

Virginia Department of Taxation

Substitute Forms Specifications

Form 802V – Surplus Lines Brokers Tax Payment Voucher – Annual Reconciliation

Special Notes

- Document ID – 802
- 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 802VVVV 1YY00D

Section	Length	Position	Format / Data	Description / Details
Tax Code	2	Col. 6, Row 52	Numeric	39 = Insurance Premiums License Tax
FEIN	9		Numeric	XXXXXXXXXX = 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	Check Digit Calculator
Blank Space	1		N/A	
Doc ID	3		Numeric	802
Vendor ID	4		Numeric	4 digits of the NACTP Vendor ID code
Blank Space	1		N/A	
Filing Period	5		Date (1YY00)	Ending date of the Filing Period 1 = Century, YY = Tax Year, 00 = Month
Check Digit (for Filing Period)	1		Numeric	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
Account Number	15	Left	Alphanumeric	N/A	39XXXXXXXXXXF001 39 = Tax Code, XXXXXXXXXXXX = FEIN, F001 = ID Type & Account Suffix
Broker License #	6	Left	Numeric	N/A	6 digits or 10 digits
Name of Surplus Lines Broker	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	YYYY
Total Amount Due	15	Right Col. 60, Row 60	Numeric	No	Amount