVVV = 4 digits of the NACTP Vendor ID code
Blank Space	1		N/A	
Filing Period	5		Date (11600)	Ending date of the Filing Period 1 = Century, 16 = Tax Year, 00 = Month
Check Digit (for Filing Period)	1		Numeric	D = Check Digit Calculator

Form Table

Field	Length	Justified / Position	Format	Negative Allowed?	Description / Details
OCR Line	31	Col. 6, Row 52	Numeric	N/A	See OCR Table for details
Federal Employer ID Number	9	Left	Alphanumeric	N/A	9 digits or V with 8 digits
NAIC/License #	6	Left	Numeric	N/A	6 digits
Company Name	40	Left	Alphanumeric	N/A	Name of customer
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
Taxable Year	4	Right	Date	N/A	2016
Amount of this 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

Form 800V VIRGINIA INSURANCE PREMIUMS LICENSE TAX PAYMENT VOUCHER

(DOC ID 832)

VIRGINIA DEPARTMENT OF TAXATION
 PO BOX 26179, RICHMOND, VA 23260-6179
 FOR INFORMATION, CALL (804) 404-4163

You must file this voucher with your Form 800, unless paying electronically.

50 50

0000000000000000 8328888 000000

Taxable Year 2016

Federal Employer ID Number	NAIC/License #
Company Name	
Address (Number and Street)	
City, State, and ZIP Code	

Enclose this voucher with Form 800 with a check or money order made payable to Virginia Department of Taxation.

60 60

Amount of this payment

\$ 67.00

5 0 5 0 5 0