Virginia Department of Taxation

Substitute Forms Specifications

Form 770PMT – Income Tax Payment Voucher – Estate / Trust
Attention: All 770PMT payments and vouchers / returns must be made electronically.
Paper vouchers are only allowed for customers with an approved waiver.

Special Notes
- Document ID – 511
- Barcode – No
- Rounding – Yes; the length of 12 for numeric fields includes the 2 places for the ".00" rounded cents.
- Due Date
  - Calendar – May 1st
  - Fiscal – 15th day of the 4th month following the close of the taxable year
- Neither the OCR Line nor the Account Number field may contain dashes or hyphens (-).
- Use the Check Digit Calculator to determine the correct digit used in the applicable section of the OCR Line.

OCR Table

Example – 32XXXXXXXXX1001D 511VVVV 1YYMMD

Section	Length	Position	Format / Data	Description / Details
Tax Code	2	Col. 6, Row 52	Numeric	32
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 (for OCR Line)	3		Numeric	511
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
Check Digit (for Filing Period)	1		Numeric	D = Check Digit Calculator result

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
Estate / Trust FEIN	9	Left	Numeric	N/A	9 digits
Filing Period Message	N/A	Left	Alphanumeric	N/A	Display message as detailed on voucher
Beginning Filing Period	6	Left	Numeric	N/A	Format = YYMMDD
Ending Filing Period	6	Left	Numeric	N/A	Format = YYMMDD
Payment Type Checkbox	1	Left Col. 60, Row 46	Alpha	N/A	Must display 'X' in checkbox.
Estate / Trust Name	40	Left	Alphanumeric	N/A	Name of Estate / Trust
Fiduciary Title & Name	40	Left	Alphanumeric	N/A	Title and Name of Fiduciary Account
Address Line 1	40	Left	Alphanumeric	N/A	Address of Fiduciary Contact
Address City	20	Left	Alphanumeric	N/A	Address City of Fiduciary Contact
Address State	2	Left	Alpha	N/A	Address State of Fiduciary Contact
Address Zip Code	5	Left	Numeric	N/A	Address Zip Code of Fiduciary Contact
Phone Number	10	Left	Numeric	N/A	Phone Number of Fiduciary Contact
Tax	12	Right	Numeric	No	Amount
Penalty	12	Right	Numeric	No	Amount
Interest	12	Right	Numeric	No	Amount
Amount of Payment	12	Right Col. 64, Row 64	Numeric	No	Amount