

Virginia Department of Taxation



760CG Substitute Forms – Vendor Test Scripts

Tax Year 2016

Table of Contents

Overview	3
Test Scenario # 1 – Single Parent (Refund).....	4
Test Scenario # 2 – Married, Filing Separate (Tax Due)	5
Test Scenario # 3 – Married, Filing Joint (Tax Due)	6
Test Scenario # 4 – Married Filing Joint (Refund)	7
Test Scenario # 5 – Max Filled	8

Overview

The Virginia Department of Taxation (the Department) designed this document for the 760CG Substitute Vendor Forms Test Scripts.

This document provides the required test criteria for the Software Vendors to ensure that the following conditions are met for proper processing of customer information via the Tax Department's paper processing systems.

- software is correctly formatted
- edits agree with Virginia specifications
- returns will have no math errors
- required fields are present
- required fields will post to the Department's databases

The 760CG submissions should consist of **6 total return packages**.

6 sets of Form 760CG and all associated schedules

- Set 1 – full filled / full field – variable / alternating characters (per Test Scenario # 5)
- Sets 2, 3, 4 & 5 – criteria incorporated from test samples per the 760CG Substitute Forms - Test Scripts
NOTE: Codes may not be duplicated amongst samples.
- Set 6 – blank set of returns and schedules

Exact positioning of all field elements includes anchors, 1D barcodes and 2D barcodes; these specifications are detailed in the 760CG Exact Positioning Specifications – Tax Year 2016 document

Information for the overall Substitute Form process is located on the Substitute Forms page in the [Guidelines and Standards for Formatting, Content and Approval](#).

760CG Test Scenarios

- [Test Scenario # 1 – Single Parent \(Refund\)](#)
- [Test Scenario # 2 – Married, Filing Separate \(Tax Due\)](#)
- [Test Scenario # 3 – Married, Filing Joint \(Tax Due\)](#)
- [Test Scenario # 4 – Married, Filing Joint \(Refund\)](#)
- [Test Scenario # 5 – Max Full-Filled](#)

Test Scenario # 1 – Single Parent (Refund)

Objective – File an **Amended** 2016 760CG Tax Return complete with related schedules using the test criteria provided.

Demographics		
Taxpayer AAAA	SSN: 400-00-7002	DOB: 04/15/1971
Dependent BBBB	SSN: 400-00-7004	DOB: 02/01/1999
Filing Status	Status 1 – Federal Head of Household	
Address	123 Main Street Suffolk, VA 23432	
Locality	800	
Driver's License Identification	T67364512	
Driver's License Issue Date	06/27/2011	
Phone Number	(804) 231-5678	
Income & Withholding Information		
Employer / Payer FEIN/ITIN	Yes	
Number of Income Sources	Minimum of 1	
Number of Withholding Sources	Minimum of 1	
Withholding Source Type	W2	
Deductions & Credits		
Standard Deduction	Yes	
Federal Earned Income Credit	Yes	
Virginia Low Income Credit	Yes	
Contributions		
Number of VA529 Programs Claimed	8 total, including 1 for CollegeAmerica	
Beneficiaries	2 beneficiaries with VA529 contributions <ul style="list-style-type: none"> • Person 1 – BBBB • Person 2 – TTTT 	
Number of Other Voluntary Contributions	Minimum of 1	
Sales and Use Tax		
	Yes – populate with amount greater than 0	
Overpayment / Refund		
Overpayment / Refund	Yes	
Type	Direct Deposit NOTE: There must still be a refund due even after contributing to the VA529 Program.	
Preparer Information		
Authorization to Discuss with Preparer	Yes	
Filing Election	2	

Test Scenario # 2 – Married, Filing Separate (Tax Due)

Objective – File an **Original** 2016 760CG Tax Return complete with related schedules using the test criteria provided.

Test Scenario Values

Demographics		
Taxpayer CCCC	SSN: 400-00-7005	DOB: 09/15/1947
Taxpayer DDDD	SSN: 400-00-7015	DOB: 06/12/1950
Filing Status	Status 3 – Married, Filing Separate	
Address	320 Country Road Yorktown, VA 23692	
Locality	199	
Phone Number – Taxpayer CCCC	(757) 213-5678	
Phone Number – Taxpayer DDDD	(757) 213-5678	
Income & Withholding Information		
Employer / Payer FEIN/ITIN	Yes	
Number of Income Sources	Minimum of 2 per Taxpayer <ul style="list-style-type: none"> • Include 1 for Pension • Include 1 for Farm Gross Sales 	
Number of Withholding Sources	Minimum of 1 per Taxpayer	
Withholding Source Type	Taxpayer CCCC – W2 Taxpayer DDDD – 1099MISC	
Exemptions, Additions, Subtractions & Deductions		
Exemption Type	Blind Taxpayer	
Number of Additions	Minimum of 1	
Age Deduction Claimed	Yes	
State Income Tax Overpayment	Yes	
Number of Subtractions	Minimum of 2	
Itemized Deductions	Yes	
State/Local Income Tax (federal Schedule A)	Yes	
Number of Deductions	Minimum of 2 <ul style="list-style-type: none"> • Populate 1 code with Code 112 • Remaining code(s) per vendor's choice 	
Credits & Contributions		
Political Contribution	Yes	
Number of Credits (CR)	Minimum of 3	
Number of Other Voluntary Contributions (VAC) – Tax Due	Minimum of 3	
Adjustments to Amount of Tax		
Addition to Tax – 760C	Yes	
Consumer's Use Tax	Yes	
Other Filing Information		
Obtain Electronic 1099G	Yes	
Office Use Only Details	Yes – populate with ABC2468	
Schedule FED/CG Information		
Schedule Type	Schedules C, C-EZ and/or F	
Mileage Claimed	Yes	
Tax Due Information		
Tax Due	Yes	
Payment Type	Credit Card	
Preparer Information		
Authorization to Discuss with Preparer	Yes	
Filing Election	3	

Test Scenario # 3 – Married, Filing Joint (Tax Due)

Objective – File an **Original** 2016 760CG Tax Return complete with related schedules using the test criteria provided.

Test Scenario Values

Demographics		
Taxpayer EEEE	SSN: 400-00-7003	DOB: 05/14/1948
Taxpayer FFFF	SSN: 400-00-7013	DOB: 06/03/1948
Filing Status Change	Yes	
Filing Status	Status 2 – Filing Joint	
Address Change	Yes	
Address	444 Happy Street Hampton, VA 23669	
Locality	650	
Phone Number – Taxpayer EEEE	(757) 642-1357	
Phone Number – Taxpayer FFFF	(757) 642-1357	
Income & Withholding Information		
Employer / Payer FEIN/ITIN	Yes	
Number of Income Sources	Minimum of 2 per Taxpayer <ul style="list-style-type: none"> • Include 1 for Out-of-State Wages • Include 1 for Pension • Include 1 for Farm Gross Sales 	
Number of Withholding Sources	Minimum of 1 per Taxpayer	
Withholding Source Type	Taxpayer EEEE – 1099OID Taxpayer FFFF – 1099B	
Exemptions, Additions, Subtractions & Deductions		
Interest on Obligations of Other States	Yes	
Number of Additions	Minimum of 2	
Fixed Date Conformity	Yes	
Number of Subtractions	Minimum of 2	
Itemized Deductions	Yes	
State/Local Income Tax (federal Schedule A)	Yes	
Number of Deductions	Minimum of 2	
Spouse Tax Adjustment		
	Yes	
Out-of-State Information		
Number of States	50 NOTE: This represents 49 states plus DC, though only 41 states are eligible to claim the credit. This will test the expanded 2D Barcode for the OSC.	
Border State	Yes	
Other Return Filing Status	2	
Credits & Contributions		
Number of Credits (CR)	Minimum of 4 <ul style="list-style-type: none"> • Populate 2 credits with new credits • Remaining credits per vendor's choice 	
Number of Other Voluntary Contributions (VAC) – Tax Due	Minimum of 2	
Addition to Tax – 760C		
	Yes	
Schedule FED/CG Information		
Schedule Type	Schedules C, C-EZ and/or F	
Mileage Claimed	Yes	
Schedule Type	Schedule 2106 or 2106-EZ	
Mileage Claimed	Yes	
Tax Due Information		
Tax Due	Yes	
Payment Type	Check with Form 760-PMT	
Preparer Information		
Authorization to Discuss with Preparer	Yes	
Filing Election	2	

Test Scenario # 4 – Married Filing Joint (Refund)

Objective – File an **Original** 2016 760CG Tax Return complete with related schedules using the test criteria provided.

Test Scenario Values

Demographics		
Taxpayer GGGG	SSN: 400-00-7004	DOB: 02/02/1958
Taxpayer HHHH	SSN: 400-00-7014	DOB: 08/19/1959
Filing Status	Status 2 – Filing Joint	
Address Change	Yes	
Address	888 Pepper Street Louisa, VA 23093	
Locality	109	
Driver's License Identification – Taxpayer GGGG	A74185296	
Driver's License Issue Date – Taxpayer GGGG	01/0/2012	
Driver's License Identification – Taxpayer HHHH	T25836914	
Driver's License Issue Date – Taxpayer HHHH	06/14/2013	
Phone Number – Taxpayer GGGG	(540) 531-2468	
Phone Number – Taxpayer HHHH	(540) 531-2468	
Income & Withholding Information		
Employer / Payer FEIN/ITIN	Yes	
Number of Income Sources	Minimum of 1 per Taxpayer	
Number of Withholding Sources	Minimum of 1 per Taxpayer	
Withholding Source Type	Taxpayer GGGG – W2 Taxpayer HHHH – W2	
Additions, Subtractions & Deductions		
Number of Additions	Minimum of 1	
Fixed Date Conformity	Yes	
Number of Subtractions	Minimum of 1	
Contributions		
Number of Other Voluntary Contributions – Refund Only	Minimum of 1	
Number of Other Voluntary Contributions – Refund or Tax Due	Minimum of 1	
Other Filing Information		
Deceased	Yes – secondary taxpayer	
Schedule FED/CG Information		
Schedule Type	Schedule 4562	
Mileage Claimed	Yes	
Overpayment / Refund		
Overpayment / Refund	Yes	
Type	Paper Check	
Preparer Information		
Authorization to Discuss with Preparer	Yes	
Filing Election	2	

Test Scenario # 5 – Max Filled

Objective

Objective – File an original 2016 760CG Tax Return complete with all schedules using the test criteria provided. Max fill all fields. Verify each field for exact position and length on the Form 760CG return series package.

Values for consecutive fields must not be the same or it will interfere with the testing process.

Test Scenario Values

- Alpha fields – display alternating values of 'A', 'B' and/or 'C'
- Numeric fields – display alternating values
- Date fields – display null value of '9'
- Alphanumeric fields – display value with 'A' and '9'
- Checkboxes – display 'X'
- Forms
 - Form 760CG
 - Schedule ADJ/CG
 - Schedule CR/CG
 - Schedule FED/CG
 - Schedule INC/CG
 - Schedule OSC/CG
 - Schedule VAC/CG
 - Schedule VACS/CG