

# Virginia Department of Taxation

## Substitute Forms Specifications

### VA6H – Household Annual Withholding Tax Reconciliation

*Attention: All VA6H payments and vouchers / returns must be made electronically.  
Paper vouchers are only allowed for customers with an approved waiver.*

#### Special Notes

- Document ID – 366
- Barcode – No
- Rounding – No; the length of 15 for numeric fields includes the 2 places for the cents.
- Due Date – January 31
- 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 – 30XXXXXXXXX1###D 366VVVV 1YY00D

| Section                          | Length | Position       | Format / Data              | Description / Details  |
|----------------------------------|--------|----------------|----------------------------|--|
| Tax Code                         | 2      | Col. 6, Row 52 | Numeric                    | 30   |
| 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                    | ### = 3-digit Account Suffix, Ex. 001, 002, 003                            |
| Check Digit (for Account Number) | 1      |                | Numeric                    | D = Check Digit Calculator result  |
| Blank Space                      | 1      |                | N/A                        |  |
| Doc ID                           | 3      |                | Numeric                    | 366  |
| Vendor ID                        | 4      |                | Numeric                    | VVVV = 4 digits of the NACTP Vendor ID code                                |
| Blank Space                      | 1      |                | N/A                        |  |
| Filing Period                    | 5      |                | Date (1YY00)               | Ending date of the Filing Period<br>1 = Century, YY = 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   |
|---------------------------|--------|--------------------------|--------------|-------------------|---|
| Calendar Year             | 10     | Left                     | Date         | N/A               | YYYY  |
| FEIN                      | 9      | Left                     | Alphanumeric | N/A               | 9 digits or V with 8 digits   |
| OCR Line                  | 31     | Col. 6, Row 52           | Numeric      | N/A               | See OCR Table for details   |
| Account Number            | 15     | Left                     | Alphanumeric | N/A               | 30XXXXXXXXXF###<br>30= Tax Code, XXXXXXXXXX = FEIN, F### = ID Type & Account Suffix |
| 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                                     |
| Line 1B                   | 15     | Right                    | Numeric      | No                | Amount  |
| Line 2B                   | 15     | Right                    | Numeric      | No                | Amount  |
| Line 3B                   | 15     | Right                    | Numeric      | No                | Amount  |
| Line 4B                   | 15     | Right                    | Numeric      | No                | Amount  |
| Line 5C                   | 15     | Right                    | Numeric      | No                | Amount  |
| Line 6C                   | 15     | Right                    | Numeric      | No                | Amount  |
| Line 7C                   | 15     | Right<br>Col. 60, Row 60 | Numeric      | Yes               | Amount – Software Generated Computation   |
| Refund                    | 1      | N/A                      | Checkbox     | N/A               | Display “X” if applicable   |
| Line 8C                   | 8      | Right                    | Numeric      | No                | Whole Number  |