

Virginia Department of Taxation

Tax Year 2023 - 760CG Exact Positioning Specifications (Rev. 12/23)

Format Codes: A = Alphanumeric, D = Date, N = Number
2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|--------------------------|-------------|------|-----------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| Form 760CG Page 1 | | | | | | | | | | | | | |
| 1 | Header Data | N/A | N/A | 2D Barcode 1 Header Version Number | 1 | 1 | 2 | N/A | N/A | 2 | N/A | N/A | |
| 2 | Header Data | N/A | N/A | Developer Code | 1 | 2 | 4 | N/A | N/A | 4 | N/A | N/A | |
| 3 | 760CG | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 11 | 6 | N/A | N/A | N/A | *VA0760123999* See Font Requirements in "Guidelines and Standards" document. |
| 4 | 760CG | 1 | Top Left | Anchor | N/A | N/A | N/A | 14 | 17 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 5 | 760CG | 1 | Top Right | Anchor | N/A | N/A | N/A | 78 | 17 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 6 | 760CG | 1 | Top Left | First Name - primary taxpayer | 1 | 3 | 12 | 6 | 10 | 12 | A | Left | 1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 7 | 760CG | 1 | Top Left | Middle Initial - primary taxpayer | 1 | 4 | 1 | 19 | 10 | 1 | A | Left | |
| 8 | 760CG | 1 | Top Left | Last Name - primary taxpayer | 1 | 5 | 15 | 21 | 10 | 15 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 9 | 760CG | 1 | Top Left | Suffix - primary taxpayer | 1 | 6 | 3 | 37 | 10 | 3 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 10 | 760CG | 1 | Top Left | First Name - secondary taxpayer | 1 | 7 | 12 | 6 | 11 | 12 | A | Left | 1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 11 | 760CG | 1 | Top Left | Middle Initial - secondary taxpayer | 1 | 8 | 1 | 19 | 11 | 1 | A | Left | |
| 12 | 760CG | 1 | Top Left | Last Name - secondary taxpayer | 1 | 9 | 15 | 21 | 11 | 15 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 13 | 760CG | 1 | Top Left | Suffix - secondary taxpayer | 1 | 10 | 3 | 37 | 11 | 3 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 14 | 760CG | 1 | Top Left | Address Line 1 | 1 | 11 | 34 | 6 | 12 | 34 | A | Left | 1 space may separate 2 names Allowed: hyphens and ampersands Not Allowed: apostrophes, commas or periods |
| 15 | 760CG | 1 | Top Left | Address Line 2 | 1 | 12 | 34 | 6 | 13 | 34 | A | Left | 1 space may separate 2 names Allowed: hyphens and ampersands Not Allowed: apostrophes, commas or periods |
| 16 | 760CG | 1 | Top Left | City | 1 | 13 | 20 | 6 | 14 | 20 | A | Left | 1 space may separate 2 names Allowed: hyphens and ampersands Not Allowed: pound signs, apostrophes, commas or periods |
| 17 | 760CG | 1 | Top Left | State | 1 | 14 | 2 | 27 | 14 | 2 | A | Left | |
| 18 | 760CG | 1 | Top Left | Zip | 1 | 15 | 9 | 30 | 14 | 9 | A | Left | |
| 19 | 760CG | 1 | Top Left | Partial Last Name - You | 1 | 16 | 4 | 18 | 17 | 4 | A | Left | |
| 20 | 760CG | 1 | Top Left | SSN - You | 1 | 17 | 9 | 29 | 17 | 9 | N | Right | |
| 21 | 760CG | 1 | Top Left | Partial Last Name - Spouse | 1 | 18 | 4 | 18 | 19 | 4 | A | Left | |
| 22 | 760CG | 1 | Top Left | SSN - Spouse | 1 | 19 | 9 | 29 | 19 | 9 | N | Right | |
| 23 | 760CG | 1 | Top Right | Vendor ID | 1 | 20 | 5 | 54 | 17 | 5 | A | Left | 4-digit NACTP code -- Optional: 1-character software version # or company code |

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|-------|-------|------|-----------|--|------------|----------|--------|------|-----|--------|--------|-----------|--|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 24 | 760CG | 1 | Top Right | XXXXX Message (e-Filed Return) | 1 | N/A | N/A | 67 | 17 | 5 | N | Left | Per Special e-File Guide Instructions, only display 'XXXXX' visual message on Page 1 |
| 25 | 760CG | 1 | Line 1 | Federal Adjusted Gross Income (FAGI) | 1 | 21 | 10 | 28 | 21 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 26 | 760CG | 1 | Line 2 | Additions | 1 | 22 | 9 | 29 | 23 | 9 | N | Right | |
| 27 | 760CG | 1 | Line 3 | Subtotal | 1 | 23 | 10 | 28 | 25 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 28 | 760CG | 1 | Line 4A | Age Deduction - You | 1 | 24 | 5 | 33 | 27 | 5 | N | Right | |
| 29 | 760CG | 1 | Line 4B | Age Deduction - Spouse | 1 | 25 | 5 | 33 | 29 | 5 | N | Right | |
| 30 | 760CG | 1 | Line 5 | Soc Sec & Tier 1 Railroad | 1 | 26 | 9 | 29 | 31 | 9 | N | Right | |
| 31 | 760CG | 1 | Line 6 | State Income Tax Overpayment | 1 | 27 | 9 | 29 | 33 | 9 | N | Right | |
| 32 | 760CG | 1 | Line 7 | Subtractions | 1 | 28 | 9 | 29 | 35 | 9 | N | Right | |
| 33 | 760CG | 1 | Line 8 | Subtotal Subtractions | 1 | 29 | 9 | 29 | 37 | 9 | N | Right | |
| 34 | 760CG | 1 | Line 9 | Total VA Adjusted Gross Income (VAGI) | 1 | 30 | 10 | 28 | 39 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 35 | 760CG | 1 | Line 10 | Itemized Deductions - VA Sch A | 1 | 31 | 9 | 29 | 41 | 9 | N | Right | |
| 36 | 760CG | 1 | Line 11 | Standard Deduction | 1 | 32 | 9 | 29 | 43 | 9 | N | Right | |
| 37 | 760CG | 1 | Line 12 | Exemptions | 1 | 33 | 9 | 29 | 45 | 9 | N | Right | |
| 38 | 760CG | 1 | Line 13 | Deductions | 1 | 34 | 10 | 28 | 47 | 9 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 39 | 760CG | 1 | Line 14 | Subtotal (Deductions & Exemptions) | 1 | 35 | 10 | 28 | 49 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 40 | 760CG | 1 | Line 15 | VA Taxable Income | 1 | 36 | 10 | 28 | 51 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 41 | 760CG | 1 | Line 16 | Amount of Tax | 1 | 37 | 9 | 29 | 53 | 10 | N | Right | |
| 42 | 760CG | 1 | Line 17 | Spouse Tax Adjustment (STA) | 1 | 38 | 3 | 35 | 55 | 9 | N | Right | |
| 43 | 760CG | 1 | Line 17A | VAGI - Spouse | 1 | 39 | 10 | 28 | 57 | 3 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 44 | 760CG | 1 | Line 18 | Net Amount of Tax | 1 | 40 | 9 | 29 | 59 | 10 | N | Right | |
| 45 | 760CG | 1 | Line 19A | Withholding (VA) - You | 1 | 41 | 9 | 69 | 21 | 9 | N | Right | |
| 46 | 760CG | 1 | Line 19B | Withholding (VA) - Spouse | 1 | 42 | 9 | 69 | 23 | 9 | N | Right | |
| 47 | 760CG | 1 | Line 20 | Estimated Payments | 1 | 43 | 9 | 69 | 25 | 9 | N | Right | |
| 48 | 760CG | 1 | Line 21 | 2022 Overpayment | 1 | 44 | 9 | 69 | 27 | 9 | N | Right | |
| 49 | 760CG | 1 | Line 22 | Extension Payments | 1 | 45 | 9 | 69 | 29 | 9 | N | Right | |
| 50 | 760CG | 1 | Line 23 | Credit - Low Income or EIC | 1 | 46 | 5 | 73 | 31 | 9 | N | Right | |
| 51 | 760CG | 1 | Line 24 | Credit - Schedule OSC | 1 | 47 | 9 | 69 | 33 | 5 | N | Right | |
| 52 | 760CG | 1 | Line 25 | Credits - Schedule CR | 1 | 48 | 9 | 69 | 35 | 9 | N | Right | |
| 53 | 760CG | 1 | Line 26 | Total Payments / Credits | 1 | 49 | 9 | 69 | 37 | 9 | N | Right | |
| 54 | 760CG | 1 | Line 27 | Tax You Owe | 1 | 50 | 9 | 69 | 39 | 9 | N | Right | |
| 55 | 760CG | 1 | Line 28 | Tax Overpayment | 1 | 51 | 9 | 69 | 41 | 9 | N | Right | |
| 56 | 760CG | 1 | Line 29 | Overpayment Credited to Next Year | 1 | 52 | 9 | 69 | 43 | 9 | N | Right | |
| 57 | 760CG | 1 | Line 30 | VAC - College Savings / ABLEnow | 1 | 53 | 9 | 69 | 45 | 9 | N | Right | |

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|--------------------------|-------|------|---------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 58 | 760CG | 1 | Line 31 | VAC - Other Contributions | 1 | 54 | 9 | 69 | 47 | 9 | N | Right | |
| 59 | 760CG | 1 | Line 32 | Addition to Tax, Penalty & Interest | 1 | 55 | 9 | 69 | 49 | 9 | N | Right | |
| 60 | 760CG | 1 | Line 33 | Sales and Use Tax | 1 | 56 | 9 | 69 | 51 | 9 | N | Right | If reporting zero, leave field blank and only use related indicator on Page 2. |
| 61 | 760CG | 1 | Bottom Right | Amount You Owe | 1 | 57 | 9 | 69 | 53 | 9 | N | Right | |
| 62 | 760CG | 1 | Bottom Right | Will Pay by Credit / Debit Card Chckbx | 1 | 58 | 1 | 58 | 54 | 1 | N | Right | Display 'Y' if paying by credit/debit Display 'N' if not paying by credit/debit |
| 63 | 760CG | 1 | Bottom Right | Your Refund | 1 | 59 | 9 | 69 | 55 | 9 | N | Right | |
| 64 | 760CG | 1 | Bottom Right | Checking or Savings Indicator | 1 | 60 | 1 | 61 | 58 | 1 | A | Right | Display 'C' if checking account Display 'S' if savings account |
| 65 | 760CG | 1 | Bottom Right | Bank Routing # | 1 | 61 | 9 | 70 | 58 | 9 | N | Right | Only populated if refund is due |
| 66 | 760CG | 1 | Bottom Right | Bank Account # | 1 | 62 | 17 | 62 | 60 | 1 | A | Right | Only populated if refund is due |
| 67 | 760CG | 1 | Bottom Left | Amended Message | 1 | N/A | N/A | 6 | 63 | 7 | A | Left | Only display 'Amended' visual message on Page 1 if the "Amended" indicator on Page 2 is populated |
| 68 | 760CG | 1 | Bottom Center | Locality Office Use Fields | 1 | N/A | N/A | 35 | 63 | N/A | A | Left | Display fields per to 760CG form |
| 69 | 760CG | 1 | Bottom Right | Page 1 of 2 | N/A | N/A | N/A | 75 | 63 | 11 | A | Left | Display always |
| 70 | 760CG | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 18 | 61 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 71 | 760CG | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 61 | 51 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| Form 760CG Page 2 | | | | | | | | | | | | | |
| 72 | 760CG | 2 | Top Center | Primary SSN | N/A | N/A | N/A | 32 | 4 | 9 | N | | |
| 73 | 760CG | 2 | Top Left | 1D Barcode | N/A | N/A | N/A | 11 | 6 | N/A | N/A | N/A | *VA0760223999* See Font Requirements in "Guidelines and Standards" document. |
| 74 | 760CG | 2 | Top Left | Anchor | N/A | N/A | N/A | 6 | 14 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 75 | 760CG | 2 | Top Right | Anchor | N/A | N/A | N/A | 79 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 76 | 760CG | 2 | Top Left | Filing Status | 1 | 63 | 1 | 38 | 18 | 1 | N | Right | |
| 77 | 760CG | 2 | Top Left | Federal Head of Household | 1 | 64 | 1 | 38 | 20 | 1 | A | Right | Display 'X' if applicable |
| 78 | 760CG | 2 | Top Left | DOB - You | 1 | 65 | 8 | 31 | 22 | 8 | D | Right | Date: MMDDYYYY |
| 79 | 760CG | 2 | Top Left | VA Driver's License ID - You | 1 | 66 | 9 | 30 | 24 | 9 | A | Right | |
| 80 | 760CG | 2 | Top Left | VA Driver's License - Issue Date - You | 1 | 67 | 8 | 31 | 26 | 8 | D | Right | Date: MMDDYYYY |
| 81 | 760CG | 2 | Middle Left | Spouse Name (Filing Status 3 Only) | N/A | N/A | N/A | 8 | 29 | 28 | N | Left | 1 space may separate First & Last Name Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 82 | 760CG | 2 | Middle Left | DOB - Spouse | 1 | 68 | 8 | 31 | 31 | 8 | D | Right | Date: MMDDYYYY |
| 83 | 760CG | 2 | Middle Left | VA Driver's License ID - Spouse | 1 | 69 | 9 | 30 | 33 | 9 | A | Right | |
| 84 | 760CG | 2 | Middle Left | VA Driver's License - Issue Date - Spouse | 1 | 70 | 8 | 31 | 35 | 8 | D | Right | Date: MMDDYYYY |
| 85 | 760CG | 2 | Middle Left | Exemptions (A) - You | 1 | 71 | 1 | 18 | 38 | 1 | N | Right | Field is only populated with '1' |
| 86 | 760CG | 2 | Middle Left | Exemptions (A) - Spouse | 1 | 72 | 1 | 18 | 40 | 1 | N | Right | |
| 87 | 760CG | 2 | Middle Left | Exemptions (A) - Dependents | 1 | 73 | 2 | 17 | 42 | 2 | N | Right | |
| 88 | 760CG | 2 | Middle Left | Exemptions (A) - Total (A) | 1 | 74 | 2 | 17 | 44 | 2 | N | Right | |
| 89 | 760CG | 2 | Middle Left | Exemptions (B) 65 & Over - You | 1 | 75 | 1 | 38 | 38 | 1 | N | Right | |
| 90 | 760CG | 2 | Middle Left | Exemptions (B) 65 & Over - Spouse | 1 | 76 | 1 | 38 | 40 | 1 | N | Right | |
| 91 | 760CG | 2 | Middle Left | Exemptions (B) Blind - You | 1 | 77 | 1 | 38 | 42 | 1 | N | Right | |

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|-------|-------|------|---------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 92 | 760CG | 2 | Middle Left | Exemptions (B) Blind - Spouse | 1 | 78 | 1 | 38 | 44 | 1 | N | Right | |
| 93 | 760CG | 2 | Middle Left | Exemptions (B) - Total (B) | 1 | 79 | 1 | 38 | 46 | 1 | N | Right | |
| 94 | 760CG | 2 | Top Right | Locality | 1 | 80 | 3 | 76 | 18 | 3 | N | Right | |
| 95 | 760CG | 2 | Top Right | Uninsured and Authorize DMAS | 1 | 81 | 1 | 78 | 20 | 1 | A | Right | Display 'X' if applicable |
| 96 | 760CG | 2 | Top Right | Name or Filing Change | 1 | 82 | 1 | 78 | 22 | 1 | A | Right | Display 'X' if applicable |
| 97 | 760CG | 2 | Top Right | Address Change | 1 | 83 | 1 | 78 | 24 | 1 | A | Right | Display 'X' if applicable |
| 98 | 760CG | 2 | Top Right | VA Return Not Filed Last Year | 1 | 84 | 1 | 78 | 26 | 1 | A | Right | Display 'X' if applicable |
| 99 | 760CG | 2 | Top Right | Dependent on Another's Return | 1 | 85 | 1 | 78 | 28 | 1 | A | Right | Display 'X' if applicable |
| 100 | 760CG | 2 | Top Right | Farmer / Fisherman / Merchant Seaman | 1 | 86 | 1 | 78 | 30 | 1 | A | Right | Display 'X' if applicable |
| 101 | 760CG | 2 | Top Right | Amended | 1 | 87 | 1 | 78 | 32 | 1 | A | Right | Display 'X' if applicable |
| 102 | 760CG | 2 | Top Right | Reason Code | 1 | 88 | 2 | 77 | 34 | 2 | N | Right | |
| 103 | 760CG | 2 | Middle Right | Overseas on Due Date | 1 | 89 | 1 | 78 | 36 | 1 | A | Right | Display 'X' if applicable |
| 104 | 760CG | 2 | Middle Right | Federal EIC Amount | 1 | 90 | 4 | 65 | 38 | 4 | N | Right | |
| 105 | 760CG | 2 | Middle Right | Federal EIC Indicator | 1 | 91 | 1 | 78 | 38 | 1 | A | Right | Display 'X' if applicable |
| 106 | 760CG | 2 | Middle Right | Deceased Indicator | 1 | 92 | 1 | 78 | 40 | 1 | N | Right | Display a blank if none deceased. Display '1' if primary SSN deceased, '2' if spouse SSN deceased or '3' if both deceased. |
| 107 | 760CG | 2 | Middle Right | Form 760C or 760F Chkbox | 1 | 93 | 1 | 78 | 42 | 1 | A | Right | Display 'X' if applicable |
| 108 | 760CG | 2 | Middle Right | No Sales & Use Tax Due Indicator | 1 | 94 | 1 | 78 | 44 | 1 | A | Right | Display 'X' if applicable |
| 109 | 760CG | 2 | Middle Right | Obtain Electronic 1099G | 1 | 95 | 1 | 78 | 46 | 1 | A | Right | Display 'X' if applicable |
| 110 | 760CG | 2 | Middle Right | ID Theft PIN | 1 | 96 | 7 | 72 | 48 | 7 | A | Right | See Individual e-File Schema for details. |
| 111 | 760CG | 2 | Bottom Left | Signature - You | N/A | N/A | N/A | 12 | 52 | N/A | N/A | Right | Print field name with line for signature |
| 112 | 760CG | 2 | Bottom Center | Date (You Line) | N/A | N/A | N/A | 39 | 52 | 6 | D | Right | Date: MMDDYY |
| 113 | 760CG | 2 | Bottom Right | Phone - You | 1 | 97 | 10 | 69 | 53 | 10 | N | Right | |
| 114 | 760CG | 2 | Bottom Left | Signature - Spouse | N/A | N/A | N/A | 15 | 54 | N/A | N/A | Right | Print field name with line for signature |
| 115 | 760CG | 2 | Bottom Center | Date (Spouse Line) | N/A | N/A | N/A | 39 | 54 | 6 | D | Right | Date: MMDDYY |
| 116 | 760CG | 2 | Bottom Right | Phone - Spouse | 1 | 98 | 10 | 69 | 55 | 10 | N | Right | |
| 117 | 760CG | 2 | Bottom Left | Signature - Preparer | N/A | N/A | N/A | 15 | 56 | N/A | N/A | Right | Print field name with line for signature |
| 118 | 760CG | 2 | Bottom Center | Date (Preparer Line) | N/A | N/A | N/A | 39 | 56 | 6 | D | Right | Date: MMDDYY |
| 119 | 760CG | 2 | Bottom Right | Phone - Preparer | N/A | N/A | N/A | 69 | 57 | 10 | N | Right | |
| 120 | 760CG | 2 | Bottom Right | Authorization Indicator | 1 | 99 | 1 | 39 | 59 | 1 | A | Right | Display 'X' if applicable |
| 121 | 760CG | 2 | Bottom Right | Filing Election | 1 | 100 | 1 | 64 | 59 | 1 | N | Right | Display '0' if not prepared by tax preparer Display '7' if electronically filed See 760 Instructions for other codes. |
| 122 | 760CG | 2 | Bottom Right | Preparer Information | 1 | 101 | 9 | 70 | 59 | 9 | N | Right | |
| 123 | 760CG | 2 | Bottom Left | Due Date Message | N/A | N/A | N/A | 13 | 61 | N/A | A | Left | Display due date message and instructions always. See form. |
| 124 | 760CG | 2 | Bottom Right | Tax Preparer's Name | N/A | N/A | N/A | 41 | 60 | 30 | A | Left | Free formatting within field length |
| 125 | 760CG | 2 | Bottom Right | Tax Preparer's Company | N/A | N/A | N/A | 41 | 61 | 30 | A | Left | Free formatting within field length |
| 126 | 760CG | 2 | Bottom Right | Company's Street Address | N/A | N/A | N/A | 41 | 62 | 30 | A | Left | Free formatting within field length |
| 127 | 760CG | 2 | Bottom Right | Company's City, State and Zip Code | N/A | N/A | N/A | 41 | 63 | 30 | A | Left | Free formatting within field length |
| 128 | 760CG | 2 | Bottom Right | Page 2 of 2 | N/A | N/A | N/A | 75 | 63 | 11 | A | Left | Display always |
| 129 | 760CG | 2 | Bottom Left | Anchor | N/A | N/A | N/A | 6 | 61 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 130 | 760CG | 2 | Bottom Right | Anchor | N/A | N/A | N/A | 79 | 61 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |

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| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| Schedule A | | | | | | | | | | | | | |
| 131 | SCH A/CG | 1 | Top Center | Primary SSN | N/A | 102 | 9 | 35 | 4 | 9 | N | Right | |
| 132 | SCH A/CG | 1 | Top Right | 1D Barcode | N/A | N/A | N/A | 54 | 4 | N/A | N/A | N/A | *VASCHA123999* See Font Requirements in "Guidelines and Standards" document. |
| 133 | SCH A/CG | 1 | Top Left | Anchor | N/A | N/A | N/A | 56 | 8 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 134 | SCH A/CG | 1 | Top Right | Anchor | N/A | N/A | N/A | 75 | 8 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 135 | SCH A/CG | 1 | Top Left | Filing Status Claimed on Federal Return | 1 | 103 | 1 | 52 | 10 | 1 | N | Right | |
| 136 | SCH A/CG | 1 | Line 1 | Medical and Dental Expenses | 1 | 104 | 9 | 64 | 11 | 9 | N | Right | |
| 137 | SCH A/CG | 1 | Line 2 | Adjusted Gross Income | 1 | 105 | 9 | 64 | 13 | 9 | N | Right | |
| 138 | SCH A/CG | 1 | Line 3 | Multiply Line 2 by 10% | 1 | 106 | 9 | 64 | 15 | 9 | N | Right | |
| 139 | SCH A/CG | 1 | Line 4 | Subtract Line 3 from Line 1 | 1 | 107 | 9 | 64 | 17 | 9 | N | Right | |
| 140 | SCH A/CG | 1 | Top Center | Claiming General Sales Tax Checkbox | 1 | 108 | 1 | 52 | 19 | 1 | A | Right | Display 'Y' if claiming deduction for sales taxes. Display 'N' if not claiming deduction for sales taxes. |
| 141 | SCH A/CG | 1 | Line 5a | State and Local Taxes | 1 | 109 | 9 | 64 | 19 | 9 | N | Right | |
| 142 | SCH A/CG | 1 | Line 5b | State and Local Real Estate Taxes | 1 | 110 | 9 | 64 | 21 | 9 | N | Right | |
| 143 | SCH A/CG | 1 | Line 5c | State and Local Pers Prop Taxes | 1 | 111 | 9 | 64 | 23 | 9 | N | Right | |
| 144 | SCH A/CG | 1 | Line 6 | Other Deductible Taxes - Type | 1 | N/A | 9 | 37 | 25 | 9 | | Right | |
| 145 | SCH A/CG | 1 | Line 6 | Other Deductible Taxes - Amount | 1 | 112 | 9 | 64 | 25 | 9 | N | Right | Only display 'See Attached' visual message if attaching list of types/amounts to be reported for Line 6 Amount. |
| 146 | SCH A/CG | 1 | Line 6 | Foreign Income Taxes Paid | 1 | 113 | 9 | 27 | 26 | 9 | N | Right | |
| 147 | SCH A/CG | 1 | Line 7 | Add Lines 5a, 5b, 5c, and 6 | 1 | 114 | 9 | 64 | 27 | 9 | N | Right | |
| 148 | SCH A/CG | 1 | Center | Didn't Use Mortgage Chkbox | 1 | 115 | 1 | 52 | 29 | 1 | A | Right | Display 'Y' if didn't use all of mortgage. Display 'N' if used all of mortgage. |
| 149 | SCH A/CG | 1 | Line 8a | Home Mortgage Int and Points Rep | 1 | 116 | 9 | 64 | 29 | 9 | N | Right | |
| 150 | SCH A/CG | 1 | Line 8b | Home Mortgage Int Not Rep | 1 | 117 | 9 | 64 | 31 | 9 | N | Right | Only display 'See Attached' visual message if attaching name, identifying no., and address of person whom home purchased from for Line 8b Amount. |
| 151 | SCH A/CG | 1 | Line 8c | Points Not Reported 1098 | 1 | 118 | 9 | 64 | 33 | 9 | N | Right | |
| 152 | SCH A/CG | 1 | Line 8d | Reserved for Future Use | 1 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 153 | SCH A/CG | 1 | Line 8e | Add Lines 8a - 8d | 1 | 119 | 9 | 64 | 37 | 9 | N | Right | |
| 154 | SCH A/CG | 1 | Line 9 | Investment Interest | 1 | 120 | 9 | 64 | 39 | 9 | N | Right | |
| 155 | SCH A/CG | 1 | Line 10 | Add Lines 8e - 9 | 1 | 121 | 9 | 64 | 41 | 9 | N | Right | |
| 156 | SCH A/CG | 1 | Line 11 | Gifts to Charity - by cash or check | 1 | 122 | 9 | 64 | 43 | 9 | N | Right | |
| 157 | SCH A/CG | 1 | Line 12 | Gifts to Charity - other than by cash or check | 1 | 123 | 9 | 64 | 45 | 9 | N | Right | |
| 158 | SCH A/CG | 1 | Line 13 | Gifts to Charity - carryover from prior year | 1 | 124 | 9 | 64 | 47 | 9 | N | Right | |
| 159 | SCH A/CG | 1 | Line 14 | Add lines 11 - 13 | 1 | 125 | 9 | 64 | 49 | 9 | N | Right | |
| 160 | SCH A/CG | 1 | Line 15 | Casualty and Theft Losses | 1 | 126 | 9 | 64 | 51 | 9 | N | Right | |
| 161 | SCH A/CG | 1 | Line 16a | Gambling Losses | 1 | 127 | 9 | 64 | 53 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|------------------------|----------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 162 | SCH A/CG | 1 | Line 16b | Other Itemized Deductions - type & amount | 1 | 128 | 9 | 64 | 55 | 9 | N | Right | Only display 'See Attached' visual message if attaching list of types/amounts to be reported for Line 16b Amount. |
| 163 | SCH A/CG | 1 | Line 16c | Add Lines 16a and 16b | 1 | 129 | 9 | 64 | 57 | 9 | N | Right | |
| 164 | SCH A/CG | 1 | Line 17 | Add Lines 4,7,10,14,15, and 16c | 1 | 130 | 9 | 64 | 59 | 9 | N | Right | |
| 165 | SCH A/CG | 1 | Line 18 | If your total on Line 17 | 1 | 131 | 9 | 64 | 61 | 9 | N | Right | |
| 166 | SCH A/CG | 1 | Line 19 | Virginia Itemized Deductions | 1 | 132 | 9 | 64 | 63 | 9 | N | Right | |
| 167 | SCH A/CG | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 55 | 65 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 168 | SCH A/CG | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 65 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| Schedule ADJ/CG | | | | | | | | | | | | | |
| 169 | ADJ/CG | 1 | Top Center | Primary SSN | N/A | N/A | N/A | 32 | 4 | 9 | N | Right | |
| 170 | ADJ/CG | 1 | Top Right | 1D Barcode | N/A | N/A | N/A | 54 | 4 | N/A | N/A | N/A | *VA0ADJ123999* See Font Requirements in "Guidelines and Standards" document. |
| 171 | ADJ/CG | 1 | Top Left | Anchor | N/A | N/A | N/A | 10 | 9 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 172 | ADJ/CG | 1 | Top Right | Anchor | N/A | N/A | N/A | 79 | 9 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 173 | ADJ/CG | 1 | Line 1 | Interest on obligations (other state) | 1 | 133 | 9 | 33 | 12 | 9 | N | Right | |
| 174 | ADJ/CG | 1 | Line 2A | Conformity Addition | 1 | 134 | 9 | 33 | 14 | 9 | N | Right | |
| 175 | ADJ/CG | 1 | Line 2B | Other Additions - Code | 1 | 135 | 2 | 20 | 16 | 2 | N | Right | |
| 176 | ADJ/CG | 1 | Line 2B | Other Additions - Amount | 1 | 136 | 9 | 33 | 16 | 9 | N | Right | |
| 177 | ADJ/CG | 1 | Line 2C | Other Additions - Code | 1 | 137 | 2 | 20 | 18 | 2 | N | Right | |
| 178 | ADJ/CG | 1 | Line 2C | Other Additions - Amount | 1 | 138 | 9 | 33 | 18 | 9 | N | Right | |
| 179 | ADJ/CG | 1 | Line 3 | Total Additions | 1 | 139 | 9 | 33 | 20 | 9 | N | Right | |
| 180 | ADJ/CG | 1 | Line 4 | Income (US obligations/securities) | 1 | 140 | 9 | 33 | 23 | 9 | N | Right | |
| 181 | ADJ/CG | 1 | Line 5A | Disability Income (wages) - You | 1 | 141 | 9 | 33 | 25 | 9 | N | Right | |
| 182 | ADJ/CG | 1 | Line 5B | Disability Income (wages) - Spouse | 1 | 142 | 9 | 33 | 27 | 9 | N | Right | |
| 183 | ADJ/CG | 1 | Line 6A | Conformity Subtraction | 1 | 143 | 9 | 33 | 30 | 9 | N | Right | |
| 184 | ADJ/CG | 1 | Line 6B | Other Subtractions - Certification Number | 1 | 144 | 9 | 10 | 32 | 9 | A | Left | Only populated if related credit claimed & cert. # provided. Begins with 'VCF' if used. |
| 185 | ADJ/CG | 1 | Line 6B | Other Subtractions - Code | 1 | 145 | 2 | 26 | 32 | 2 | N | Right | |
| 186 | ADJ/CG | 1 | Line 6B | Other Subtractions - Amount | 1 | 146 | 9 | 33 | 32 | 9 | N | Right | |
| 187 | ADJ/CG | 1 | Line 6C | Other Subtractions - Certification Number | 1 | 147 | 9 | 10 | 34 | 9 | A | Left | Only populated if related credit claimed & cert. # provided. Begins with 'VCF' if used. |
| 188 | ADJ/CG | 1 | Line 6C | Other Subtractions - Code | 1 | 148 | 2 | 26 | 34 | 2 | N | Right | |
| 189 | ADJ/CG | 1 | Line 6C | Other Subtractions - Amount | 1 | 149 | 9 | 33 | 34 | 9 | N | Right | |
| 190 | ADJ/CG | 1 | Line 6D | Other Subtractions - Certification Number | 1 | 150 | 9 | 10 | 36 | 9 | A | Left | Only populated if related credit claimed & cert. # provided. Begins with 'VCF' if used. |
| 191 | ADJ/CG | 1 | Line 6D | Other Subtractions - Code | 1 | 151 | 2 | 26 | 36 | 2 | N | Right | |
| 192 | ADJ/CG | 1 | Line 6D | Other Subtractions - Amount | 1 | 152 | 9 | 33 | 36 | 9 | N | Right | |
| 193 | ADJ/CG | 1 | Line 7 | Total Subtractions | 1 | 153 | 9 | 33 | 38 | 9 | N | Right | |
| 194 | ADJ/CG | 1 | Line 8A | Deductions - Code | 1 | 154 | 3 | 19 | 40 | 3 | N | Right | |
| 195 | ADJ/CG | 1 | Line 8A | Deductions - Amount | 1 | 155 | 10 | 32 | 40 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 196 | ADJ/CG | 1 | Line 8B | Deductions - Code | 1 | 156 | 3 | 19 | 42 | 3 | N | Right | |

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Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|------------------------|--------|------|-------------------|---|------------|----------|--------|------|-----|--------|--------|-----------|--|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 197 | ADJ/CG | 1 | Line 8B | Deductions - Amount | 1 | 157 | 10 | 32 | 42 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 198 | ADJ/CG | 1 | Line 8C | Deductions - Code | 1 | 158 | 3 | 19 | 44 | 3 | N | Right | |
| 199 | ADJ/CG | 1 | Line 8C | Deductions - Amount | 1 | 159 | 10 | 32 | 44 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 200 | ADJ/CG | 1 | Line 9 | Total Deductions | 1 | 160 | 10 | 32 | 46 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 201 | ADJ/CG | 1 | Bottom Left | Claiming More Adjustments - Schedule ADJS Indicator | 1 | 161 | 1 | 32 | 48 | 1 | A | Right | Display 'X' if applicable |
| 202 | ADJ/CG | 1 | Bottom Left | Low-Income credit or VA EIC Name - You | N/A | N/A | N/A | 13 | 53 | 14 | A | Left | Only populated if credit is claimed |
| 203 | ADJ/CG | 1 | Bottom Left | SSN - You | N/A | N/A | N/A | 29 | 53 | 9 | N | Right | |
| 204 | ADJ/CG | 1 | Bottom Left | VAGI - You | N/A | N/A | N/A | 41 | 53 | 6 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 205 | ADJ/CG | 1 | Bottom Left | Name - Spouse | N/A | N/A | N/A | 13 | 55 | 14 | A | Left | Only populated if credit is claimed |
| 206 | ADJ/CG | 1 | Bottom Left | SSN - Spouse | N/A | N/A | N/A | 29 | 55 | 9 | N | Right | |
| 207 | ADJ/CG | 1 | Bottom Left | VAGI - Spouse | N/A | N/A | N/A | 41 | 55 | 6 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 208 | ADJ/CG | 1 | Bottom Left | Name - Dependent | N/A | N/A | N/A | 13 | 57 | 14 | A | Left | Only populated if credit is claimed |
| 209 | ADJ/CG | 1 | Bottom Left | SSN - Dependent | N/A | N/A | N/A | 29 | 57 | 9 | N | Right | |
| 210 | ADJ/CG | 1 | Bottom Left | VAGI - Dependent | N/A | N/A | N/A | 41 | 57 | 6 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 211 | ADJ/CG | 1 | Bottom Left | Name - Dependent | N/A | N/A | N/A | 13 | 59 | 14 | A | Left | Only populated if credit is claimed |
| 212 | ADJ/CG | 1 | Bottom Left | SSN - Dependent | N/A | N/A | N/A | 29 | 59 | 9 | N | Right | |
| 213 | ADJ/CG | 1 | Bottom Left | VAGI - Dependent | N/A | N/A | N/A | 41 | 59 | 6 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 214 | ADJ/CG | 1 | Line 10 | Total Family VAGI | 1 | 162 | 6 | 41 | 61 | 6 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 215 | ADJ/CG | 1 | Line 11 | Total Exemptions | 1 | 163 | 2 | 77 | 12 | 2 | N | Right | |
| 216 | ADJ/CG | 1 | Line 12 | # of Personal Exemptions | 1 | 164 | 2 | 77 | 14 | 2 | N | Right | |
| 217 | ADJ/CG | 1 | Line 13 | Total Exemptions Amount or \$0 | 1 | 165 | 5 | 74 | 16 | 5 | N | Right | |
| 218 | ADJ/CG | 1 | Line 14 | Federal EIC | 1 | 166 | 4 | 75 | 18 | 4 | N | Right | |
| 219 | ADJ/CG | 1 | Line 15 | 20% of Line 14 | 1 | N/A | 5 | 74 | 20 | 5 | N | Right | |
| 220 | ADJ/CG | 1 | Line 16a | Greater of Line 13 or Line 15 | 1 | N/A | 5 | 74 | 22 | 5 | N | Right | |
| 221 | ADJ/CG | 1 | Line 16b | 15% of Line 14 | 1 | N/A | 5 | 74 | 24 | 5 | N | Right | |
| 222 | ADJ/CG | 1 | Line 17 | Credit | 1 | 167 | 5 | 74 | 26 | 5 | N | Right | |
| 223 | ADJ/CG | 1 | Line 18 | Addition to Tax | 1 | 168 | 9 | 70 | 30 | 9 | N | Right | |
| 224 | ADJ/CG | 1 | Line 19 | Penalty | 1 | 169 | 9 | 70 | 32 | 9 | N | Right | |
| 225 | ADJ/CG | 1 | Line 19 Indicator | Late Filing Penalty | N/A | N/A | N/A | 78 | 34 | 1 | A | Right | Display 'X' if applicable |
| 226 | ADJ/CG | 1 | Line 19 Indicator | Extension Penalty | N/A | N/A | N/A | 78 | 36 | 1 | A | Right | Display 'X' if applicable |
| 227 | ADJ/CG | 1 | Line 20 | Interest | 1 | 170 | 9 | 70 | 38 | 9 | N | Right | |
| 228 | ADJ/CG | 1 | Line 21 | Total Adjustments | 1 | 171 | 9 | 70 | 40 | 9 | N | Right | |
| Schedule HCl/CG | | | | | | | | | | | | | |
| 229 | HCl/CG | 9 | Top Center | Primary SSN | 1 | 172 | 9 | 36 | 4 | 9 | N | Right | |

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Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|--------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|--|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 230 | HCI/CG | 1 | Top Right | 1D Barcode | N/A | N/A | N/A | 54 | 4 | N/A | N/A | N/A | *VA0HC123999* See Font Requirements in "Guidelines and Standards" document. |
| 231 | HCI/CG | 1 | Top Left | Anchor | N/A | N/A | N/A | 6 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 232 | HCI/CG | 1 | Top Right | Anchor | N/A | N/A | N/A | 71 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 233 | HCI/CG | 1 | Top Left | Email | 1 | 173 | 1 | 7 | 16 | 1 | A | Right | Display 'X' if applicable |
| 234 | HCI/CG | 1 | Top Center | Email Address | 1 | 174 | 50 | 31 | 16 | 50 | A | Right | |
| 235 | HCI/CG | 1 | Top Left | Spouse's Email | 1 | 175 | 1 | 7 | 18 | 1 | A | Right | Display 'X' if applicable |
| 236 | HCI/CG | 1 | Top Center | Spouse's Email Address | 1 | 176 | 50 | 31 | 18 | 50 | A | Right | |
| 237 | HCI/CG | 1 | Top Left | Phone | 1 | 177 | 1 | 7 | 20 | 1 | A | Right | Display 'X' if applicable |
| 238 | HCI/CG | 1 | Top Center | Daytime number | 1 | 178 | 10 | 31 | 20 | 10 | N | Right | |
| 239 | HCI/CG | 1 | Top Left | Mail | 1 | 179 | 1 | 7 | 22 | 1 | A | Right | Display 'X' if applicable |
| 240 | HCI/CG | 1 | Top Left | Address Line 1 | 1 | 180 | 34 | 7 | 24 | 34 | A | Right | |
| 241 | HCI/CG | 1 | Top Left | Address Line 2 | 1 | 181 | 34 | 7 | 25 | 34 | A | Right | |
| 242 | HCI/CG | 1 | Top Left | City | 1 | 182 | 20 | 7 | 26 | 20 | A | Right | |
| 243 | HCI/CG | 1 | Top Left | State | 1 | 183 | 2 | 28 | 26 | 2 | A | Right | |
| 244 | HCI/CG | 1 | Top Left | Zip Code | 1 | 184 | 9 | 31 | 26 | 9 | N | Right | |
| 245 | HCI/CG | 1 | Center Left | Dependent's First Name | 1 | 185 | 12 | 7 | 32 | 12 | A | Right | |
| 246 | HCI/CG | 1 | Center | Dependent's Last Name | 1 | 186 | 15 | 22 | 32 | 15 | A | Right | |
| 247 | HCI/CG | 1 | Center Right | Dependent's DOB | 1 | 187 | 8 | 56 | 32 | 8 | N | Right | Date: MMDDYYYY |
| 248 | HCI/CG | 1 | Center Left | Dependent's First Name | 1 | 188 | 12 | 7 | 34 | 12 | A | Right | |
| 249 | HCI/CG | 1 | Center | Dependent's Last Name | 1 | 189 | 15 | 22 | 34 | 15 | A | Right | |
| 250 | HCI/CG | 1 | Center Right | Dependent's DOB | 1 | 190 | 8 | 56 | 34 | 8 | N | Right | Date: MMDDYYYY |
| 251 | HCI/CG | 1 | Center Left | Dependent's First Name | 1 | 191 | 12 | 7 | 36 | 12 | A | Right | |
| 252 | HCI/CG | 1 | Center | Dependent's Last Name | 1 | 192 | 15 | 22 | 36 | 15 | A | Right | |
| 253 | HCI/CG | 1 | Center Right | Dependent's DOB | 1 | 193 | 8 | 56 | 36 | 8 | N | Right | Date: MMDDYYYY |
| 254 | HCI/CG | 1 | Center Left | Dependent's First Name | 1 | 194 | 12 | 7 | 38 | 12 | A | Right | |
| 255 | HCI/CG | 1 | Center | Dependent's Last Name | 1 | 195 | 15 | 22 | 38 | 15 | A | Right | |
| 256 | HCI/CG | 1 | Center Right | Dependent's DOB | 1 | 196 | 8 | 56 | 38 | 8 | N | Right | Date: MMDDYYYY |
| 257 | HCI/CG | 1 | Center Left | Dependent's First Name | 1 | 197 | 12 | 7 | 40 | 12 | A | Right | |
| 258 | HCI/CG | 1 | Center | Dependent's Last Name | 1 | 198 | 15 | 22 | 40 | 15 | A | Right | |
| 259 | HCI/CG | 1 | Center Right | Dependent's DOB | 1 | 199 | 8 | 56 | 40 | 8 | N | Right | Date: MMDDYYYY |
| 260 | HCI/CG | 1 | Center Left | Dependent's First Name | 1 | 200 | 12 | 7 | 42 | 12 | A | Right | |
| 261 | HCI/CG | 1 | Center | Dependent's Last Name | 1 | 201 | 15 | 22 | 42 | 15 | A | Right | |
| 262 | HCI/CG | 1 | Center Right | Dependent's DOB | 1 | 202 | 8 | 56 | 42 | 8 | N | Right | Date: MMDDYYYY |
| 263 | HCI/CG | 1 | Center Left | Dependent's First Name | 1 | 203 | 12 | 7 | 44 | 12 | A | Right | |
| 264 | HCI/CG | 1 | Center | Dependent's Last Name | 1 | 204 | 15 | 22 | 44 | 15 | A | Right | |
| 265 | HCI/CG | 1 | Center Right | Dependent's DOB | 1 | 205 | 8 | 56 | 44 | 8 | N | Right | Date: MMDDYYYY |
| 266 | HCI/CG | 1 | Center Left | Dependent's First Name | 1 | 206 | 12 | 7 | 46 | 12 | A | Right | |
| 267 | HCI/CG | 1 | Center | Dependent's Last Name | 1 | 207 | 15 | 22 | 46 | 15 | A | Right | |
| 268 | HCI/CG | 1 | Center Right | Dependent's DOB | 1 | 208 | 8 | 56 | 46 | 8 | N | Right | Date: MMDDYYYY |
| 269 | HCI/CG | 1 | Center Left | Dependent's First Name | 1 | 209 | 12 | 7 | 48 | 12 | A | Right | |

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| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-----------------------|--------------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 270 | HCI/CG | 1 | Center | Dependent's Last Name | 1 | 210 | 15 | 22 | 48 | 15 | A | Right | |
| 271 | HCI/CG | 1 | Center Right | Dependent's DOB | 1 | 211 | 8 | 56 | 48 | 8 | N | Right | Date: MMDDYYYY |
| 272 | HCI/CG | 1 | Center Left | Dependent's First Name | 1 | 212 | 12 | 7 | 50 | 12 | A | Right | |
| 273 | HCI/CG | 1 | Center | Dependent's Last Name | 1 | 213 | 15 | 22 | 50 | 15 | A | Right | |
| 274 | HCI/CG | 1 | Center Right | Dependent's DOB | 1 | 214 | 8 | 56 | 50 | 8 | N | Right | Date: MMDDYYYY |
| 275 | HCI/CG | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 6 | 52 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 276 | HCI/CG | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 71 | 52 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 277 | Trailer Data | N/A | N/A | Barcode 1 Trailer | 1 | 215 | 5 | N/A | N/A | 5 | N/A | N/A | |
| Schedule CR/CG | | | | | | | | | | | | | |
| 278 | Header Data | N/A | N/A | Barcode 2 Header Version Number | 2 | 1 | 2 | N/A | N/A | 2 | N/A | N/A | |
| 279 | Header Data | N/A | N/A | Developer Code | 2 | 2 | 4 | N/A | N/A | 4 | N/A | N/A | |
| 280 | CR/CG | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 32 | 5 | 9 | N | Right | |
| 281 | CR/CG | 1 | Top Right | 1D Barcode | N/A | N/A | N/A | 55 | 4 | N/A | N/A | N/A | *VASCCR123999* See Font Requirements in "Guidelines and Standards" document. |
| 282 | CR/CG | 1 | Top Left | Anchor | N/A | N/A | N/A | 57 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 283 | CR/CG | 1 | Top Right | Anchor | N/A | N/A | N/A | 79 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 284 | CR/CG | 1 | Part 1A | Maximum Nonrefundable Credits | 2 | 3 | 9 | 67 | 13 | 9 | N | Right | |
| 285 | CR/CG | 1 | Part 2A | Enterprise Zone Act Credit | 2 | 4 | 9 | 67 | 16 | 9 | N | Right | |
| 286 | CR/CG | 1 | Part 3A | Authorized amount | N/A | N/A | N/A | 42 | 19 | 9 | N | Right | |
| 287 | CR/CG | 1 | Part 3B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 20 | 9 | N | Right | |
| 288 | CR/CG | 1 | Part 3C | Subtotal | N/A | N/A | N/A | 42 | 21 | 9 | N | Right | |
| 289 | CR/CG | 1 | Part 3D | Credit allowable this year | 2 | 5 | 9 | 67 | 22 | 9 | N | Right | |
| 290 | CR/CG | 1 | Part 3E | Carryover credit to next year | N/A | N/A | N/A | 42 | 23 | 9 | N | Right | |
| 291 | CR/CG | 1 | Part 4A | 20% of qualifying recyclable equipment cost | N/A | N/A | N/A | 42 | 26 | 9 | N | Right | |
| 292 | CR/CG | 1 | Part 4B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 27 | 9 | N | Right | |
| 293 | CR/CG | 1 | Part 4C | Subtotal | N/A | N/A | N/A | 42 | 28 | 9 | N | Right | |
| 294 | CR/CG | 1 | Part 4D | 40% of tax per return | N/A | N/A | N/A | 42 | 29 | 9 | N | Right | |
| 295 | CR/CG | 1 | Part 4E | Maximum Recyclable Materials Processing Equipment Credit | N/A | N/A | N/A | 42 | 30 | 9 | N | Right | |
| 296 | CR/CG | 1 | Part 4F | Credit allowable this year | 2 | 6 | 9 | 67 | 31 | 9 | N | Right | |
| 297 | CR/CG | 1 | Part 4G | Carryover credit to next year | N/A | N/A | N/A | 42 | 32 | 9 | N | Right | |
| 298 | CR/CG | 1 | Part 5A | Reserved for Future Use | N/A | N/A | N/A | 42 | 35 | 9 | N | Right | |
| 299 | CR/CG | 1 | Part 5B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 36 | 9 | N | Right | |
| 300 | CR/CG | 1 | Part 5C | Subtotal | N/A | N/A | N/A | 42 | 37 | 9 | N | Right | |
| 301 | CR/CG | 1 | Part 5D | Credit allowable this year | 2 | 7 | 9 | 67 | 38 | 9 | N | Right | |
| 302 | CR/CG | 1 | Part 5E | Carryover credit to next year | N/A | N/A | N/A | 42 | 39 | 9 | N | Right | |
| 303 | CR/CG | 1 | Part 6A | Reserved for Future Use | N/A | N/A | N/A | 42 | 42 | 9 | N | Right | |
| 304 | CR/CG | 1 | Part 6B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 43 | 9 | N | Right | |
| 305 | CR/CG | 1 | Part 6C | Subtotal | N/A | N/A | N/A | 42 | 44 | 9 | N | Right | |
| 306 | CR/CG | 1 | Part 6D | Credit allowable this year | 2 | 8 | 9 | 67 | 45 | 9 | N | Right | |
| 307 | CR/CG | 1 | Part 6E | Carryover credit to next year | N/A | N/A | N/A | 42 | 46 | 9 | N | Right | |
| 308 | CR/CG | 1 | Part 7A | Reserved for Future Use | N/A | N/A | N/A | 42 | 50 | 9 | N | Right | |
| 309 | CR/CG | 1 | Part 7B | Reserved for Future Use | N/A | N/A | N/A | 67 | 51 | 9 | N | Right | |

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| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|-------|------|-------------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 310 | CR/CG | 1 | Part 7C | Reserved for Future Use | N/A | N/A | N/A | 42 | 52 | 9 | N | Right | |
| 311 | CR/CG | 1 | Part 7D | 20% of purchase or lease price | N/A | N/A | N/A | 42 | 53 | 9 | N | Right | |
| 312 | CR/CG | 1 | Part 7E | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 54 | 9 | N | Right | |
| 313 | CR/CG | 1 | Part 7F | Subtotal | N/A | N/A | N/A | 42 | 55 | 9 | N | Right | |
| 314 | CR/CG | 1 | Part 7G | Credit allowable this year | 2 | 9 | 9 | 67 | 57 | 9 | N | Right | |
| 315 | CR/CG | 1 | Part 7H | Carryover credit to next year | N/A | N/A | N/A | 42 | 58 | 9 | N | Right | |
| 316 | CR/CG | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 57 | 61 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 317 | CR/CG | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 79 | 61 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 318 | CR/CG | 2 | Top Left | Primary SSN | N/A | N/A | N/A | 32 | 5 | 9 | N | Right | |
| 319 | CR/CG | 2 | Top Right | 1D Barcode | N/A | N/A | N/A | 55 | 5 | N/A | N/A | N/A | *VASCCR223999* See Font Requirements in "Guidelines and Standards" document. |
| 320 | CR/CG | 2 | Top Left | Anchor | N/A | N/A | N/A | 57 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 321 | CR/CG | 2 | Top Right | Anchor | N/A | N/A | N/A | 79 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 322 | CR/CG | 2 | Part 8A | Current credit amount authorized | N/A | N/A | N/A | 42 | 13 | 9 | N | Right | |
| 323 | CR/CG | 2 | Part 8B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 14 | 9 | N | Right | |
| 324 | CR/CG | 2 | Part 8C | Subtotal | N/A | N/A | N/A | 42 | 15 | 9 | N | Right | |
| 325 | CR/CG | 2 | Part 8D | Credit allowable this year | 2 | 10 | 9 | 67 | 16 | 9 | N | Right | |
| 326 | CR/CG | 2 | Part 8E | Carryover credit to next year | N/A | N/A | N/A | 42 | 17 | 9 | N | Right | |
| 327 | CR/CG | 2 | Part 9A | Qualifying taxable income | N/A | N/A | N/A | 42 | 20 | 9 | N | Right | |
| 328 | CR/CG | 2 | Part 9B | Virginia taxable income | N/A | N/A | N/A | 42 | 21 | 9 | N | Right | |
| 329 | CR/CG | 2 | Part 9C | Qualifying tax paid to foreign country | N/A | N/A | N/A | 42 | 22 | 9 | N | Right | |
| 330 | CR/CG | 2 | Part 9C (Name) | Name of country | N/A | N/A | N/A | 20 | 23 | 9 | A | Right | |
| 331 | CR/CG | 2 | Part 9D | Virginia income tax | N/A | N/A | N/A | 42 | 24 | 9 | N | Right | |
| 332 | CR/CG | 2 | Part 9E | Income percentage | N/A | N/A | N/A | 42 | 25 | 9 | N | Right | |
| 333 | CR/CG | 2 | Part 9F | Subtotal | N/A | N/A | N/A | 42 | 26 | 9 | N | Right | |
| 334 | CR/CG | 2 | Part 9G | Credit allowable this year | 2 | 11 | 9 | 67 | 27 | 9 | N | Right | |
| 335 | CR/CG | 2 | Part 10A | Amount of eligible expenses | N/A | N/A | N/A | 42 | 30 | 9 | N | Right | |
| 336 | CR/CG | 2 | Part 10B | 25% of Line A | N/A | N/A | N/A | 42 | 31 | 9 | N | Right | |
| 337 | CR/CG | 2 | Part 10C | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 32 | 9 | N | Right | |
| 338 | CR/CG | 2 | Part 10D | Subtotal | N/A | N/A | N/A | 42 | 33 | 9 | N | Right | |
| 339 | CR/CG | 2 | Part 10E | Credit allowable to this year | 2 | 12 | 9 | 67 | 34 | 9 | N | Right | |
| 340 | CR/CG | 2 | Part 10F | Carryover credit to next year | N/A | N/A | N/A | 42 | 35 | 9 | N | Right | |
| 341 | CR/CG | 2 | Part 11A - Spouse | Credit amount authorized - Spouse | N/A | N/A | N/A | 27 | 39 | 9 | N | Right | |
| 342 | CR/CG | 2 | Part 11A - You | Credit amount authorized - You | N/A | N/A | N/A | 42 | 39 | 9 | N | Right | |
| 343 | CR/CG | 2 | Part 11B - Spouse | Carryover Credit from prior year(s) - Spouse | N/A | N/A | N/A | 27 | 40 | 9 | N | Right | |
| 344 | CR/CG | 2 | Part 11B - You | Carryover Credit from prior year(s) - You | N/A | N/A | N/A | 42 | 40 | 9 | N | Right | |
| 345 | CR/CG | 2 | Part 11C - Spouse | Subtotal - Spouse | N/A | N/A | N/A | 27 | 41 | 9 | N | Right | |
| 346 | CR/CG | 2 | Part 11C - You | Subtotal - You | N/A | N/A | N/A | 42 | 41 | 9 | N | Right | |
| 347 | CR/CG | 2 | Part 11D | Credit allowable this year - You | 2 | 13 | 9 | 67 | 42 | 9 | N | Right | |
| 348 | CR/CG | 2 | Part 11E | Credit allowable this year - Spouse | 2 | 14 | 9 | 67 | 44 | 9 | N | Right | |
| 349 | CR/CG | 2 | Part 11F - Spouse | Carryover credit to next year - Spouse | N/A | N/A | N/A | 27 | 45 | 9 | N | Right | |
| 350 | CR/CG | 2 | Part 11F - You | Carryover credit to next year - You | N/A | N/A | N/A | 42 | 45 | 9 | N | Right | |

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Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|-------|------|-------------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 351 | CR/CG | 2 | Part 13A | 50% of purchase price | N/A | N/A | N/A | 42 | 50 | 9 | N | Right | |
| 352 | CR/CG | 2 | Part 13B | Credit allowable this year | 2 | 15 | 4 | 72 | 51 | 4 | N | Right | |
| 353 | CR/CG | 2 | Part 15A | Amount of credit authorized/transferred | N/A | N/A | N/A | 42 | 56 | 9 | N | Right | |
| 354 | CR/CG | 2 | Part 15B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 57 | 9 | N | Right | |
| 355 | CR/CG | 2 | Part 15C | Subtotal | N/A | N/A | N/A | 42 | 58 | 9 | N | Right | |
| 356 | CR/CG | 2 | Part 15D | Total credit transferred to others | N/A | N/A | N/A | 42 | 59 | 9 | N | Right | |
| 357 | CR/CG | 2 | Part 15E | Subtotal | N/A | N/A | N/A | 42 | 60 | 9 | N | Right | |
| 358 | CR/CG | 2 | Part 15F | Credit allowable this year | 2 | 16 | 9 | 67 | 61 | 9 | N | Right | |
| 359 | CR/CG | 2 | Part 15G | Carryover credit to next year | N/A | N/A | N/A | 42 | 62 | 9 | N | Right | |
| 360 | CR/CG | 2 | Bottom Left | Anchor | N/A | N/A | N/A | 56 | 64 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 361 | CR/CG | 2 | Bottom Right | Anchor | N/A | N/A | N/A | 79 | 64 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 362 | CR/CG | 3 | Top Left | Primary SSN | N/A | N/A | N/A | 32 | 5 | 9 | N | Right | |
| 363 | CR/CG | 3 | Top Right | 1D Barcode | N/A | N/A | N/A | 55 | 5 | N/A | N/A | N/A | *VASCCR323999* See Font Requirements in "Guidelines and Standards" document. |
| 364 | CR/CG | 3 | Top Left | Anchor | N/A | N/A | N/A | 57 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 365 | CR/CG | 3 | Top Right | Anchor | N/A | N/A | N/A | 79 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 366 | CR/CG | 3 | Part 16A | Amount credit authorized | N/A | N/A | N/A | 42 | 13 | 9 | N | Right | |
| 367 | CR/CG | 3 | Part 16B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 14 | 9 | N | Right | |
| 368 | CR/CG | 3 | Part 16C | Subtotal | N/A | N/A | N/A | 42 | 15 | 9 | N | Right | |
| 369 | CR/CG | 3 | Part 16D | Credit allowable this year | 2 | 17 | 4 | 72 | 16 | 4 | N | Right | |
| 370 | CR/CG | 3 | Part 16E | Carryover credit to next year | N/A | N/A | N/A | 42 | 17 | 9 | N | Right | |
| 371 | CR/CG | 3 | Part 17A | Amount of credit authorized | N/A | N/A | N/A | 42 | 20 | 9 | N | Right | |
| 372 | CR/CG | 3 | Part 17B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 21 | 9 | N | Right | |
| 373 | CR/CG | 3 | Part 17C | Subtotal | N/A | N/A | N/A | 42 | 22 | 9 | N | Right | |
| 374 | CR/CG | 3 | Part 17D | Credit allowable this year | 2 | 18 | 9 | 67 | 23 | 9 | N | Right | |
| 375 | CR/CG | 3 | Part 17E | Carryover credit to next year | N/A | N/A | N/A | 42 | 24 | 9 | N | Right | |
| 376 | CR/CG | 3 | Part 18A - Spouse | Credit amount authorized/transferred - Spouse | N/A | N/A | N/A | 33 | 27 | 9 | N | Right | |
| 377 | CR/CG | 3 | Part 18A - You | Credit amount authorized/transferred - You | N/A | N/A | N/A | 48 | 27 | 9 | N | Right | |
| 378 | CR/CG | 3 | Part 18B - Spouse | Carryover credit from prior year(s) - Spouse | N/A | N/A | N/A | 33 | 28 | 9 | N | Right | |
| 379 | CR/CG | 3 | Part 18B - You | Carryover credit from prior year(s) - You | N/A | N/A | N/A | 48 | 28 | 9 | N | Right | |
| 380 | CR/CG | 3 | Part 18C - Spouse | Subtotal - Spouse | N/A | N/A | N/A | 33 | 29 | 9 | N | Right | |
| 381 | CR/CG | 3 | Part 18C - You | Subtotal - You | N/A | N/A | N/A | 48 | 29 | 9 | N | Right | |
| 382 | CR/CG | 3 | Part 18D - Spouse | Total credit transferred to others - Spouse | N/A | N/A | N/A | 33 | 30 | 9 | N | Right | |
| 383 | CR/CG | 3 | Part 18D - You | Total credit transferred to others - You | N/A | N/A | N/A | 48 | 30 | 9 | N | Right | |
| 384 | CR/CG | 3 | Part 18E - Spouse | Subtotal - Spouse | N/A | N/A | N/A | 33 | 31 | 9 | N | Right | |
| 385 | CR/CG | 3 | Part 18E - You | Subtotal - You | N/A | N/A | N/A | 48 | 31 | 9 | N | Right | |
| 386 | CR/CG | 3 | Part 18F | Credit allowable this year - You | 2 | 19 | 9 | 67 | 32 | 9 | N | Right | |
| 387 | CR/CG | 3 | Part 18G | Credit allowable this year - Spouse | 2 | 20 | 9 | 67 | 34 | 9 | N | Right | |
| 388 | CR/CG | 3 | Part 18H - Spouse | Carryover credit to next year - Spouse | N/A | N/A | N/A | 33 | 35 | 9 | N | Right | |
| 389 | CR/CG | 3 | Part 18H - You | Carryover credit to next year - You | N/A | N/A | N/A | 48 | 35 | 9 | N | Right | |
| 390 | CR/CG | 3 | Part 19A | Amount credit authorized | N/A | N/A | N/A | 42 | 38 | 9 | N | Right | |
| 391 | CR/CG | 3 | Part 19B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 39 | 9 | N | Right | |
| 392 | CR/CG | 3 | Part 19C | Subtotal | N/A | N/A | N/A | 42 | 40 | 9 | N | Right | |

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| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|-------|------|--------------|---|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 393 | CR/CG | 3 | Part 19D | Credit allowable this year | 2 | 21 | 9 | 67 | 41 | 9 | N | Right | |
| 394 | CR/CG | 3 | Part 19E | Carryover credit to next year | N/A | N/A | N/A | 42 | 42 | 9 | N | Right | |
| 395 | CR/CG | 3 | Part 20A | Total eligible credit amount | N/A | N/A | N/A | 42 | 45 | 9 | N | Right | |
| 396 | CR/CG | 3 | Part 20B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 46 | 9 | N | Right | |
| 397 | CR/CG | 3 | Part 20C | Subtotal | N/A | N/A | N/A | 42 | 47 | 9 | N | Right | |
| 398 | CR/CG | 3 | Part 20D | Credit allowable this year | 2 | 22 | 9 | 67 | 48 | 9 | N | Right | |
| 399 | CR/CG | 3 | Part 20E | Carryover credit to next year | N/A | N/A | N/A | 42 | 49 | 9 | N | Right | |
| 400 | CR/CG | 3 | Part 21A | Total eligible credit amount authorized | N/A | N/A | N/A | 42 | 52 | 9 | N | Right | |
| 401 | CR/CG | 3 | Part 21B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 53 | 9 | N | Right | |
| 402 | CR/CG | 3 | Part 21C | Subtotal | N/A | N/A | N/A | 42 | 54 | 9 | N | Right | |
| 403 | CR/CG | 3 | Part 21D | Credit allowable this year | 2 | 23 | 9 | 67 | 55 | 9 | N | Right | |
| 404 | CR/CG | 3 | Part 21E | Carryover credit to next year | N/A | N/A | N/A | 42 | 56 | 9 | N | Right | |
| 405 | CR/CG | 3 | Bottom Left | Anchor | N/A | N/A | N/A | 57 | 64 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 406 | CR/CG | 3 | Bottom Right | Anchor | N/A | N/A | N/A | 79 | 64 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 407 | CR/CG | 4 | Top Left | Primary SSN | N/A | N/A | N/A | 32 | 5 | 9 | N | Right | |
| 408 | CR/CG | 4 | Top Right | 1D Barcode | N/A | N/A | N/A | 55 | 5 | N/A | N/A | N/A | *VASCCR423999* See Font Requirements in "Guidelines and Standards" document. |
| 409 | CR/CG | 4 | Top Left | Anchor | N/A | N/A | N/A | 57 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 410 | CR/CG | 4 | Top Right | Anchor | N/A | N/A | N/A | 79 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 411 | CR/CG | 4 | Part 22A | Total eligible credit amount authorized | N/A | N/A | N/A | 42 | 11 | 9 | N | Right | |
| 412 | CR/CG | 4 | Part 22B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 12 | 9 | N | Right | |
| 413 | CR/CG | 4 | Part 22C | Subtotal | N/A | N/A | N/A | 42 | 13 | 9 | N | Right | |
| 414 | CR/CG | 4 | Part 22D | 50% of tax per return | N/A | N/A | N/A | 42 | 14 | 9 | N | Right | |
| 415 | CR/CG | 4 | Part 22E | Maximum International Trade Facility Tax Credit | N/A | N/A | N/A | 42 | 15 | 9 | N | Right | |
| 416 | CR/CG | 4 | Part 22F | Credit allowable this year | 2 | 24 | 9 | 67 | 16 | 9 | N | Right | |
| 417 | CR/CG | 4 | Part 22G | Carryover credit to next year | N/A | N/A | N/A | 42 | 17 | 9 | N | Right | |
| 418 | CR/CG | 4 | Part 23A | Total eligible credit amount authorized | N/A | N/A | N/A | 42 | 20 | 9 | N | Right | |
| 419 | CR/CG | 4 | Part 23B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 21 | 9 | N | Right | |
| 420 | CR/CG | 4 | Part 23C | Subtotal | N/A | N/A | N/A | 42 | 22 | 9 | N | Right | |
| 421 | CR/CG | 4 | Part 23D | Total credit transferred to others | N/A | N/A | N/A | 42 | 23 | 9 | N | Right | |
| 422 | CR/CG | 4 | Part 23E | Subtotal | N/A | N/A | N/A | 42 | 24 | 9 | N | Right | |
| 423 | CR/CG | 4 | Part 23F | Credit allowable this year | 2 | 25 | 9 | 67 | 25 | 9 | N | Right | |
| 424 | CR/CG | 4 | Part 23G | Carryover credit to next year | N/A | N/A | N/A | 42 | 26 | 9 | N | Right | |
| 425 | CR/CG | 4 | Part 24A | Total eligible credit amount authorized | N/A | N/A | N/A | 42 | 29 | 9 | N | Right | |
| 426 | CR/CG | 4 | Part 24B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 30 | 9 | N | Right | |
| 427 | CR/CG | 4 | Part 24C | Subtotal | N/A | N/A | N/A | 42 | 31 | 9 | N | Right | |
| 428 | CR/CG | 4 | Part 24D | Credit allowable this year | 2 | 26 | 9 | 67 | 32 | 9 | N | Right | |
| 429 | CR/CG | 4 | Part 24E | Carryover credit to next year | N/A | N/A | N/A | 42 | 33 | 9 | N | Right | |
| 430 | CR/CG | 4 | Part 25A | Total eligible credit amount authorized | N/A | N/A | N/A | 42 | 36 | 9 | N | Right | |
| 431 | CR/CG | 4 | Part 25B | Credit allowable this year | 2 | 27 | 9 | 67 | 37 | 9 | N | Right | |
| 432 | CR/CG | 4 | Part 26A | Total eligible credit amount authorized | N/A | N/A | N/A | 42 | 40 | 9 | N | Right | |
| 433 | CR/CG | 4 | Part 26B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 41 | 9 | N | Right | |
| 434 | CR/CG | 4 | Part 26C | Subtotal | N/A | N/A | N/A | 42 | 42 | 9 | N | Right | |

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| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|-------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 435 | CR/CG | 4 | Part 26D | Credit allowable this year | 2 | 28 | 9 | 67 | 43 | 9 | N | Right | |
| 436 | CR/CG | 4 | Part 26E | Carryover credit to next year | N/A | N/A | N/A | 42 | 44 | 9 | N | Right | |
| 437 | CR/CG | 4 | Part 27A | Total eligible credit amount authorized | N/A | N/A | N/A | 42 | 47 | 9 | N | Right | |
| 438 | CR/CG | 4 | Part 27B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 48 | 9 | N | N/A | |
| 439 | CR/CG | 4 | Part 27C | Subtotal | N/A | N/A | N/A | 42 | 49 | 9 | N | Right | |
| 440 | CR/CG | 4 | Part 27D | Credit allowable this year | 2 | 29 | 9 | 67 | 50 | 9 | N | Right | |
| 441 | CR/CG | 4 | Part 27E | Carryover credit to next year | N/A | N/A | N/A | 42 | 51 | 9 | N | Right | |
| 442 | CR/CG | 4 | Part 28A | Total eligible credit amount authorized | N/A | N/A | N/A | 42 | 54 | 9 | N | Right | |
| 443 | CR/CG | 4 | Part 28B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 55 | N/A | N/A | N/A | |
| 444 | CR/CG | 4 | Part 28C | Subtotal | N/A | N/A | N/A | 42 | 56 | 9 | N | Right | |
| 445 | CR/CG | 4 | Part 28D | Credit allowable this year | 2 | 30 | 9 | 67 | 57 | 9 | N | Right | |
| 446 | CR/CG | 4 | Part 28E | Carryover credit to next year | N/A | N/A | N/A | 42 | 58 | 9 | N | Right | |
| 447 | CR/CG | 4 | Bottom Left | Anchor | N/A | N/A | N/A | 57 | 64 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 448 | CR/CG | 4 | Bottom Right | Anchor | N/A | N/A | N/A | 79 | 64 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 449 | CR/CG | 5 | Top Left | Primary SSN | N/A | N/A | N/A | 35 | 5 | 9 | N | Right | |
| 450 | CR/CG | 5 | Top Right | 1D Barcode | N/A | N/A | N/A | 55 | 5 | N/A | N/A | N/A | *VASCCR523999* See Font Requirements in "Guidelines and Standards" document. |
| 451 | CR/CG | 5 | Top Left | Anchor | N/A | N/A | N/A | 57 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 452 | CR/CG | 5 | Top Right | Anchor | N/A | N/A | N/A | 79 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 453 | CR/CG | 5 | Part 30A | Total eligible credit amount authorized | N/A | N/A | N/A | 42 | 11 | 9 | N | Right | |
| 454 | CR/CG | 5 | Part 30B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 12 | 9 | N | N/A | |
| 455 | CR/CG | 5 | Part 30C | Subtotal | N/A | N/A | N/A | 42 | 13 | 9 | N | Right | |
| 456 | CR/CG | 5 | Part 30D | Credit allowable this year | 2 | 31 | 9 | 67 | 14 | 9 | N | Right | |
| 457 | CR/CG | 5 | Part 30E | Carryover credit to next year | N/A | N/A | N/A | 42 | 15 | 9 | N | Right | |
| 458 | CR/CG | 5 | Part 31A | Total eligible credit amount authorized | N/A | N/A | N/A | 42 | 18 | 9 | N | Right | |
| 459 | CR/CG | 5 | Part 31B | Carryover credit from prior year(s) | N/A | N/A | N/A | 42 | 19 | 9 | N | Right | |
| 460 | CR/CG | 5 | Part 31C | Subtotal | N/A | N/A | N/A | 42 | 20 | 9 | N | Right | |
| 461 | CR/CG | 5 | Part 31D | Credit allowable this year | 2 | 32 | 9 | 67 | 21 | 9 | N | Right | |
| 462 | CR/CG | 5 | Part 31E | Carryover credit to next year | N/A | N/A | N/A | 42 | 22 | 9 | N | Right | |
| 463 | CR/CG | 5 | Part 32A | Total eligible credit amount authorized | N/A | N/A | N/A | 42 | 25 | 9 | N | Right | |
| 464 | CR/CG | 5 | Part 32B | Reserved for Future Use | N/A | N/A | N/A | 42 | 26 | 9 | N | Right | |
| 465 | CR/CG | 5 | Part 32C | Subtotal | N/A | N/A | N/A | 42 | 27 | 9 | N | Right | |
| 466 | CR/CG | 5 | Part 32D | Credit allowable this year | 2 | 33 | 9 | 67 | 28 | 9 | N | Right | |
| 467 | CR/CG | 5 | Part 32E | Carryover credit to next year | N/A | N/A | N/A | 42 | 29 | 9 | N | Right | |
| 468 | CR/CG | 5 | Part 33A | Credit amount authorized - Spouse | N/A | N/A | N/A | 29 | 33 | 9 | N | Right | |
| 469 | CR/CG | 5 | Part 33A | Credit amount authorized - You | N/A | N/A | N/A | 42 | 33 | 9 | N | Right | |
| 470 | CR/CG | 5 | Part 33B | Reserved for Future Use | N/A | N/A | N/A | 29 | 34 | 9 | N | Right | |
| 471 | CR/CG | 5 | Part 33B | Reserved for Future Use | N/A | N/A | N/A | 42 | 34 | 9 | N | Right | |
| 472 | CR/CG | 5 | Part 33C | Subtotal - Spouse | N/A | N/A | N/A | 29 | 35 | 9 | N | Right | |
| 473 | CR/CG | 5 | Part 33C | Subtotal - You | N/A | N/A | N/A | 42 | 35 | 9 | N | Right | |
| 474 | CR/CG | 5 | Part 33D | Credit allowable this year - You | 2 | 34 | 9 | 67 | 36 | 9 | N | Right | |
| 475 | CR/CG | 5 | Part 33E | Credit allowable this year - Spouse | 2 | 35 | 9 | 67 | 38 | 9 | N | Right | |

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| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|------------------------|--------|------|--------------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 476 | CR/CG | 5 | Part 33F | Carryover credit to next year - Spouse | N/A | N/A | N/A | 29 | 39 | 9 | N | Right | |
| 477 | CR/CG | 5 | Part 33F | Carryover credit to next year - You | N/A | N/A | N/A | 42 | 39 | 9 | N | Right | |
| 478 | CR/CG | 5 | Section 2, Part 1A | Total Nonrefundable Credits | 2 | 36 | 9 | 67 | 43 | 9 | N | Right | |
| 479 | CR/CG | 5 | Section 3, Part 1A | 100% Credit | 2 | 37 | 9 | 67 | 47 | 9 | N | Right | |
| 480 | CR/CG | 5 | Section 3, Part 1B | Full Credit | 2 | 38 | 9 | 67 | 49 | 9 | N | Right | |
| 481 | CR/CG | 5 | Section 3, Part 1C | 85% Credit | 2 | 39 | 9 | 67 | 51 | 9 | N | Right | |
| 482 | CR/CG | 5 | Section 3, Part 1D | Total Coalfield Credit allowable this year | 2 | 40 | 9 | 67 | 53 | 9 | N | Right | |
| 483 | CR/CG | 5 | Section 3, Part 2A | Credit amount authorized | 2 | 41 | 9 | 67 | 56 | 9 | N | Right | |
| 484 | CR/CG | 5 | Section 3, Part 3A | Total credit allowable this year | 2 | 42 | 9 | 67 | 60 | 9 | N | Right | |
| 485 | CR/CG | 5 | Bottom Left | Anchor | N/A | N/A | N/A | 57 | 64 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 486 | CR/CG | 5 | Bottom Right | Anchor | N/A | N/A | N/A | 79 | 64 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 487 | CR/CG | 6 | Top Left | Primary SSN | N/A | N/A | N/A | 35 | 5 | 9 | N | Right | |
| 488 | CR/CG | 6 | Top Right | 1D Barcode | N/A | N/A | N/A | 55 | 5 | N/A | N/A | N/A | *VASCCR623999* See Font Requirements in "Guidelines and Standards" document. |
| 489 | CR/CG | 6 | Top Left | Anchor | N/A | N/A | N/A | 57 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 490 | CR/CG | 6 | Top Right | Anchor | N/A | N/A | N/A | 79 | 10 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 491 | CR/CG | 5 | Section 3, Part 4A | Credit amount authorized | 2 | 43 | 9 | 67 | 16 | 9 | N | Right | |
| 492 | CR/CG | 6 | Section 3, Part 5A | Total credit allowable this year | 2 | 44 | 9 | 67 | 19 | 9 | N | Right | |
| 493 | CR/CG | 6 | Section 3, Part 6A | Total credit allowable this year | 2 | 45 | 9 | 67 | 22 | 9 | N | Right | |
| 494 | CR/CG | 6 | Section 3, Part 6B | Carryforward credit from taxable year 2021 | 2 | 46 | 9 | 67 | 24 | 9 | N | Right | |
| 495 | CR/CG | 6 | Section 4, Part 1A | Total Refundable Credits | 2 | 47 | 9 | 67 | 28 | 9 | N | Right | |
| 496 | CR/CG | 6 | Section 5, Part 1A | Total Current Year Credits | 2 | 48 | 9 | 67 | 30 | 9 | N | Right | |
| 497 | CR/CG | 6 | Bottom Left | Anchor | N/A | N/A | N/A | 57 | 36 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 498 | CR/CG | 6 | Bottom Right | Anchor | N/A | N/A | N/A | 79 | 36 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| Schedule INC/CG | | | | | | | | | | | | | |
| 499 | INC/CG | 1 | Top Center | Primary SSN | N/A | N/A | N/A | 31 | 4 | 9 | N | Right | |
| 500 | INC/CG | 1 | Top Right | 1D Barcode | N/A | N/A | N/A | 54 | 4 | N/A | N/A | N/A | *VASINC123999* See Font Requirements in "Guidelines and Standards" document. |
| 501 | INC/CG | 1 | Top Left | First Name - primary taxpayer | N/A | N/A | N/A | 6 | 7 | 12 | A | Left | 1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 502 | INC/CG | 1 | Top Left | Middle Initial - primary taxpayer | N/A | N/A | N/A | 19 | 7 | 1 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 503 | INC/CG | 1 | Top Left | Last Name - primary taxpayer | N/A | N/A | N/A | 21 | 7 | 15 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 504 | INC/CG | 1 | Top Left | Suffix - primary taxpayer | N/A | N/A | N/A | 37 | 7 | 3 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 505 | INC/CG | 1 | Top Left | First Name - secondary taxpayer | N/A | N/A | N/A | 6 | 9 | 12 | A | Left | 1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods |

Format Codes: A = Alphanumeric, D = Date, N = Number
2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|--------|------|----------------|--|------------|----------|--------|------|-----|--------|--------|-----------|--|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 506 | INC/CG | 1 | Top Left | Middle Initial - secondary taxpayer | N/A | N/A | N/A | 19 | 9 | 1 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 507 | INC/CG | 1 | Top Left | Last Name - secondary taxpayer | N/A | N/A | N/A | 21 | 9 | 15 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 508 | INC/CG | 1 | Top Left | Suffix - secondary taxpayer | N/A | N/A | N/A | 37 | 9 | 3 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 509 | INC/CG | 1 | Top Left | Anchor | N/A | N/A | N/A | 6 | 17 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 510 | INC/CG | 1 | Top Right | Anchor | N/A | N/A | N/A | 79 | 17 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 511 | INC/CG | 1 | Line 1, Col. A | Your/Spouse SSN | 2 | 49 | 9 | 7 | 19 | 9 | N | Right | |
| 512 | INC/CG | 1 | Line 1, Col. B | Withholding Type | 2 | 50 | 1 | 21 | 19 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 513 | INC/CG | 1 | Line 1, Col. C | VA Withholding | 2 | 51 | 9 | 26 | 19 | 9 | N | Right | |
| 514 | INC/CG | 1 | Line 1, Col. D | Employer FEIN | 2 | 52 | 9 | 39 | 19 | 9 | N | Right | |
| 515 | INC/CG | 1 | Line 1, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 19 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 516 | INC/CG | 1 | Line 1, Col. F | VA Wages, tips, other comp. | 2 | 53 | 9 | 71 | 19 | 9 | N | Right | |
| 517 | INC/CG | 1 | Line 2, Col. A | Your/Spouse SSN | 2 | 54 | 9 | 7 | 21 | 9 | N | Right | |
| 518 | INC/CG | 1 | Line 2, Col. B | Withholding Type | 2 | 55 | 1 | 21 | 21 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 519 | INC/CG | 1 | Line 2, Col. C | VA Withholding | 2 | 56 | 9 | 26 | 21 | 9 | N | Right | |
| 520 | INC/CG | 1 | Line 2, Col. D | Employer FEIN | 2 | 57 | 9 | 39 | 21 | 9 | N | Right | |
| 521 | INC/CG | 1 | Line 2, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 21 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 522 | INC/CG | 1 | Line 2, Col. F | VA Wages, tips, other comp. | 2 | 58 | 9 | 71 | 21 | 9 | N | Right | |
| 523 | INC/CG | 1 | Line 3, Col. A | Your/Spouse SSN | 2 | 59 | 9 | 7 | 23 | 9 | N | Right | |
| 524 | INC/CG | 1 | Line 3, Col. B | Withholding Type | 2 | 60 | 1 | 21 | 23 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 525 | INC/CG | 1 | Line 3, Col. C | VA Withholding | 2 | 61 | 9 | 26 | 23 | 9 | N | Right | |
| 526 | INC/CG | 1 | Line 3, Col. D | Employer FEIN | 2 | 62 | 9 | 39 | 23 | 9 | N | Right | |
| 527 | INC/CG | 1 | Line 3, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 23 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 528 | INC/CG | 1 | Line 3, Col. F | VA Wages, tips, other comp. | 2 | 63 | 9 | 71 | 23 | 9 | N | Right | |
| 529 | INC/CG | 1 | Line 4, Col. A | Your/Spouse SSN | 2 | 64 | 9 | 7 | 25 | 9 | N | Right | |
| 530 | INC/CG | 1 | Line 4, Col. B | Withholding Type | 2 | 65 | 1 | 21 | 25 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|--------|------|----------------|--|------------|----------|--------|------|-----|--------|--------|-----------|--|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 531 | INC/CG | 1 | Line 4, Col. C | VA Withholding | 2 | 66 | 9 | 26 | 25 | 9 | N | Right | |
| 532 | INC/CG | 1 | Line 4, Col. D | Employer FEIN | 2 | 67 | 9 | 39 | 25 | 9 | N | Right | |
| 533 | INC/CG | 1 | Line 4, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 25 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 534 | INC/CG | 1 | Line 4, Col. F | VA Wages, tips, other comp. | 2 | 68 | 9 | 71 | 25 | 9 | N | Right | |
| 535 | INC/CG | 1 | Line 5, Col. A | Your/Spouse SSN | 2 | 69 | 9 | 7 | 27 | 9 | N | Right | |
| 536 | INC/CG | 1 | Line 5, Col. B | Withholding Type | 2 | 70 | 1 | 21 | 27 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 537 | INC/CG | 1 | Line 5, Col. C | VA Withholding | 2 | 71 | 9 | 26 | 27 | 9 | N | Right | |
| 538 | INC/CG | 1 | Line 5, Col. D | Employer FEIN | 2 | 72 | 9 | 39 | 27 | 9 | N | Right | |
| 539 | INC/CG | 1 | Line 5, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 27 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 540 | INC/CG | 1 | Line 5, Col. F | VA Wages, tips, other comp. | 2 | 73 | 9 | 71 | 27 | 9 | N | Right | |
| 541 | INC/CG | 1 | Line 6, Col. A | Your/Spouse SSN | 2 | 74 | 9 | 7 | 29 | 9 | N | Right | |
| 542 | INC/CG | 1 | Line 6, Col. B | Withholding Type | 2 | 75 | 1 | 21 | 29 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 543 | INC/CG | 1 | Line 6, Col. C | VA Withholding | 2 | 76 | 9 | 26 | 29 | 9 | N | Right | |
| 544 | INC/CG | 1 | Line 6, Col. D | Employer FEIN | 2 | 77 | 9 | 39 | 29 | 9 | N | Right | |
| 545 | INC/CG | 1 | Line 6, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 29 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 546 | INC/CG | 1 | Line 6, Col. F | VA Wages, tips, other comp. | 2 | 78 | 9 | 71 | 29 | 9 | N | Right | |
| 547 | INC/CG | 1 | Line 7, Col. A | Your/Spouse SSN | 2 | 79 | 9 | 7 | 31 | 9 | N | Right | |
| 548 | INC/CG | 1 | Line 7, Col. B | Withholding Type | 2 | 80 | 1 | 21 | 31 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 549 | INC/CG | 1 | Line 7, Col. C | VA Withholding | 2 | 81 | 9 | 26 | 31 | 9 | N | Right | |
| 550 | INC/CG | 1 | Line 7, Col. D | Employer FEIN | 2 | 82 | 9 | 39 | 31 | 9 | N | Right | |
| 551 | INC/CG | 1 | Line 7, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 31 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 552 | INC/CG | 1 | Line 7, Col. F | VA Wages, tips, other comp. | 2 | 83 | 9 | 71 | 31 | 9 | N | Right | |
| 553 | INC/CG | 1 | Line 8, Col. A | Your/Spouse SSN | 2 | 84 | 9 | 7 | 33 | 9 | N | Right | |
| 554 | INC/CG | 1 | Line 8, Col. B | Withholding Type | 2 | 85 | 1 | 21 | 33 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 555 | INC/CG | 1 | Line 8, Col. C | VA Withholding | 2 | 86 | 9 | 26 | 33 | 9 | N | Right | |
| 556 | INC/CG | 1 | Line 8, Col. D | Employer FEIN | 2 | 87 | 9 | 39 | 33 | 9 | N | Right | |

| Format Codes: A = Alphanumeric, D = Date, N = Number 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC | | | | | Review tax form instructions for computations, attachments, codes and other related details. | | | | | | | | |
|--|--------|------|-----------------|--|--|----------|--------|------|-----|--------|--------|-----------|--|
| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 557 | INC/CG | 1 | Line 8, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 33 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 558 | INC/CG | 1 | Line 8, Col. F | VA Wages, tips, other comp. | 2 | 88 | 9 | 71 | 33 | 9 | N | Right | |
| 559 | INC/CG | 1 | Line 9, Col. A | Your/Spouse SSN | 2 | 89 | 9 | 7 | 35 | 9 | N | Right | |
| 560 | INC/CG | 1 | Line 9, Col. B | Withholding Type | 2 | 90 | 1 | 21 | 35 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 561 | INC/CG | 1 | Line 9, Col. C | VA Withholding | 2 | 91 | 9 | 26 | 35 | 9 | N | Right | |
| 562 | INC/CG | 1 | Line 9, Col. D | Employer FEIN | 2 | 92 | 9 | 39 | 35 | 9 | N | Right | |
| 563 | INC/CG | 1 | Line 9 Col. E | VA Account Number | N/A | N/A | N/A | 52 | 35 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 564 | INC/CG | 1 | Line 9 Col. F | VA Wages, tips, other comp. | 2 | 93 | 9 | 71 | 35 | 9 | N | Right | |
| 565 | INC/CG | 1 | Line 10, Col. A | Your/Spouse SSN | 2 | 94 | 9 | 7 | 37 | 9 | N | Right | |
| 566 | INC/CG | 1 | Line 10, Col. B | Withholding Type | 2 | 95 | 1 | 21 | 37 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 567 | INC/CG | 1 | Line 10, Col. C | VA Withholding | 2 | 96 | 9 | 26 | 37 | 9 | N | Right | |
| 568 | INC/CG | 1 | Line 10, Col. D | Employer FEIN | 2 | 97 | 9 | 39 | 37 | 9 | N | Right | |
| 569 | INC/CG | 1 | Line 10, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 37 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 570 | INC/CG | 1 | Line 10, Col. F | VA Wages, tips, other comp. | 2 | 98 | 9 | 71 | 37 | 9 | N | Right | |
| 571 | INC/CG | 1 | Line 11, Col. A | Your/Spouse SSN | 2 | 99 | 9 | 7 | 39 | 9 | N | Right | |
| 572 | INC/CG | 1 | Line 11, Col. B | Withholding Type | 2 | 100 | 1 | 21 | 39 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 573 | INC/CG | 1 | Line 11, Col. C | VA Withholding | 2 | 101 | 9 | 26 | 39 | 9 | N | Right | |
| 574 | INC/CG | 1 | Line 11, Col. D | Employer FEIN | 2 | 102 | 9 | 39 | 39 | 9 | N | Right | |
| 575 | INC/CG | 1 | Line 11, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 39 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 576 | INC/CG | 1 | Line 11, Col. F | VA Wages, tips, other comp. | 2 | 103 | 9 | 71 | 39 | 9 | N | Right | |
| 577 | INC/CG | 1 | Line 12, Col. A | Your/Spouse SSN | 2 | 104 | 9 | 7 | 41 | 9 | N | Right | |
| 578 | INC/CG | 1 | Line 12, Col. B | Withholding Type | 2 | 105 | 1 | 21 | 41 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 579 | INC/CG | 1 | Line 12, Col. C | VA Withholding | 2 | 106 | 9 | 26 | 41 | 9 | N | Right | |
| 580 | INC/CG | 1 | Line 12, Col. D | Employer FEIN | 2 | 107 | 9 | 39 | 41 | 9 | N | Right | |
| 581 | INC/CG | 1 | Line 12, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 41 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |

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|--|--------|------|-----------------|--|--|----------|--------|------|-----|--------|--------|-----------|--|
| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 582 | INC/CG | 1 | Line 12, Col. F | VA Wages, tips, other comp. | 2 | 108 | 9 | 71 | 41 | 9 | N | Right | |
| 583 | INC/CG | 1 | Line 13, Col. A | Your/Spouse SSN | 2 | 109 | 9 | 7 | 43 | 9 | N | Right | |
| 584 | INC/CG | 1 | Line 13, Col. B | Withholding Type | 2 | 110 | 1 | 21 | 43 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 585 | INC/CG | 1 | Line 13, Col. C | VA Withholding | 2 | 111 | 9 | 26 | 43 | 9 | N | Right | |
| 586 | INC/CG | 1 | Line 13, Col. D | Employer FEIN | 2 | 112 | 9 | 39 | 43 | 9 | N | Right | |
| 587 | INC/CG | 1 | Line 13, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 43 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 588 | INC/CG | 1 | Line 13, Col. F | VA Wages, tips, other comp. | 2 | 113 | 9 | 71 | 43 | 9 | N | Right | |
| 589 | INC/CG | 1 | Line 14, Col. A | Your/Spouse SSN | 2 | 114 | 9 | 7 | 45 | 9 | N | Right | |
| 590 | INC/CG | 1 | Line 14, Col. B | Withholding Type | 2 | 115 | 1 | 21 | 45 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 591 | INC/CG | 1 | Line 14, Col. C | VA Withholding | 2 | 116 | 9 | 26 | 45 | 9 | N | Right | |
| 592 | INC/CG | 1 | Line 14, Col. D | Employer FEIN | 2 | 117 | 9 | 39 | 45 | 9 | N | Right | |
| 593 | INC/CG | 1 | Line 14, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 45 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 594 | INC/CG | 1 | Line 14, Col. F | VA Wages, tips, other comp. | 2 | 118 | 9 | 71 | 45 | 9 | N | Right | |
| 595 | INC/CG | 1 | Line 15, Col. A | Your/Spouse SSN | 2 | 119 | 9 | 7 | 47 | 9 | N | Right | |
| 596 | INC/CG | 1 | Line 15, Col. B | Withholding Type | 2 | 120 | 1 | 21 | 47 | 1 | A | Right | W= W-2 M= 1099-MISC G= W-2G R= 1099-R K= VK-1 I= 1099-INT D= 1099-DIV O= 1099-OID B= 1099-B L= 1099-K |
| 597 | INC/CG | 1 | Line 15, Col. C | VA Withholding | 2 | 121 | 9 | 26 | 47 | 9 | N | Right | |
| 598 | INC/CG | 1 | Line 15, Col. D | Employer FEIN | 2 | 122 | 9 | 39 | 47 | 9 | N | Right | |
| 599 | INC/CG | 1 | Line 15, Col. E | VA Account Number | N/A | N/A | N/A | 52 | 47 | 15 | N | Right | Float left if 10 digits; if software does not support full length, drop 1st two digit and print remaining 13 |
| 600 | INC/CG | 1 | Line 15, Col. F | VA Wages, tips, other comp. | 2 | 123 | 9 | 71 | 47 | 9 | N | Right | |
| 601 | INC/CG | 1 | Bottom Center | SSN - You | N/A | N/A | N/A | 39 | 54 | 9 | N | Right | |
| 602 | INC/CG | 1 | Bottom Center | SSN - Spouse | N/A | N/A | N/A | 39 | 56 | 9 | N | Right | |
| 603 | INC/CG | 1 | Bottom Center | Total # of W-2s, 1099s & VK-1s | 2 | 124 | 2 | 46 | 59 | 2 | N | Right | |
| 604 | INC/CG | 1 | Bottom Right | VA Withholding - You | 2 | 125 | 9 | 63 | 54 | 9 | N | Right | |
| 605 | INC/CG | 1 | Bottom Right | VA Withholding - Spouse | 2 | 126 | 9 | 63 | 56 | 9 | N | Right | |
| 606 | INC/CG | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 11 | 60 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 607 | INC/CG | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 73 | 60 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| Schedule FED/CG | | | | | | | | | | | | | |
| 608 | FED/CG | 1 | Top Right | 1D Barcode | N/A | N/A | N/A | 54 | 4 | N/A | N/A | N/A | *VA0FED123999* See Font Requirements in "Guidelines and Standards" document. |

| | | | | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|--|--|
| Format Codes: A = Alphanumeric, D = Date, N = Number 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC | | | | | <i>Review tax form instructions for computations, attachments, codes and other related details.</i> | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|--|--|

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|--------|------|-----------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 609 | FED/CG | 1 | Top Left | First Name - primary taxpayer | N/A | N/A | N/A | 6 | 5 | 12 | A | Left | 1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 610 | FED/CG | 1 | Top Left | Middle Initial - primary taxpayer | N/A | N/A | N/A | 19 | 5 | 1 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 611 | FED/CG | 1 | Top Left | Last Name - primary taxpayer | N/A | N/A | N/A | 21 | 5 | 15 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 612 | FED/CG | 1 | Top Left | Suffix - primary taxpayer | N/A | N/A | N/A | 37 | 5 | 3 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 613 | FED/CG | 1 | Top Left | First Name - secondary taxpayer | N/A | N/A | N/A | 6 | 6 | 12 | A | Left | 1 space may separate 2 names Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 614 | FED/CG | 1 | Top Left | Middle Initial - secondary taxpayer | N/A | N/A | N/A | 19 | 6 | 1 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 615 | FED/CG | 1 | Top Left | Last Name - secondary taxpayer | N/A | N/A | N/A | 21 | 6 | 15 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 616 | FED/CG | 1 | Top Left | Suffix - secondary taxpayer | N/A | N/A | N/A | 37 | 6 | 3 | A | Left | Not Allowed: hyphens, pound signs, apostrophes, commas or periods |
| 617 | FED/CG | 1 | Top Left | Address Line 1 | N/A | N/A | N/A | 6 | 7 | 34 | A | Left | Allowed: hyphen and ampersand Not Allowed: apostrophe, comma or period |
| 618 | FED/CG | 1 | Top Left | Address Line 2 | N/A | N/A | N/A | 6 | 8 | 34 | A | Left | Allowed: hyphen and ampersand Not Allowed: apostrophe, comma or period |
| 619 | FED/CG | 1 | Top Left | City | N/A | N/A | N/A | 6 | 9 | 20 | A | Left | Allowed: hyphen and ampersand Not Allowed: pound sign, apostrophe, comma or period |
| 620 | FED/CG | 1 | Top Left | State | N/A | N/A | N/A | 27 | 9 | 2 | A | Left | Allowed: hyphen and ampersand Not Allowed: pound sign, apostrophe, comma or period |
| 621 | FED/CG | 1 | Top Left | Zip Code | N/A | N/A | N/A | 30 | 9 | 9 | A | Left | Allowed: hyphen and ampersand Not Allowed: pound sign, apostrophe, comma or period |
| 622 | FED/CG | 1 | Top Right | Primary SSN | N/A | N/A | N/A | 48 | 8 | 9 | N | Right | |
| 623 | FED/CG | 1 | Top Right | Spouse SSN | N/A | N/A | N/A | 48 | 9 | 9 | N | Right | |
| 624 | FED/CG | 1 | Top Right | Locality Code for Taxpayer | N/A | N/A | N/A | 61 | 9 | 3 | N | Right | |

Schedule C and/or Schedule F Information - First Schedule

| | | | | | | | | | | | | | |
|-----|--------|---|----------------|---------------------------------------|-----|-----|-----|----|----|---|-----|-------|--|
| 625 | FED/CG | 1 | Line 1, Col. A | Schedule Name | 2 | 127 | 1 | 48 | 13 | 1 | A | Right | Display 'C' for Sch. C or C-EZ data Display 'F' for Sch. F data |
| 626 | FED/CG | 1 | Top Left | Anchor | N/A | N/A | N/A | 26 | 15 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 627 | FED/CG | 1 | Top Right | Anchor | N/A | N/A | N/A | 75 | 15 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 628 | FED/CG | 1 | Line 2, Col. A | Gross Receipts or Sales | 2 | 128 | 9 | 34 | 16 | 9 | N | Right | |
| 629 | FED/CG | 1 | Line 3, Col. A | Depreciation/Expense Deduction | 2 | 129 | 9 | 34 | 18 | 9 | N | Right | |
| 630 | FED/CG | 1 | Line 4, Col. A | Business Activity Code | 2 | 130 | 6 | 37 | 20 | 6 | N | Right | |
| 631 | FED/CG | 1 | Line 5, Col. A | Business Locality Code | 2 | 131 | 3 | 40 | 22 | 3 | N | Right | |
| 632 | FED/CG | 1 | Line 6, Col. A | Car and truck expenses | 2 | 132 | 9 | 34 | 24 | 9 | N | Right | |
| 633 | FED/CG | 1 | Line 7, Col. A | Inventory at end of year | 2 | 133 | 9 | 34 | 26 | 9 | N | Right | |
| 634 | FED/CG | 1 | Line 8, Col. A | # of miles used vehicle for: Business | 2 | 134 | 9 | 34 | 28 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|---|--------|------|-----------------|--|------------|----------|--------|------|-----|--------|--------|-----------|--|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 635 | FED/CG | 1 | Line 9, Col. A | # of miles used vehicle for: Commuting | 2 | 135 | 9 | 34 | 30 | 9 | N | Right | |
| 636 | FED/CG | 1 | Line 10, Col. A | # of miles used vehicle for: Other | 2 | 136 | 9 | 34 | 32 | 9 | N | Right | |
| Schedule 2106 Information - First Schedule | | | | | | | | | | | | | |
| 637 | FED/CG | 1 | Line 11, Col. A | # of miles used vehicle for: Business | 2 | 137 | 9 | 34 | 37 | 9 | N | Right | |
| 638 | FED/CG | 1 | Line 12, Col. A | # of miles used vehicle for: Commuting | 2 | 138 | 9 | 34 | 39 | 9 | N | Right | |
| 639 | FED/CG | 1 | Line 13, Col. A | # of miles used vehicle for: Other | 2 | 139 | 9 | 34 | 41 | 9 | N | Right | |
| 640 | FED/CG | 1 | Line 14, Col. A | % of business use of vehicle: Vehicle 1 | 2 | 140 | 6 | 37 | 43 | 6 | N | Right | XXX.XX; 2 decimal places, max = 100.00 |
| 641 | FED/CG | 1 | Line 15, Col. A | % of business use of vehicle: Vehicle 2 | 2 | 141 | 6 | 37 | 45 | 6 | N | Right | XXX.XX; 2 decimal places, max = 100.00 |
| Schedule 4562 Information - First Schedule | | | | | | | | | | | | | |
| 642 | FED/CG | 1 | Line 16, Col. A | Property used > 50% in qualified business | 2 | 142 | 13 | 34 | 50 | 13 | A | Left | |
| 643 | FED/CG | 1 | Line 17, Col. A | Date placed in service | 2 | 143 | 6 | 37 | 52 | 6 | D | Right | Date: MMDDYY |
| 644 | FED/CG | 1 | Line 18, Col. A | Business/investment use percentage | 2 | 144 | 6 | 37 | 54 | 6 | N | Right | XXX.XX; 2 decimal places, max = 100.00 |
| 645 | FED/CG | 1 | Line 19, Col. A | Cost or other basis | 2 | 145 | 9 | 34 | 56 | 9 | N | Right | |
| 646 | FED/CG | 1 | Line 20, Col. A | Depreciation deduction | 2 | 146 | 9 | 34 | 58 | 9 | N | Right | |
| 647 | FED/CG | 1 | Line 21, Col. A | Elected section 179 cost | 2 | 147 | 9 | 34 | 60 | 9 | N | Right | |
| 648 | FED/CG | 1 | Line 22, Col. A | Business Locality Code | 2 | 148 | 3 | 40 | 62 | 3 | N | Right | |
| Schedule C and/or Schedule F Information - Second Schedule | | | | | | | | | | | | | |
| 649 | FED/CG | 1 | Line 1, Col. B | Schedule Name | 2 | 149 | 1 | 73 | 13 | 1 | A | Right | Display 'C' for Sch. C or C-EZ data Display 'F' for Sch. F data |
| 650 | FED/CG | 1 | Line 2, Col. B | Gross Receipts or Sales | 2 | 150 | 9 | 60 | 16 | 9 | N | Right | |
| 651 | FED/CG | 1 | Line 3, Col. B | Depreciation/Expense Deduction | 2 | 151 | 9 | 60 | 18 | 9 | N | Right | |
| 652 | FED/CG | 1 | Line 4, Col. B | Business Activity Code | 2 | 152 | 6 | 63 | 20 | 6 | N | Right | |
| 653 | FED/CG | 1 | Line 5, Col. B | Business Locality Code | 2 | 153 | 3 | 66 | 22 | 3 | N | Right | |
| 654 | FED/CG | 1 | Line 6, Col. B | Car and truck expenses | 2 | 154 | 9 | 60 | 24 | 9 | N | Right | |
| 655 | FED/CG | 1 | Line 7, Col. B | Inventory at end of year | 2 | 155 | 9 | 60 | 26 | 9 | N | Right | |
| 656 | FED/CG | 1 | Line 8, Col. B | # of miles used vehicle for: Business | 2 | 156 | 9 | 60 | 28 | 9 | N | Right | |
| 657 | FED/CG | 1 | Line 9, Col. B | # of miles used vehicle for: Commuting | 2 | 157 | 9 | 60 | 30 | 9 | N | Right | |
| 658 | FED/CG | 1 | Line 10, Col. B | # of miles used vehicle for: Other | 2 | 158 | 9 | 60 | 32 | 9 | N | Right | |
| Schedule 2106 Information - Second Schedule | | | | | | | | | | | | | |
| 659 | FED/CG | 1 | Line 11, Col. B | # of miles used vehicle for: Business | 2 | 159 | 9 | 60 | 37 | 9 | N | Right | |
| 660 | FED/CG | 1 | Line 12, Col. B | # of miles used vehicle for: Commuting | 2 | 160 | 9 | 60 | 39 | 9 | N | Right | |
| 661 | FED/CG | 1 | Line 13, Col. B | # of miles used vehicle for: Other | 2 | 161 | 9 | 60 | 41 | 9 | N | Right | |
| 662 | FED/CG | 1 | Line 14, Col. B | % of business use of vehicle: Vehicle 1 | 2 | 162 | 6 | 63 | 43 | 6 | N | Right | XXX.XX; 2 decimal places, max = 100.00 |
| 663 | FED/CG | 1 | Line 15, Col. B | % of business use of vehicle: Vehicle 2 | 2 | 163 | 6 | 63 | 45 | 6 | N | Right | XXX.XX; 2 decimal places, max = 100.00 |
| Schedule 4562 Information - Second Schedule | | | | | | | | | | | | | |
| 664 | FED/CG | 1 | Line 16, Col. B | Property used > 50% in qualified business | 2 | 164 | 13 | 58 | 50 | 13 | A | Right | |
| 665 | FED/CG | 1 | Line 17, Col. B | Date placed in service | 2 | 165 | 6 | 63 | 52 | 6 | D | Right | Date: MMDDYY |
| 666 | FED/CG | 1 | Line 18, Col. B | Business/ Investment use percentage | 2 | 166 | 6 | 63 | 54 | 6 | N | Right | XXX.XX; 2 decimal places, max = 100.00 |
| 667 | FED/CG | 1 | Line 19, Col. B | Cost or other basis | 2 | 167 | 9 | 60 | 56 | 9 | N | Right | |
| 668 | FED/CG | 1 | Line 20, Col. B | Depreciation deduction | 2 | 168 | 9 | 60 | 58 | 9 | N | Right | |
| 669 | FED/CG | 1 | Line 21, Col. B | Elected section 179 cost | 2 | 169 | 9 | 60 | 60 | 9 | N | Right | |
| 670 | FED/CG | 1 | Line 22, Col. B | Business Locality Code | 2 | 170 | 3 | 66 | 62 | 3 | N | Right | |
| 671 | FED/CG | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 26 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 672 | FED/CG | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 75 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |

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2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|------------------------|--------|------|-------------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| Schedule VAC/CG | | | | | | | | | | | | | |
| 673 | VAC/CG | 1 | Top Center | Primary SSN | 2 | N/A | N/A | 32 | 4 | 9 | N | Right | |
| 674 | VAC/CG | 1 | Top Right | 1D Barcode | N/A | N/A | N/A | 54 | 4 | N/A | N/A | N/A | *VASVAC123999* See Font Requirements in "Guidelines and Standards" document. |
| 675 | VAC/CG | 1 | Top Left | Anchor | N/A | N/A | N/A | 6 | 11 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 676 | VAC/CG | 1 | Top Right | Anchor | N/A | N/A | N/A | 79 | 12 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 677 | VAC/CG | 1 | Top Right | Balance of Total Overpayment available | 2 | 171 | 9 | 66 | 12 | 9 | N | Right | |
| 678 | VAC/CG | 1 | Line 1, Col. A | Program Type | 2 | 172 | 1 | 9 | 19 | 1 | N | Right | |
| 679 | VAC/CG | 1 | Line 1, Col. B | Beneficiary's Last Name | 2 | 173 | 16 | 13 | 19 | 16 | A | Left | |
| 680 | VAC/CG | 1 | Line 1, Col. C | Account # | 2 | 174 | 17 | 32 | 19 | 17 | N | Right | |
| 681 | VAC/CG | 1 | Line 1, Col. D | Routing # (CollegeAmerica only) | 2 | 175 | 9 | 53 | 19 | 9 | N | Right | |
| 682 | VAC/CG | 1 | Line 1, Col. E | Contribution Amount | 2 | 176 | 6 | 69 | 19 | 6 | N | Right | |
| 683 | VAC/CG | 1 | Line 2, Col. A | Program Type | 2 | 177 | 1 | 9 | 21 | 1 | N | Right | |
| 684 | VAC/CG | 1 | Line 2, Col. B | Beneficiary's Last Name | 2 | 178 | 16 | 13 | 21 | 16 | A | Left | |
| 685 | VAC/CG | 1 | Line 2, Col. C | Account # | 2 | 179 | 17 | 32 | 21 | 17 | N | Right | |
| 686 | VAC/CG | 1 | Line 2, Col. D | Routing # (CollegeAmerica only) | 2 | 180 | 9 | 53 | 21 | 9 | N | Right | |
| 687 | VAC/CG | 1 | Line 2, Col. E | Contribution Amount | 2 | 181 | 6 | 69 | 21 | 6 | N | Right | |
| 688 | VAC/CG | 1 | Line 3, Col. A | Program Type | 2 | 182 | 1 | 9 | 23 | 1 | N | Right | |
| 689 | VAC/CG | 1 | Line 3, Col. B | Beneficiary's Last Name | 2 | 183 | 16 | 13 | 23 | 16 | A | Left | |
| 690 | VAC/CG | 1 | Line 3, Col. C | Account # | 2 | 184 | 17 | 32 | 23 | 17 | N | Right | |
| 691 | VAC/CG | 1 | Line 3, Col. D | Routing # (CollegeAmerica only) | 2 | 185 | 9 | 53 | 23 | 9 | N | Right | |
| 692 | VAC/CG | 1 | Line 3, Col. E | Contribution Amount | 2 | 186 | 6 | 69 | 23 | 6 | N | Right | |
| 693 | VAC/CG | 1 | Line 4, Col. A | Program Type | 2 | 187 | 1 | 9 | 25 | 1 | N | Right | |
| 694 | VAC/CG | 1 | Line 4, Col. B | Beneficiary's Last Name | 2 | 188 | 16 | 13 | 25 | 16 | A | Left | |
| 695 | VAC/CG | 1 | Line 4, Col. C | Account # | 2 | 189 | 17 | 32 | 25 | 17 | N | Right | |
| 696 | VAC/CG | 1 | Line 4, Col. D | Routing # (CollegeAmerica only) | 2 | 190 | 9 | 53 | 25 | 9 | N | Right | |
| 697 | VAC/CG | 1 | Line 4, Col. E | Contribution Amount | 2 | 191 | 6 | 69 | 25 | 6 | N | Right | |
| 698 | VAC/CG | 1 | Line 5, Col. A | Program Type | 2 | 192 | 1 | 9 | 27 | 1 | N | Right | |
| 699 | VAC/CG | 1 | Line 5, Col. B | Beneficiary's Last Name | 2 | 193 | 16 | 13 | 27 | 16 | A | Left | |
| 700 | VAC/CG | 1 | Line 5, Col. C | Account # | 2 | 194 | 17 | 32 | 27 | 17 | N | Right | |
| 701 | VAC/CG | 1 | Line 5, Col. D | Routing # (CollegeAmerica only) | 2 | 195 | 9 | 53 | 27 | 9 | N | Right | |
| 702 | VAC/CG | 1 | Line 5, Col. E | Contribution Amount | 2 | 196 | 6 | 69 | 27 | 6 | N | Right | |
| 703 | VAC/CG | 1 | Line 6 | Total VA College Savings Plan Contributions | 2 | 197 | 9 | 66 | 29 | 9 | N | Right | |
| 704 | VAC/CG | 1 | Middle Right | More than 5 VA College Savings Plans | 2 | 198 | 1 | 74 | 31 | 1 | A | Right | Display 'X' if applicable |
| 705 | VAC/CG | 1 | Section, 2 Line 1 | Balance of Remaining Overpayment available | 2 | 199 | 9 | 66 | 35 | 9 | N | Right | |
| 706 | VAC/CG | 1 | Section 2, Line 2 | Other Voluntary Contributions - Code | 2 | 200 | 2 | 55 | 39 | 2 | N | Right | |
| 707 | VAC/CG | 1 | Section 2, Line 2 | Other Voluntary Contributions - Amount | 2 | 201 | 6 | 69 | 39 | 6 | N | Right | |
| 708 | VAC/CG | 1 | Section 2, Line 3 | Other Voluntary Contributions - Code | 2 | 202 | 2 | 55 | 41 | 2 | N | Right | |
| 709 | VAC/CG | 1 | Section 2, Line 3 | Other Voluntary Contributions - Amount | 2 | 203 | 6 | 69 | 41 | 6 | N | Right | |
| 710 | VAC/CG | 1 | Section 2, Line 4 | Other Voluntary Contributions - Code | 2 | 204 | 2 | 55 | 43 | 2 | N | Right | |
| 711 | VAC/CG | 1 | Section 2, Line 4 | Other Voluntary Contributions - Amount | 2 | 205 | 6 | 69 | 43 | 6 | N | Right | |
| 712 | VAC/CG | 1 | Section 2, Line 5 | Other Voluntary Contributions - Code | 2 | 206 | 6 | 51 | 45 | 6 | N | Right | |
| 713 | VAC/CG | 1 | Section 2, Line 5 | Other Voluntary Contributions - Amount | 2 | 207 | 6 | 69 | 45 | 6 | N | Right | |

| | |
|--|---|
| Format Codes: A = Alphanumeric, D = Date, N = Number 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC | <i>Review tax form instructions for computations, attachments, codes and other related details.</i> |
|--|---|

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|--------------|------|--------------------|--|------------|----------|--------|------|-----|--------|--------|-----------|----------------------------------|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 714 | VAC/CG | 1 | Section 2, Line 6 | Other Voluntary Contributions - Code | 2 | 208 | 6 | 51 | 47 | 6 | N | Right | |
| 715 | VAC/CG | 1 | Section 2, Line 6 | Other Voluntary Contributions - Amount | 2 | 209 | 6 | 69 | 47 | 6 | N | Right | |
| 716 | VAC/CG | 1 | Section 2, Line 7 | Other Voluntary Contributions - Code | 2 | 210 | 6 | 51 | 49 | 6 | N | Right | |
| 717 | VAC/CG | 1 | Section 2, Line 7 | Other Voluntary Contributions - Amount | 2 | 211 | 6 | 69 | 49 | 6 | N | Right | |
| 718 | VAC/CG | 1 | Section 2, Line 8 | Other Voluntary Contributions - Code | 2 | 212 | 2 | 55 | 51 | 2 | N | Right | |
| 719 | VAC/CG | 1 | Section 2, Line 8 | Other Voluntary Contributions - Amount | 2 | 213 | 6 | 69 | 51 | 6 | N | Right | |
| 720 | VAC/CG | 1 | Section 2, Line 9 | Other Voluntary Contributions - Code | 2 | 214 | 2 | 55 | 53 | 2 | N | Right | |
| 721 | VAC/CG | 1 | Section 2, Line 9 | Other Voluntary Contributions - Amount | 2 | 215 | 6 | 69 | 53 | 6 | N | Right | |
| 722 | VAC/CG | 1 | Section 2, Line 10 | Other Voluntary Contributions - Code | 2 | 216 | 2 | 55 | 55 | 2 | N | Right | |
| 723 | VAC/CG | 1 | Section 2, Line 10 | Other Voluntary Contributions - Amount | 2 | 217 | 6 | 69 | 55 | 6 | N | Right | |
| 724 | VAC/CG | 1 | Section 2, Line 11 | Other Voluntary Contributions - Code | 2 | 218 | 6 | 51 | 57 | 6 | N | Right | |
| 725 | VAC/CG | 1 | Section 2, Line 11 | Other Voluntary Contributions - Amount | 2 | 219 | 6 | 69 | 57 | 6 | N | Right | |
| 726 | VAC/CG | 1 | Section 2, Line 12 | Other Voluntary Contributions - Code | 2 | 220 | 6 | 51 | 59 | 6 | N | Right | |
| 727 | VAC/CG | 1 | Section 2, Line 12 | Other Voluntary Contributions - Amount | 2 | 221 | 6 | 69 | 59 | 6 | N | Right | |
| 728 | VAC/CG | 1 | Section 2, Line 13 | Other Voluntary Contributions - Code | 2 | 222 | 6 | 51 | 61 | 6 | N | Right | |
| 729 | VAC/CG | 1 | Section 2, Line 13 | Other Voluntary Contributions - Amount | 2 | 223 | 6 | 69 | 61 | 6 | N | Right | |
| 730 | VAC/CG | 1 | Section 2, Line 14 | Total Other Voluntary Contributions | 2 | 224 | 9 | 66 | 63 | 9 | N | Right | |
| 731 | VAC/CG | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 41 | 64 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 732 | VAC/CG | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 79 | 64 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 733 | Trailer Data | N/A | N/A | Barcode 2 Trailer | 2 | 225 | 5 | N/A | N/A | 5 | N/A | N/A | |

Schedule OSC/CG

| | | | | | | | | | | | | | |
|-----|---------------|-----|-----------|--|-----|-----|-----|-----|-----|-----|-----|-------|--|
| 734 | Header Data | N/A | N/A | Barcode 3 Header Version Number | 3 | 1 | 2 | N/A | N/A | 2 | N/A | N/A | Reminder - the 2D Barcode for the OSC data must display on the 1st page of the OSC schedules printed with the package. |
| 735 | Header Data | N/A | N/A | Developer Code | 3 | 2 | 4 | N/A | N/A | 4 | N/A | N/A | |
| 736 | OSC/CG Form 1 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 737 | OSC/CG Form 1 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 738 | OSC/CG Form 1 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 739 | OSC/CG Form 1 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 740 | OSC/CG Form 1 | 1 | Top Left | If claiming border state | 3 | 3 | 1 | 41 | 18 | 1 | A | Right | Display 'X' if applicable |
| 741 | OSC/CG Form 1 | 1 | Line 1 | Filing Status - other state's return | 3 | 4 | 1 | 41 | 20 | 1 | N | Right | |
| 742 | OSC/CG Form 1 | 1 | Line 2 | Person Claiming the Credit | 3 | 5 | 1 | 41 | 22 | 1 | N | Right | |
| 743 | OSC/CG Form 1 | 1 | Line 3 | Qualifying taxable income - other state | 3 | 6 | 9 | 33 | 24 | 9 | N | Right | |
| 744 | OSC/CG Form 1 | 1 | Line 4 | Virginia Taxable Income | 3 | 7 | 9 | 33 | 26 | 9 | N | Right | |
| 745 | OSC/CG Form 1 | 1 | Line 5 | Qualifying tax liability - other state | 3 | 8 | 9 | 33 | 28 | 9 | N | Right | |
| 746 | OSC/CG Form 1 | 1 | Line 6 | Postal Abbreviation - other state | 3 | 9 | 2 | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 747 | OSC/CG Form 1 | 1 | Line 7 | Virginia Income Tax | 3 | 10 | 9 | 71 | 22 | 9 | N | Right | |
| 748 | OSC/CG Form 1 | 1 | Line 8 | Income Percentage | 3 | 11 | 5 | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 749 | OSC/CG Form 1 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | 3 | 12 | 9 | 71 | 26 | 9 | N | Right | |
| 750 | OSC/CG Form 1 | 1 | Line 10 | Credit Allowed | 3 | 13 | 9 | 71 | 28 | 9 | N | Right | |
| 751 | OSC/CG Form 1 | 1 | Line 11 | Filing Status - other state's return | 3 | 14 | 1 | 41 | 33 | 1 | N | Right | |
| 752 | OSC/CG Form 1 | 1 | Line 12 | Person Claiming the Credit | 3 | 15 | 1 | 41 | 35 | 1 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
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Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|---------------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 753 | OSC/CG Form 1 | 1 | Line 13 | Qualifying taxable income - other state | 3 | 16 | 9 | 33 | 37 | 9 | N | Right | |
| 754 | OSC/CG Form 1 | 1 | Line 14 | Virginia Taxable Income | 3 | 17 | 9 | 33 | 39 | 9 | N | Right | |
| 755 | OSC/CG Form 1 | 1 | Line 15 | Qualifying tax liability - other state | 3 | 18 | 9 | 33 | 41 | 9 | N | Right | |
| 756 | OSC/CG Form 1 | 1 | Line 16 | Postal Abbreviation - other state | 3 | 19 | 2 | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 757 | OSC/CG Form 1 | 1 | Line 17 | Virginia Income Tax | 3 | 20 | 9 | 71 | 35 | 9 | N | Right | |
| 758 | OSC/CG Form 1 | 1 | Line 18 | Income Percentage | 3 | 21 | 5 | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 759 | OSC/CG Form 1 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | 3 | 22 | 9 | 71 | 39 | 9 | N | Right | |
| 760 | OSC/CG Form 1 | 1 | Line 20 | Credit Allowed | 3 | 23 | 9 | 71 | 41 | 9 | N | Right | |
| 761 | OSC/CG Form 1 | 1 | Line 21 | Filing Status - other state's return | 3 | 24 | 1 | 41 | 46 | 1 | N | Right | |
| 762 | OSC/CG Form 1 | 1 | Line 22 | Person Claiming the Credit | 3 | 25 | 1 | 41 | 48 | 1 | N | Right | |
| 763 | OSC/CG Form 1 | 1 | Line 23 | Qualifying taxable income - other state | 3 | 26 | 9 | 33 | 50 | 9 | N | Right | |
| 764 | OSC/CG Form 1 | 1 | Line 24 | Virginia Taxable Income | 3 | 27 | 9 | 33 | 52 | 9 | N | Right | |
| 765 | OSC/CG Form 1 | 1 | Line 25 | Qualifying tax liability - other state | 3 | 28 | 9 | 33 | 54 | 9 | N | Right | |
| 766 | OSC/CG Form 1 | 1 | Line 26 | Postal Abbreviation - other state | 3 | 29 | 2 | 71 | 46 | 2 | A | Right | 2 character postal abbreviation |
| 767 | OSC/CG Form 1 | 1 | Line 27 | Virginia Income Tax | 3 | 30 | 9 | 71 | 48 | 9 | N | Right | |
| 768 | OSC/CG Form 1 | 1 | Line 28 | Income Percentage | 3 | 31 | 5 | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 769 | OSC/CG Form 1 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | 3 | 32 | 9 | 71 | 52 | 9 | N | Right | |
| 770 | OSC/CG Form 1 | 1 | Line 30 | Credit Allowed | 3 | 33 | 9 | 71 | 54 | 9 | N | Right | |
| 771 | OSC/CG Form 1 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 772 | OSC/CG Form 1 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 773 | OSC/CG Form 1 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 774 | OSC/CG Form 1 | 1 | Bottom Right | OSC 1 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display "OSC # of #" visual message on each Schedule OSC. |
| 775 | OSC/CG Form 2 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 776 | OSC/CG Form 2 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 777 | OSC/CG Form 2 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 778 | OSC/CG Form 2 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 779 | OSC/CG Form 2 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 780 | OSC/CG Form 2 | 1 | Line 1 | Filing Status - other state's return | 3 | 34 | 1 | 41 | 20 | 1 | N | Right | |
| 781 | OSC/CG Form 2 | 1 | Line 2 | Person Claiming the Credit | 3 | 35 | 1 | 41 | 22 | 1 | N | Right | |
| 782 | OSC/CG Form 2 | 1 | Line 3 | Qualifying taxable income - other state | 3 | 36 | 9 | 33 | 24 | 9 | N | Right | |
| 783 | OSC/CG Form 2 | 1 | Line 4 | Virginia Taxable Income | 3 | 37 | 9 | 33 | 26 | 9 | N | Right | |
| 784 | OSC/CG Form 2 | 1 | Line 5 | Qualifying tax liability - other state | 3 | 38 | 9 | 33 | 28 | 9 | N | Right | |
| 785 | OSC/CG Form 2 | 1 | Line 6 | Postal Abbreviation - other state | 3 | 39 | 2 | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 786 | OSC/CG Form 2 | 1 | Line 7 | Virginia Income Tax | 3 | 40 | 9 | 71 | 22 | 9 | N | Right | |
| 787 | OSC/CG Form 2 | 1 | Line 8 | Income Percentage | 3 | 41 | 5 | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 788 | OSC/CG Form 2 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | 3 | 42 | 9 | 71 | 26 | 9 | N | Right | |
| 789 | OSC/CG Form 2 | 1 | Line 10 | Credit Allowed | 3 | 43 | 9 | 71 | 28 | 9 | N | Right | |
| 790 | OSC/CG Form 2 | 1 | Line 11 | Filing Status - other state's return | 3 | 44 | 1 | 41 | 33 | 1 | N | Right | |
| 791 | OSC/CG Form 2 | 1 | Line 12 | Person Claiming the Credit | 3 | 45 | 1 | 41 | 35 | 1 | N | Right | |
| 792 | OSC/CG Form 2 | 1 | Line 13 | Qualifying taxable income - other state | 3 | 46 | 9 | 33 | 37 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|---------------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 793 | OSC/CG Form 2 | 1 | Line 14 | Virginia Taxable Income | 3 | 47 | 9 | 33 | 39 | 9 | N | Right | |
| 794 | OSC/CG Form 2 | 1 | Line 15 | Qualifying tax liability - other state | 3 | 48 | 9 | 33 | 41 | 9 | N | Right | |
| 795 | OSC/CG Form 2 | 1 | Line 16 | Postal Abbreviation - other state | 3 | 49 | 2 | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 796 | OSC/CG Form 2 | 1 | Line 17 | Virginia Income Tax | 3 | 50 | 9 | 71 | 35 | 9 | N | Right | |
| 797 | OSC/CG Form 2 | 1 | Line 18 | Income Percentage | 3 | 51 | 5 | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 798 | OSC/CG Form 2 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | 3 | 52 | 9 | 71 | 39 | 9 | N | Right | |
| 799 | OSC/CG Form 2 | 1 | Line 20 | Credit Allowed | 3 | 53 | 9 | 71 | 41 | 9 | N | Right | |
| 800 | OSC/CG Form 2 | 1 | Line 21 | Filing Status - other state's return | 3 | 54 | 1 | 41 | 46 | 1 | N | Right | |
| 801 | OSC/CG Form 2 | 1 | Line 22 | Person Claiming the Credit | 3 | 55 | 1 | 41 | 48 | 1 | N | Right | |
| 802 | OSC/CG Form 2 | 1 | Line 23 | Qualifying taxable income - other state | 3 | 56 | 9 | 33 | 50 | 9 | N | Right | |
| 803 | OSC/CG Form 2 | 1 | Line 24 | Virginia Taxable Income | 3 | 57 | 9 | 33 | 52 | 9 | N | Right | |
| 804 | OSC/CG Form 2 | 1 | Line 25 | Qualifying tax liability - other state | 3 | 58 | 9 | 33 | 54 | 9 | N | Right | |
| 805 | OSC/CG Form 2 | 1 | Line 26 | Postal Abbreviation - other state | 3 | 59 | 2 | 71 | 46 | 2 | N | Right | 2 character postal abbreviation |
| 806 | OSC/CG Form 2 | 1 | Line 27 | Virginia Income Tax | 3 | 60 | 9 | 71 | 48 | 9 | N | Right | |
| 807 | OSC/CG Form 2 | 1 | Line 28 | Income Percentage | 3 | 61 | 5 | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 808 | OSC/CG Form 2 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | 3 | 62 | 9 | 71 | 52 | 9 | N | Right | |
| 809 | OSC/CG Form 2 | 1 | Line 30 | Credit Allowed | 3 | 63 | 9 | 71 | 54 | 9 | N | Right | |
| 810 | OSC/CG Form 2 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 811 | OSC/CG Form 2 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 812 | OSC/CG Form 2 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 813 | OSC/CG Form 2 | 1 | Bottom Right | OSC 2 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display "OSC # of #" visual message on each Schedule OSC. |
| 814 | OSC/CG Form 3 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 815 | OSC/CG Form 3 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 816 | OSC/CG Form 3 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 817 | OSC/CG Form 3 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 818 | OSC/CG Form 3 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 819 | OSC/CG Form 3 | 1 | Line 1 | Filing Status - other state's return | 3 | 64 | 1 | 41 | 20 | 1 | N | Right | |
| 820 | OSC/CG Form 3 | 1 | Line 2 | Person Claiming the Credit | 3 | 65 | 1 | 41 | 22 | 1 | N | Right | |
| 821 | OSC/CG Form 3 | 1 | Line 3 | Qualifying taxable income - other state | 3 | 66 | 9 | 33 | 24 | 9 | N | Right | |
| 822 | OSC/CG Form 3 | 1 | Line 4 | Virginia Taxable Income | 3 | 67 | 9 | 33 | 26 | 9 | N | Right | |
| 823 | OSC/CG Form 3 | 1 | Line 5 | Qualifying tax liability - other state | 3 | 68 | 9 | 33 | 28 | 9 | N | Right | |
| 824 | OSC/CG Form 3 | 1 | Line 6 | Postal Abbreviation - other state | 3 | 69 | 2 | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 825 | OSC/CG Form 3 | 1 | Line 7 | Virginia Income Tax | 3 | 70 | 9 | 71 | 22 | 9 | N | Right | |
| 826 | OSC/CG Form 3 | 1 | Line 8 | Income Percentage | 3 | 71 | 5 | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 827 | OSC/CG Form 3 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | 3 | 72 | 9 | 71 | 26 | 9 | N | Right | |
| 828 | OSC/CG Form 3 | 1 | Line 10 | Credit Allowed | 3 | 73 | 9 | 71 | 28 | 9 | N | Right | |
| 829 | OSC/CG Form 3 | 1 | Line 11 | Filing Status - other state's return | 3 | 74 | 1 | 41 | 33 | 1 | N | Right | |
| 830 | OSC/CG Form 3 | 1 | Line 12 | Person Claiming the Credit | 3 | 75 | 1 | 41 | 35 | 1 | N | Right | |
| 831 | OSC/CG Form 3 | 1 | Line 13 | Qualifying taxable income - other state | 3 | 76 | 9 | 33 | 37 | 9 | N | Right | |
| 832 | OSC/CG Form 3 | 1 | Line 14 | Virginia Taxable Income | 3 | 77 | 9 | 33 | 39 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|---------------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 833 | OSC/CG Form 3 | 1 | Line 15 | Qualifying tax liability - other state | 3 | 78 | 9 | 33 | 41 | 9 | N | Right | |
| 834 | OSC/CG Form 3 | 1 | Line 16 | Postal Abbreviation - other state | 3 | 79 | 2 | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 835 | OSC/CG Form 3 | 1 | Line 17 | Virginia Income Tax | 3 | 80 | 9 | 71 | 35 | 9 | N | Right | |
| 836 | OSC/CG Form 3 | 1 | Line 18 | Income Percentage | 3 | 81 | 5 | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 837 | OSC/CG Form 3 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | 3 | 82 | 9 | 71 | 39 | 9 | N | Right | |
| 838 | OSC/CG Form 3 | 1 | Line 20 | Credit Allowed | 3 | 83 | 9 | 71 | 41 | 9 | N | Right | |
| 839 | OSC/CG Form 3 | 1 | Line 21 | Filing Status - other state's return | 3 | 84 | 1 | 41 | 46 | 1 | N | Right | |
| 840 | OSC/CG Form 3 | 1 | Line 22 | Person Claiming the Credit | 3 | 85 | 1 | 41 | 48 | 1 | N | Right | |
| 841 | OSC/CG Form 3 | 1 | Line 23 | Qualifying taxable income - other state | 3 | 86 | 9 | 33 | 50 | 9 | N | Right | |
| 842 | OSC/CG Form 3 | 1 | Line 24 | Virginia Taxable Income | 3 | 87 | 9 | 33 | 52 | 9 | N | Right | |
| 843 | OSC/CG Form 3 | 1 | Line 25 | Qualifying tax liability - other state | 3 | 88 | 9 | 33 | 54 | 9 | N | Right | |
| 844 | OSC/CG Form 3 | 1 | Line 26 | Postal Abbreviation - other state | 3 | 89 | 2 | 71 | 46 | 2 | N | Right | 2 character postal abbreviation |
| 845 | OSC/CG Form 3 | 1 | Line 27 | Virginia Income Tax | 3 | 90 | 9 | 71 | 48 | 9 | N | Right | |
| 846 | OSC/CG Form 3 | 1 | Line 28 | Income Percentage | 3 | 91 | 5 | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 847 | OSC/CG Form 3 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | 3 | 92 | 9 | 71 | 52 | 9 | N | Right | |
| 848 | OSC/CG Form 3 | 1 | Line 30 | Credit Allowed | 3 | 93 | 9 | 71 | 54 | 9 | N | Right | |
| 849 | OSC/CG Form 3 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 850 | OSC/CG Form 3 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 851 | OSC/CG Form 3 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 852 | OSC/CG Form 3 | 1 | Bottom Right | OSC 3 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display "OSC # of #" visual message on each Schedule OSC. |
| 853 | OSC/CG Form 4 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 854 | OSC/CG Form 4 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 855 | OSC/CG Form 4 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 856 | OSC/CG Form 4 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 857 | OSC/CG Form 4 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 858 | OSC/CG Form 4 | 1 | Line 1 | Filing Status - other state's return | 3 | 94 | 1 | 41 | 20 | 1 | N | Right | |
| 859 | OSC/CG Form 4 | 1 | Line 2 | Person Claiming the Credit | 3 | 95 | 1 | 41 | 22 | 1 | N | Right | |
| 860 | OSC/CG Form 4 | 1 | Line 3 | Qualifying taxable income - other state | 3 | 96 | 9 | 33 | 24 | 9 | N | Right | |
| 861 | OSC/CG Form 4 | 1 | Line 4 | Virginia Taxable Income | 3 | 97 | 9 | 33 | 26 | 9 | N | Right | |
| 862 | OSC/CG Form 4 | 1 | Line 5 | Qualifying tax liability - other state | 3 | 98 | 9 | 33 | 28 | 9 | N | Right | |
| 863 | OSC/CG Form 4 | 1 | Line 6 | Postal Abbreviation - other state | 3 | 99 | 2 | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 864 | OSC/CG Form 4 | 1 | Line 7 | Virginia Income Tax | 3 | 100 | 9 | 71 | 22 | 9 | N | Right | |
| 865 | OSC/CG Form 4 | 1 | Line 8 | Income Percentage | 3 | 101 | 5 | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 866 | OSC/CG Form 4 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | 3 | 102 | 9 | 71 | 26 | 9 | N | Right | |
| 867 | OSC/CG Form 4 | 1 | Line 10 | Credit Allowed | 3 | 103 | 9 | 71 | 28 | 9 | N | Right | |
| 868 | OSC/CG Form 4 | 1 | Line 11 | Filing Status - other state's return | 3 | 104 | 1 | 41 | 33 | 1 | N | Right | |
| 869 | OSC/CG Form 4 | 1 | Line 12 | Person Claiming the Credit | 3 | 105 | 1 | 41 | 35 | 1 | N | Right | |
| 870 | OSC/CG Form 4 | 1 | Line 13 | Qualifying taxable income - other state | 3 | 106 | 9 | 33 | 37 | 9 | N | Right | |
| 871 | OSC/CG Form 4 | 1 | Line 14 | Virginia Taxable Income | 3 | 107 | 9 | 33 | 39 | 9 | N | Right | |
| 872 | OSC/CG Form 4 | 1 | Line 15 | Qualifying tax liability - other state | 3 | 108 | 9 | 33 | 41 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|---------------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 873 | OSC/CG Form 4 | 1 | Line 16 | Postal Abbreviation - other state | 3 | 109 | 2 | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 874 | OSC/CG Form 4 | 1 | Line 17 | Virginia Income Tax | 3 | 110 | 9 | 71 | 35 | 9 | N | Right | |
| 875 | OSC/CG Form 4 | 1 | Line 18 | Income Percentage | 3 | 111 | 5 | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 876 | OSC/CG Form 4 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | 3 | 112 | 9 | 71 | 39 | 9 | N | Right | |
| 877 | OSC/CG Form 4 | 1 | Line 20 | Credit Allowed | 3 | 113 | 9 | 71 | 41 | 9 | N | Right | |
| 878 | OSC/CG Form 4 | 1 | Line 21 | Filing Status - other state's return | 3 | 114 | 1 | 41 | 46 | 1 | N | Right | |
| 879 | OSC/CG Form 4 | 1 | Line 22 | Person Claiming the Credit | 3 | 115 | 1 | 41 | 48 | 1 | N | Right | |
| 880 | OSC/CG Form 4 | 1 | Line 23 | Qualifying taxable income - other state | 3 | 116 | 9 | 33 | 50 | 9 | N | Right | |
| 881 | OSC/CG Form 4 | 1 | Line 24 | Virginia Taxable Income | 3 | 117 | 9 | 33 | 52 | 9 | N | Right | |
| 882 | OSC/CG Form 4 | 1 | Line 25 | Qualifying tax liability - other state | 3 | 118 | 9 | 33 | 54 | 9 | N | Right | |
| 883 | OSC/CG Form 4 | 1 | Line 26 | Postal Abbreviation - other state | 3 | 119 | 2 | 71 | 46 | 2 | N | Right | 2 character postal abbreviation |
| 884 | OSC/CG Form 4 | 1 | Line 27 | Virginia Income Tax | 3 | 120 | 9 | 71 | 48 | 9 | N | Right | |
| 885 | OSC/CG Form 4 | 1 | Line 28 | Income Percentage | 3 | 121 | 5 | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 886 | OSC/CG Form 4 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | 3 | 122 | 9 | 71 | 52 | 9 | N | Right | |
| 887 | OSC/CG Form 4 | 1 | Line 30 | Credit Allowed | 3 | 123 | 9 | 71 | 54 | 9 | N | Right | |
| 888 | OSC/CG Form 4 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 889 | OSC/CG Form 4 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 890 | OSC/CG Form 4 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 891 | OSC/CG Form 4 | 1 | Bottom Right | OSC 4 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display "OSC # of #" visual message on each Schedule OSC. |
| 892 | OSC/CG Form 5 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 893 | OSC/CG Form 5 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 894 | OSC/CG Form 5 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 895 | OSC/CG Form 5 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 896 | OSC/CG Form 5 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 897 | OSC/CG Form 5 | 1 | Line 1 | Filing Status - other state's return | 3 | 124 | 1 | 41 | 20 | 1 | N | Right | |
| 898 | OSC/CG Form 5 | 1 | Line 2 | Person Claiming the Credit | 3 | 125 | 1 | 41 | 22 | 1 | N | Right | |
| 899 | OSC/CG Form 5 | 1 | Line 3 | Qualifying taxable income - other state | 3 | 126 | 9 | 33 | 24 | 9 | N | Right | |
| 900 | OSC/CG Form 5 | 1 | Line 4 | Virginia Taxable Income | 3 | 127 | 9 | 33 | 26 | 9 | N | Right | |
| 901 | OSC/CG Form 5 | 1 | Line 5 | Qualifying tax liability - other state | 3 | 128 | 9 | 33 | 28 | 9 | N | Right | |
| 902 | OSC/CG Form 5 | 1 | Line 6 | Postal Abbreviation - other state | 3 | 129 | 2 | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 903 | OSC/CG Form 5 | 1 | Line 7 | Virginia Income Tax | 3 | 130 | 9 | 71 | 22 | 9 | N | Right | |
| 904 | OSC/CG Form 5 | 1 | Line 8 | Income Percentage | 3 | 131 | 5 | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 905 | OSC/CG Form 5 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | 3 | 132 | 9 | 71 | 26 | 9 | N | Right | |
| 906 | OSC/CG Form 5 | 1 | Line 10 | Credit Allowed | 3 | 133 | 9 | 71 | 28 | 9 | N | Right | |
| 907 | OSC/CG Form 5 | 1 | Line 11 | Filing Status - other state's return | 3 | 134 | 1 | 41 | 33 | 1 | N | Right | |
| 908 | OSC/CG Form 5 | 1 | Line 12 | Person Claiming the Credit | 3 | 135 | 1 | 41 | 35 | 1 | N | Right | |
| 909 | OSC/CG Form 5 | 1 | Line 13 | Qualifying taxable income - other state | 3 | 136 | 9 | 33 | 37 | 9 | N | Right | |
| 910 | OSC/CG Form 5 | 1 | Line 14 | Virginia Taxable Income | 3 | 137 | 9 | 33 | 39 | 9 | N | Right | |
| 911 | OSC/CG Form 5 | 1 | Line 15 | Qualifying tax liability - other state | 3 | 138 | 9 | 33 | 41 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|---------------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|--|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 912 | OSC/CG Form 5 | 1 | Line 16 | Postal Abbreviation - other state | 3 | 139 | 2 | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 913 | OSC/CG Form 5 | 1 | Line 17 | Virginia Income Tax | 3 | 140 | 9 | 71 | 35 | 9 | N | Right | |
| 914 | OSC/CG Form 5 | 1 | Line 18 | Income Percentage | 3 | 141 | 5 | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 915 | OSC/CG Form 5 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | 3 | 142 | 9 | 71 | 39 | 9 | N | Right | |
| 916 | OSC/CG Form 5 | 1 | Line 20 | Credit Allowed | 3 | 143 | 9 | 71 | 41 | 9 | N | Right | |
| 917 | OSC/CG Form 5 | 1 | Line 21 | Filing Status - other state's return | 3 | 144 | 1 | 41 | 46 | 1 | N | Right | |
| 918 | OSC/CG Form 5 | 1 | Line 22 | Person Claiming the Credit | 3 | 145 | 1 | 41 | 48 | 1 | N | Right | |
| 919 | OSC/CG Form 5 | 1 | Line 23 | Qualifying taxable income - other state | 3 | 146 | 9 | 33 | 50 | 9 | N | Right | |
| 920 | OSC/CG Form 5 | 1 | Line 24 | Virginia Taxable Income | 3 | 147 | 9 | 33 | 52 | 9 | N | Right | |
| 921 | OSC/CG Form 5 | 1 | Line 25 | Qualifying tax liability - other state | 3 | 148 | 9 | 33 | 54 | 9 | N | Right | |
| 922 | OSC/CG Form 5 | 1 | Line 26 | Postal Abbreviation - other state | 3 | 149 | 2 | 71 | 46 | 2 | N | Right | 2 character postal abbreviation |
| 923 | OSC/CG Form 5 | 1 | Line 27 | Virginia Income Tax | 3 | 150 | 9 | 71 | 48 | 9 | N | Right | |
| 924 | OSC/CG Form 5 | 1 | Line 28 | Income Percentage | 3 | 151 | 5 | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 925 | OSC/CG Form 5 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | 3 | 152 | 9 | 71 | 52 | 9 | N | Right | |
| 926 | OSC/CG Form 5 | 1 | Line 30 | Credit Allowed | 3 | 153 | 9 | 71 | 54 | 9 | N | Right | Barcode space is allotted for 15 entries. 47 options exist per the e-File schema. All entries supported by your software must be displayed on the printout, but only 15 will be in the 2D Barcode. |
| 927 | OSC/CG Form 5 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 928 | OSC/CG Form 5 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 929 | OSC/CG Form 5 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 930 | OSC/CG Form 5 | 1 | Bottom Right | OSC 5 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC. |
| 931 | Trailer Data | N/A | N/A | Barcode 3 Trailer | 3 | 154 | 5 | N/A | N/A | 5 | N/A | N/A | |
| 932 | OSC/CG Form 6 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 933 | OSC/CG Form 6 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 934 | OSC/CG Form 6 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 935 | OSC/CG Form 6 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 936 | OSC/CG Form 6 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 937 | OSC/CG Form 6 | 1 | Line 1 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 20 | 1 | N | Right | |
| 938 | OSC/CG Form 6 | 1 | Line 2 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 22 | 1 | N | Right | |
| 939 | OSC/CG Form 6 | 1 | Line 3 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 24 | 9 | N | Right | |
| 940 | OSC/CG Form 6 | 1 | Line 4 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 26 | 9 | N | Right | |
| 941 | OSC/CG Form 6 | 1 | Line 5 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 28 | 9 | N | Right | |
| 942 | OSC/CG Form 6 | 1 | Line 6 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 943 | OSC/CG Form 6 | 1 | Line 7 | Virginia Income Tax | N/A | N/A | N/A | 71 | 22 | 9 | N | Right | |
| 944 | OSC/CG Form 6 | 1 | Line 8 | Income Percentage | N/A | N/A | N/A | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 945 | OSC/CG Form 6 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 26 | 9 | N | Right | |
| 946 | OSC/CG Form 6 | 1 | Line 10 | Credit Allowed | N/A | N/A | N/A | 71 | 28 | 9 | N | Right | |
| 947 | OSC/CG Form 6 | 1 | Line 11 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 33 | 1 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|---------------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 948 | OSC/CG Form 6 | 1 | Line 12 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 35 | 1 | N | Right | |
| 949 | OSC/CG Form 6 | 1 | Line 13 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 37 | 9 | N | Right | |
| 950 | OSC/CG Form 6 | 1 | Line 14 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 39 | 9 | N | Right | |
| 951 | OSC/CG Form 6 | 1 | Line 15 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 41 | 9 | N | Right | |
| 952 | OSC/CG Form 6 | 1 | Line 16 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 953 | OSC/CG Form 6 | 1 | Line 17 | Virginia Income Tax | N/A | N/A | N/A | 71 | 35 | 9 | N | Right | |
| 954 | OSC/CG Form 6 | 1 | Line 18 | Income Percentage | N/A | N/A | N/A | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 955 | OSC/CG Form 6 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 39 | 9 | N | Right | |
| 956 | OSC/CG Form 6 | 1 | Line 20 | Credit Allowed | N/A | N/A | N/A | 71 | 41 | 9 | N | Right | |
| 957 | OSC/CG Form 6 | 1 | Line 21 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 46 | 1 | N | Right | |
| 958 | OSC/CG Form 6 | 1 | Line 22 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 48 | 1 | N | Right | |
| 959 | OSC/CG Form 6 | 1 | Line 23 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 50 | 9 | N | Right | |
| 960 | OSC/CG Form 6 | 1 | Line 24 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 52 | 9 | N | Right | |
| 961 | OSC/CG Form 6 | 1 | Line 25 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 54 | 9 | N | Right | |
| 962 | OSC/CG Form 6 | 1 | Line 26 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 46 | 2 | A | Right | 2 character postal abbreviation |
| 963 | OSC/CG Form 6 | 1 | Line 27 | Virginia Income Tax | N/A | N/A | N/A | 71 | 48 | 9 | N | Right | |
| 964 | OSC/CG Form 6 | 1 | Line 28 | Income Percentage | N/A | N/A | N/A | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 965 | OSC/CG Form 6 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 52 | 9 | N | Right | |
| 966 | OSC/CG Form 6 | 1 | Line 30 | Credit Allowed | N/A | N/A | N/A | 71 | 54 | 9 | N | Right | |
| 967 | OSC/CG Form 6 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 968 | OSC/CG Form 6 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 969 | OSC/CG Form 6 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 970 | OSC/CG Form 6 | 1 | Bottom Right | OSC 6 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC. |
| 971 | OSC/CG Form 7 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 972 | OSC/CG Form 7 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 973 | OSC/CG Form 7 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 974 | OSC/CG Form 7 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 975 | OSC/CG Form 7 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 976 | OSC/CG Form 7 | 1 | Line 1 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 20 | 1 | N | Right | |
| 977 | OSC/CG Form 7 | 1 | Line 2 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 22 | 1 | N | Right | |
| 978 | OSC/CG Form 7 | 1 | Line 3 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 24 | 9 | N | Right | |
| 979 | OSC/CG Form 7 | 1 | Line 4 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 26 | 9 | N | Right | |
| 980 | OSC/CG Form 7 | 1 | Line 5 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 28 | 9 | N | Right | |
| 981 | OSC/CG Form 7 | 1 | Line 6 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 982 | OSC/CG Form 7 | 1 | Line 7 | Virginia Income Tax | N/A | N/A | N/A | 71 | 22 | 9 | N | Right | |
| 983 | OSC/CG Form 7 | 1 | Line 8 | Income Percentage | N/A | N/A | N/A | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 984 | OSC/CG Form 7 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 26 | 9 | N | Right | |
| 985 | OSC/CG Form 7 | 1 | Line 10 | Credit Allowed | N/A | N/A | N/A | 71 | 28 | 9 | N | Right | |
| 986 | OSC/CG Form 7 | 1 | Line 11 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 33 | 1 | N | Right | |
| 987 | OSC/CG Form 7 | 1 | Line 12 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 35 | 1 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|---------------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 988 | OSC/CG Form 7 | 1 | Line 13 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 37 | 9 | N | Right | |
| 989 | OSC/CG Form 7 | 1 | Line 14 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 39 | 9 | N | Right | |
| 990 | OSC/CG Form 7 | 1 | Line 15 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 41 | 9 | N | Right | |
| 991 | OSC/CG Form 7 | 1 | Line 16 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 992 | OSC/CG Form 7 | 1 | Line 17 | Virginia Income Tax | N/A | N/A | N/A | 71 | 35 | 9 | N | Right | |
| 993 | OSC/CG Form 7 | 1 | Line 18 | Income Percentage | N/A | N/A | N/A | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 994 | OSC/CG Form 7 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 39 | 9 | N | Right | |
| 995 | OSC/CG Form 7 | 1 | Line 20 | Credit Allowed | N/A | N/A | N/A | 71 | 41 | 9 | N | Right | |
| 996 | OSC/CG Form 7 | 1 | Line 21 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 46 | 1 | N | Right | |
| 997 | OSC/CG Form 7 | 1 | Line 22 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 48 | 1 | N | Right | |
| 998 | OSC/CG Form 7 | 1 | Line 23 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 50 | 9 | N | Right | |
| 999 | OSC/CG Form 7 | 1 | Line 24 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 52 | 9 | N | Right | |
| 1000 | OSC/CG Form 7 | 1 | Line 25 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 54 | 9 | N | Right | |
| 1001 | OSC/CG Form 7 | 1 | Line 26 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 46 | 2 | A | Right | 2 character postal abbreviation |
| 1002 | OSC/CG Form 7 | 1 | Line 27 | Virginia Income Tax | N/A | N/A | N/A | 71 | 48 | 9 | N | Right | |
| 1003 | OSC/CG Form 7 | 1 | Line 28 | Income Percentage | N/A | N/A | N/A | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1004 | OSC/CG Form 7 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 52 | 9 | N | Right | |
| 1005 | OSC/CG Form 7 | 1 | Line 30 | Credit Allowed | N/A | N/A | N/A | 71 | 54 | 9 | N | Right | |
| 1006 | OSC/CG Form 7 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 1007 | OSC/CG Form 7 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1008 | OSC/CG Form 7 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1009 | OSC/CG Form 7 | 1 | Bottom Right | OSC 7 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC. |
| 1010 | OSC/CG Form 8 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 1011 | OSC/CG Form 8 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 1012 | OSC/CG Form 8 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1013 | OSC/CG Form 8 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1014 | OSC/CG Form 8 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 1015 | OSC/CG Form 8 | 1 | Line 1 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 20 | 1 | N | Right | |
| 1016 | OSC/CG Form 8 | 1 | Line 2 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 22 | 1 | N | Right | |
| 1017 | OSC/CG Form 8 | 1 | Line 3 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 24 | 9 | N | Right | |
| 1018 | OSC/CG Form 8 | 1 | Line 4 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 26 | 9 | N | Right | |
| 1019 | OSC/CG Form 8 | 1 | Line 5 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 28 | 9 | N | Right | |
| 1020 | OSC/CG Form 8 | 1 | Line 6 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 1021 | OSC/CG Form 8 | 1 | Line 7 | Virginia Income Tax | N/A | N/A | N/A | 71 | 22 | 9 | N | Right | |
| 1022 | OSC/CG Form 8 | 1 | Line 8 | Income Percentage | N/A | N/A | N/A | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1023 | OSC/CG Form 8 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 26 | 9 | N | Right | |
| 1024 | OSC/CG Form 8 | 1 | Line 10 | Credit Allowed | N/A | N/A | N/A | 71 | 28 | 9 | N | Right | |
| 1025 | OSC/CG Form 8 | 1 | Line 11 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 33 | 1 | N | Right | |
| 1026 | OSC/CG Form 8 | 1 | Line 12 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 35 | 1 | N | Right | |
| 1027 | OSC/CG Form 8 | 1 | Line 13 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 37 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|---------------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1028 | OSC/CG Form 8 | 1 | Line 14 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 39 | 9 | N | Right | |
| 1029 | OSC/CG Form 8 | 1 | Line 15 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 41 | 9 | N | Right | |
| 1030 | OSC/CG Form 8 | 1 | Line 16 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 1031 | OSC/CG Form 8 | 1 | Line 17 | Virginia Income Tax | N/A | N/A | N/A | 71 | 35 | 9 | N | Right | |
| 1032 | OSC/CG Form 8 | 1 | Line 18 | Income Percentage | N/A | N/A | N/A | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1033 | OSC/CG Form 8 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 39 | 9 | N | Right | |
| 1034 | OSC/CG Form 8 | 1 | Line 20 | Credit Allowed | N/A | N/A | N/A | 71 | 41 | 9 | N | Right | |
| 1035 | OSC/CG Form 8 | 1 | Line 21 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 46 | 1 | N | Right | |
| 1036 | OSC/CG Form 8 | 1 | Line 22 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 48 | 1 | N | Right | |
| 1037 | OSC/CG Form 8 | 1 | Line 23 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 50 | 9 | N | Right | |
| 1038 | OSC/CG Form 8 | 1 | Line 24 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 52 | 9 | N | Right | |
| 1039 | OSC/CG Form 8 | 1 | Line 25 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 54 | 9 | N | Right | |
| 1040 | OSC/CG Form 8 | 1 | Line 26 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 46 | 2 | A | Right | 2 character postal abbreviation |
| 1041 | OSC/CG Form 8 | 1 | Line 27 | Virginia Income Tax | N/A | N/A | N/A | 71 | 48 | 9 | N | Right | |
| 1042 | OSC/CG Form 8 | 1 | Line 28 | Income Percentage | N/A | N/A | N/A | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1043 | OSC/CG Form 8 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 52 | 9 | N | Right | |
| 1044 | OSC/CG Form 8 | 1 | Line 30 | Credit Allowed | N/A | N/A | N/A | 71 | 54 | 9 | N | Right | |
| 1045 | OSC/CG Form 8 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 1046 | OSC/CG Form 8 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1047 | OSC/CG Form 8 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1048 | OSC/CG Form 8 | 1 | Bottom Right | OSC 8 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC. |
| 1049 | OSC/CG Form 9 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 1050 | OSC/CG Form 9 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 1051 | OSC/CG Form 9 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1052 | OSC/CG Form 9 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1053 | OSC/CG Form 9 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 1054 | OSC/CG Form 9 | 1 | Line 1 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 20 | 1 | N | Right | |
| 1055 | OSC/CG Form 9 | 1 | Line 2 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 22 | 1 | N | Right | |
| 1056 | OSC/CG Form 9 | 1 | Line 3 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 24 | 9 | N | Right | |
| 1057 | OSC/CG Form 9 | 1 | Line 4 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 26 | 9 | N | Right | |
| 1058 | OSC/CG Form 9 | 1 | Line 5 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 28 | 9 | N | Right | |
| 1059 | OSC/CG Form 9 | 1 | Line 6 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 1060 | OSC/CG Form 9 | 1 | Line 7 | Virginia Income Tax | N/A | N/A | N/A | 71 | 22 | 9 | N | Right | |
| 1061 | OSC/CG Form 9 | 1 | Line 8 | Income Percentage | N/A | N/A | N/A | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1062 | OSC/CG Form 9 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 26 | 9 | N | Right | |
| 1063 | OSC/CG Form 9 | 1 | Line 10 | Credit Allowed | N/A | N/A | N/A | 71 | 28 | 9 | N | Right | |
| 1064 | OSC/CG Form 9 | 1 | Line 11 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 33 | 1 | N | Right | |
| 1065 | OSC/CG Form 9 | 1 | Line 12 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 35 | 1 | N | Right | |
| 1066 | OSC/CG Form 9 | 1 | Line 13 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 37 | 9 | N | Right | |
| 1067 | OSC/CG Form 9 | 1 | Line 14 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 39 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|----------------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1068 | OSC/CG Form 9 | 1 | Line 15 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 41 | 9 | N | Right | |
| 1069 | OSC/CG Form 9 | 1 | Line 16 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 1070 | OSC/CG Form 9 | 1 | Line 17 | Virginia Income Tax | N/A | N/A | N/A | 71 | 35 | 9 | N | Right | |
| 1071 | OSC/CG Form 9 | 1 | Line 18 | Income Percentage | N/A | N/A | N/A | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1072 | OSC/CG Form 9 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 39 | 9 | N | Right | |
| 1073 | OSC/CG Form 9 | 1 | Line 20 | Credit Allowed | N/A | N/A | N/A | 71 | 41 | 9 | N | Right | |
| 1074 | OSC/CG Form 9 | 1 | Line 21 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 46 | 1 | N | Right | |
| 1075 | OSC/CG Form 9 | 1 | Line 22 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 48 | 1 | N | Right | |
| 1076 | OSC/CG Form 9 | 1 | Line 23 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 50 | 9 | N | Right | |
| 1077 | OSC/CG Form 9 | 1 | Line 24 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 52 | 9 | N | Right | |
| 1078 | OSC/CG Form 9 | 1 | Line 25 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 54 | 9 | N | Right | |
| 1079 | OSC/CG Form 9 | 1 | Line 26 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 46 | 2 | A | Right | 2 character postal abbreviation |
| 1080 | OSC/CG Form 9 | 1 | Line 27 | Virginia Income Tax | N/A | N/A | N/A | 71 | 48 | 9 | N | Right | |
| 1081 | OSC/CG Form 9 | 1 | Line 28 | Income Percentage | N/A | N/A | N/A | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1082 | OSC/CG Form 9 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 52 | 9 | N | Right | |
| 1083 | OSC/CG Form 9 | 1 | Line 30 | Credit Allowed | N/A | N/A | N/A | 71 | 54 | 9 | N | Right | |
| 1084 | OSC/CG Form 9 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 1085 | OSC/CG Form 9 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1086 | OSC/CG Form 9 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1087 | OSC/CG Form 9 | 1 | Bottom Right | OSC 9 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC. |
| 1088 | OSC/CG Form 10 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 1089 | OSC/CG Form 10 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 1090 | OSC/CG Form 10 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1091 | OSC/CG Form 10 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1092 | OSC/CG Form 10 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 1093 | OSC/CG Form 10 | 1 | Line 1 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 20 | 1 | N | Right | |
| 1094 | OSC/CG Form 10 | 1 | Line 2 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 22 | 1 | N | Right | |
| 1095 | OSC/CG Form 10 | 1 | Line 3 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 24 | 9 | N | Right | |
| 1096 | OSC/CG Form 10 | 1 | Line 4 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 26 | 9 | N | Right | |
| 1097 | OSC/CG Form 10 | 1 | Line 5 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 28 | 9 | N | Right | |
| 1098 | OSC/CG Form 10 | 1 | Line 6 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 1099 | OSC/CG Form 10 | 1 | Line 7 | Virginia Income Tax | N/A | N/A | N/A | 71 | 22 | 9 | N | Right | |
| 1100 | OSC/CG Form 10 | 1 | Line 8 | Income Percentage | N/A | N/A | N/A | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1101 | OSC/CG Form 10 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 26 | 9 | N | Right | |
| 1102 | OSC/CG Form 10 | 1 | Line 10 | Credit Allowed | N/A | N/A | N/A | 71 | 28 | 9 | N | Right | |
| 1103 | OSC/CG Form 10 | 1 | Line 11 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 33 | 1 | N | Right | |
| 1104 | OSC/CG Form 10 | 1 | Line 12 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 35 | 1 | N | Right | |
| 1105 | OSC/CG Form 10 | 1 | Line 13 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 37 | 9 | N | Right | |
| 1106 | OSC/CG Form 10 | 1 | Line 14 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 39 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|----------------|------|--------------|---|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1107 | OSC/CG Form 10 | 1 | Line 15 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 41 | 9 | N | Right | |
| 1108 | OSC/CG Form 10 | 1 | Line 16 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 1109 | OSC/CG Form 10 | 1 | Line 17 | Virginia Income Tax | N/A | N/A | N/A | 71 | 35 | 9 | N | Right | |
| 1110 | OSC/CG Form 10 | 1 | Line 18 | Income Percentage | N/A | N/A | N/A | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1111 | OSC/CG Form 10 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 39 | 9 | N | Right | |
| 1112 | OSC/CG Form 10 | 1 | Line 20 | Credit Allowed | N/A | N/A | N/A | 71 | 41 | 9 | N | Right | |
| 1113 | OSC/CG Form 10 | 1 | Line 21 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 46 | 1 | N | Right | |
| 1114 | OSC/CG Form 10 | 1 | Line 22 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 48 | 1 | N | Right | |
| 1115 | OSC/CG Form 10 | 1 | Line 23 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 50 | 9 | N | Right | |
| 1116 | OSC/CG Form 10 | 1 | Line 24 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 52 | 9 | N | Right | |
| 1117 | OSC/CG Form 10 | 1 | Line 25 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 54 | 9 | N | Right | |
| 1118 | OSC/CG Form 10 | 1 | Line 26 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 46 | 2 | A | Right | 2 character postal abbreviation |
| 1119 | OSC/CG Form 10 | 1 | Line 27 | Virginia Income Tax | N/A | N/A | N/A | 71 | 48 | 9 | N | Right | |
| 1120 | OSC/CG Form 10 | 1 | Line 28 | Income Percentage | N/A | N/A | N/A | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1121 | OSC/CG Form 10 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 52 | 9 | N | Right | |
| 1122 | OSC/CG Form 10 | 1 | Line 30 | Credit Allowed | N/A | N/A | N/A | 71 | 54 | 9 | N | Right | |
| 1123 | OSC/CG Form 10 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 1124 | OSC/CG Form 10 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1125 | OSC/CG Form 10 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1126 | OSC/CG Form 10 | 1 | Bottom Right | OSC 10 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC. |
| 1127 | OSC/CG Form 11 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 1128 | OSC/CG Form 11 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 1129 | OSC/CG Form 11 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1130 | OSC/CG Form 11 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1131 | OSC/CG Form 11 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 1132 | OSC/CG Form 11 | 1 | Line 1 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 20 | 1 | N | Right | |
| 1133 | OSC/CG Form 11 | 1 | Line 2 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 22 | 1 | N | Right | |
| 1134 | OSC/CG Form 11 | 1 | Line 3 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 24 | 9 | N | Right | |
| 1135 | OSC/CG Form 11 | 1 | Line 4 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 26 | 9 | N | Right | |
| 1136 | OSC/CG Form 11 | 1 | Line 5 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 28 | 9 | N | Right | |
| 1137 | OSC/CG Form 11 | 1 | Line 6 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 1138 | OSC/CG Form 11 | 1 | Line 7 | Virginia Income Tax | N/A | N/A | N/A | 71 | 22 | 9 | N | Right | |
| 1139 | OSC/CG Form 11 | 1 | Line 8 | Income Percentage | N/A | N/A | N/A | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1140 | OSC/CG Form 11 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 26 | 9 | N | Right | |
| 1141 | OSC/CG Form 11 | 1 | Line 10 | Credit Allowed | N/A | N/A | N/A | 71 | 28 | 9 | N | Right | |
| 1142 | OSC/CG Form 11 | 1 | Line 11 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 33 | 1 | N | Right | |
| 1143 | OSC/CG Form 11 | 1 | Line 12 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 35 | 1 | N | Right | |
| 1144 | OSC/CG Form 11 | 1 | Line 13 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 37 | 9 | N | Right | |
| 1145 | OSC/CG Form 11 | 1 | Line 14 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 39 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|----------------|------|--------------|---|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1146 | OSC/CG Form 11 | 1 | Line 15 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 41 | 9 | N | Right | |
| 1147 | OSC/CG Form 11 | 1 | Line 16 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 1148 | OSC/CG Form 11 | 1 | Line 17 | Virginia Income Tax | N/A | N/A | N/A | 71 | 35 | 9 | N | Right | |
| 1149 | OSC/CG Form 11 | 1 | Line 18 | Income Percentage | N/A | N/A | N/A | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1150 | OSC/CG Form 11 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 39 | 9 | N | Right | |
| 1151 | OSC/CG Form 11 | 1 | Line 20 | Credit Allowed | N/A | N/A | N/A | 71 | 41 | 9 | N | Right | |
| 1152 | OSC/CG Form 11 | 1 | Line 21 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 46 | 1 | N | Right | |
| 1153 | OSC/CG Form 11 | 1 | Line 22 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 48 | 1 | N | Right | |
| 1154 | OSC/CG Form 11 | 1 | Line 23 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 50 | 9 | N | Right | |
| 1155 | OSC/CG Form 11 | 1 | Line 24 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 52 | 9 | N | Right | |
| 1156 | OSC/CG Form 11 | 1 | Line 25 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 54 | 9 | N | Right | |
| 1157 | OSC/CG Form 11 | 1 | Line 26 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 46 | 2 | A | Right | 2 character postal abbreviation |
| 1158 | OSC/CG Form 11 | 1 | Line 27 | Virginia Income Tax | N/A | N/A | N/A | 71 | 48 | 9 | N | Right | |
| 1159 | OSC/CG Form 11 | 1 | Line 28 | Income Percentage | N/A | N/A | N/A | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1160 | OSC/CG Form 11 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 52 | 9 | N | Right | |
| 1161 | OSC/CG Form 11 | 1 | Line 30 | Total Credit Claimed | N/A | N/A | N/A | 71 | 54 | 9 | N | Right | |
| 1162 | OSC/CG Form 11 | 1 | Line 31 | Total Credit | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 1163 | OSC/CG Form 11 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1164 | OSC/CG Form 11 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1165 | OSC/CG Form 11 | 1 | Bottom Right | OSC 11 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC. |
| 1166 | OSC/CG Form 12 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 1167 | OSC/CG Form 12 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 1168 | OSC/CG Form 12 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1169 | OSC/CG Form 12 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1170 | OSC/CG Form 12 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 1171 | OSC/CG Form 12 | 1 | Line 1 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 20 | 1 | N | Right | |
| 1172 | OSC/CG Form 12 | 1 | Line 2 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 22 | 1 | N | Right | |
| 1173 | OSC/CG Form 12 | 1 | Line 3 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 24 | 9 | N | Right | |
| 1174 | OSC/CG Form 12 | 1 | Line 4 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 26 | 9 | N | Right | |
| 1175 | OSC/CG Form 12 | 1 | Line 5 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 28 | 9 | N | Right | |
| 1176 | OSC/CG Form 12 | 1 | Line 6 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 1177 | OSC/CG Form 12 | 1 | Line 7 | Virginia Income Tax | N/A | N/A | N/A | 71 | 22 | 9 | N | Right | |
| 1178 | OSC/CG Form 12 | 1 | Line 8 | Income Percentage | N/A | N/A | N/A | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1179 | OSC/CG Form 12 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 26 | 9 | N | Right | |
| 1180 | OSC/CG Form 12 | 1 | Line 10 | Credit Allowed | N/A | N/A | N/A | 71 | 28 | 9 | N | Right | |
| 1181 | OSC/CG Form 12 | 1 | Line 11 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 33 | 1 | N | Right | |
| 1182 | OSC/CG Form 12 | 1 | Line 12 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 35 | 1 | N | Right | |
| 1183 | OSC/CG Form 12 | 1 | Line 13 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 37 | 9 | N | Right | |
| 1184 | OSC/CG Form 12 | 1 | Line 14 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 39 | 9 | N | Right | |
| 1185 | OSC/CG Form 12 | 1 | Line 15 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 41 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|----------------|------|--------------|---|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1186 | OSC/CG Form 12 | 1 | Line 16 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 1187 | OSC/CG Form 12 | 1 | Line 17 | Virginia Income Tax | N/A | N/A | N/A | 71 | 35 | 9 | N | Right | |
| 1188 | OSC/CG Form 12 | 1 | Line 18 | Income Percentage | N/A | N/A | N/A | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1189 | OSC/CG Form 12 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 39 | 9 | N | Right | |
| 1190 | OSC/CG Form 12 | 1 | Line 20 | Credit Allowed | N/A | N/A | N/A | 71 | 41 | 9 | N | Right | |
| 1191 | OSC/CG Form 12 | 1 | Line 21 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 46 | 1 | N | Right | |
| 1192 | OSC/CG Form 12 | 1 | Line 22 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 48 | 1 | N | Right | |
| 1193 | OSC/CG Form 12 | 1 | Line 23 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 50 | 9 | N | Right | |
| 1194 | OSC/CG Form 12 | 1 | Line 24 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 52 | 9 | N | Right | |
| 1195 | OSC/CG Form 12 | 1 | Line 25 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 54 | 9 | N | Right | |
| 1196 | OSC/CG Form 12 | 1 | Line 26 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 46 | 2 | A | Right | 2 character postal abbreviation |
| 1197 | OSC/CG Form 12 | 1 | Line 27 | Virginia Income Tax | N/A | N/A | N/A | 71 | 48 | 9 | N | Right | |
| 1198 | OSC/CG Form 12 | 1 | Line 28 | Income Percentage | N/A | N/A | N/A | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1199 | OSC/CG Form 12 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 52 | 9 | N | Right | |
| 1200 | OSC/CG Form 12 | 1 | Line 30 | Credit Allowed | N/A | N/A | N/A | 71 | 54 | 9 | N | Right | |
| 1201 | OSC/CG Form 12 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 1202 | OSC/CG Form 12 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1203 | OSC/CG Form 12 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1204 | OSC/CG Form 12 | 1 | Bottom Right | OSC 12 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC. |
| 1205 | OSC/CG Form 13 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 1206 | OSC/CG Form 13 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 1207 | OSC/CG Form 13 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1208 | OSC/CG Form 13 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1209 | OSC/CG Form 13 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 1210 | OSC/CG Form 13 | 1 | Line 1 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 20 | 1 | N | Right | |
| 1211 | OSC/CG Form 13 | 1 | Line 2 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 22 | 1 | N | Right | |
| 1212 | OSC/CG Form 13 | 1 | Line 3 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 24 | 9 | N | Right | |
| 1213 | OSC/CG Form 13 | 1 | Line 4 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 26 | 9 | N | Right | |
| 1214 | OSC/CG Form 13 | 1 | Line 5 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 28 | 9 | N | Right | |
| 1215 | OSC/CG Form 13 | 1 | Line 6 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 1216 | OSC/CG Form 13 | 1 | Line 7 | Virginia Income Tax | N/A | N/A | N/A | 71 | 22 | 9 | N | Right | |
| 1217 | OSC/CG Form 13 | 1 | Line 8 | Income Percentage | N/A | N/A | N/A | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1218 | OSC/CG Form 13 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 26 | 9 | N | Right | |
| 1219 | OSC/CG Form 13 | 1 | Line 10 | Credit Allowed | N/A | N/A | N/A | 71 | 28 | 9 | N | Right | |
| 1220 | OSC/CG Form 13 | 1 | Line 11 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 33 | 1 | N | Right | |
| 1221 | OSC/CG Form 13 | 1 | Line 12 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 35 | 1 | N | Right | |
| 1222 | OSC/CG Form 13 | 1 | Line 13 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 37 | 9 | N | Right | |
| 1223 | OSC/CG Form 13 | 1 | Line 14 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 39 | 9 | N | Right | |
| 1224 | OSC/CG Form 13 | 1 | Line 15 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 41 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|----------------|------|--------------|---|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1225 | OSC/CG Form 13 | 1 | Line 16 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 1226 | OSC/CG Form 13 | 1 | Line 17 | Virginia Income Tax | N/A | N/A | N/A | 71 | 35 | 9 | N | Right | |
| 1227 | OSC/CG Form 13 | 1 | Line 18 | Income Percentage | N/A | N/A | N/A | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1228 | OSC/CG Form 13 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 39 | 9 | N | Right | |
| 1229 | OSC/CG Form 13 | 1 | Line 20 | Credit Allowed | N/A | N/A | N/A | 71 | 41 | 9 | N | Right | |
| 1230 | OSC/CG Form 13 | 1 | Line 21 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 46 | 1 | N | Right | |
| 1231 | OSC/CG Form 13 | 1 | Line 22 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 48 | 1 | N | Right | |
| 1232 | OSC/CG Form 13 | 1 | Line 23 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 50 | 9 | N | Right | |
| 1233 | OSC/CG Form 13 | 1 | Line 24 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 52 | 9 | N | Right | |
| 1234 | OSC/CG Form 13 | 1 | Line 25 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 54 | 9 | N | Right | |
| 1235 | OSC/CG Form 13 | 1 | Line 26 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 46 | 2 | A | Right | 2 character postal abbreviation |
| 1236 | OSC/CG Form 13 | 1 | Line 27 | Virginia Income Tax | N/A | N/A | N/A | 71 | 48 | 9 | N | Right | |
| 1237 | OSC/CG Form 13 | 1 | Line 28 | Income Percentage | N/A | N/A | N/A | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1238 | OSC/CG Form 13 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 52 | 9 | N | Right | |
| 1239 | OSC/CG Form 13 | 1 | Line 30 | Credit Allowed | N/A | N/A | N/A | 71 | 54 | 9 | N | Right | |
| 1240 | OSC/CG Form 13 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 1241 | OSC/CG Form 13 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1242 | OSC/CG Form 13 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1243 | OSC/CG Form 13 | 1 | Bottom Right | OSC 13 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC. |
| 1244 | OSC/CG Form 14 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 1245 | OSC/CG Form 14 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 1246 | OSC/CG Form 14 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1247 | OSC/CG Form 14 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1248 | OSC/CG Form 14 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 1249 | OSC/CG Form 14 | 1 | Line 1 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 20 | 1 | N | Right | |
| 1250 | OSC/CG Form 14 | 1 | Line 2 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 22 | 1 | N | Right | |
| 1251 | OSC/CG Form 14 | 1 | Line 3 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 24 | 9 | N | Right | |
| 1252 | OSC/CG Form 14 | 1 | Line 4 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 26 | 9 | N | Right | |
| 1253 | OSC/CG Form 14 | 1 | Line 5 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 28 | 9 | N | Right | |
| 1254 | OSC/CG Form 14 | 1 | Line 6 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 1255 | OSC/CG Form 14 | 1 | Line 7 | Virginia Income Tax | N/A | N/A | N/A | 71 | 22 | 9 | N | Right | |
| 1256 | OSC/CG Form 14 | 1 | Line 8 | Income Percentage | N/A | N/A | N/A | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1257 | OSC/CG Form 14 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 26 | 9 | N | Right | |
| 1258 | OSC/CG Form 14 | 1 | Line 10 | Credit Allowed | N/A | N/A | N/A | 71 | 28 | 9 | N | Right | |
| 1259 | OSC/CG Form 14 | 1 | Line 11 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 33 | 1 | N | Right | |
| 1260 | OSC/CG Form 14 | 1 | Line 12 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 35 | 1 | N | Right | |
| 1261 | OSC/CG Form 14 | 1 | Line 13 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 37 | 9 | N | Right | |
| 1262 | OSC/CG Form 14 | 1 | Line 14 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 39 | 9 | N | Right | |
| 1263 | OSC/CG Form 14 | 1 | Line 15 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 41 | 9 | N | Right | |
| 1264 | OSC/CG Form 14 | 1 | Line 16 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|----------------|------|--------------|---|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1265 | OSC/CG Form 14 | 1 | Line 17 | Virginia Income Tax | N/A | N/A | N/A | 71 | 35 | 9 | N | Right | |
| 1266 | OSC/CG Form 14 | 1 | Line 18 | Income Percentage | N/A | N/A | N/A | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1267 | OSC/CG Form 14 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 39 | 9 | N | Right | |
| 1268 | OSC/CG Form 14 | 1 | Line 20 | Credit Allowed | N/A | N/A | N/A | 71 | 41 | 9 | N | Right | |
| 1269 | OSC/CG Form 14 | 1 | Line 21 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 46 | 1 | N | Right | |
| 1270 | OSC/CG Form 14 | 1 | Line 22 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 48 | 1 | N | Right | |
| 1271 | OSC/CG Form 14 | 1 | Line 23 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 50 | 9 | N | Right | |
| 1272 | OSC/CG Form 14 | 1 | Line 24 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 52 | 9 | N | Right | |
| 1273 | OSC/CG Form 14 | 1 | Line 25 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 54 | 9 | N | Right | |
| 1274 | OSC/CG Form 14 | 1 | Line 26 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 46 | 2 | A | Right | 2 character postal abbreviation |
| 1275 | OSC/CG Form 14 | 1 | Line 27 | Virginia Income Tax | N/A | N/A | N/A | 71 | 48 | 9 | N | Right | |
| 1276 | OSC/CG Form 14 | 1 | Line 28 | Income Percentage | N/A | N/A | N/A | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1277 | OSC/CG Form 14 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 52 | 9 | N | Right | |
| 1278 | OSC/CG Form 14 | 1 | Line 30 | Credit Allowed | N/A | N/A | N/A | 71 | 54 | 9 | N | Right | |
| 1279 | OSC/CG Form 14 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 1280 | OSC/CG Form 14 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1281 | OSC/CG Form 14 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1282 | OSC/CG Form 14 | 1 | Bottom Right | OSC 14 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC. |
| 1283 | OSC/CG Form 15 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 1284 | OSC/CG Form 15 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 1285 | OSC/CG Form 15 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1286 | OSC/CG Form 15 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1287 | OSC/CG Form 15 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 1288 | OSC/CG Form 15 | 1 | Line 1 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 20 | 1 | N | Right | |
| 1289 | OSC/CG Form 15 | 1 | Line 2 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 22 | 1 | N | Right | |
| 1290 | OSC/CG Form 15 | 1 | Line 3 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 24 | 9 | N | Right | |
| 1291 | OSC/CG Form 15 | 1 | Line 4 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 26 | 9 | N | Right | |
| 1292 | OSC/CG Form 15 | 1 | Line 5 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 28 | 9 | N | Right | |
| 1293 | OSC/CG Form 15 | 1 | Line 6 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 1294 | OSC/CG Form 15 | 1 | Line 7 | Virginia Income Tax | N/A | N/A | N/A | 71 | 22 | 9 | N | Right | |
| 1295 | OSC/CG Form 15 | 1 | Line 8 | Income Percentage | N/A | N/A | N/A | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1296 | OSC/CG Form 15 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 26 | 9 | N | Right | |
| 1297 | OSC/CG Form 15 | 1 | Line 10 | Credit Allowed | N/A | N/A | N/A | 71 | 28 | 9 | N | Right | |
| 1298 | OSC/CG Form 15 | 1 | Line 11 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 33 | 1 | N | Right | |
| 1299 | OSC/CG Form 15 | 1 | Line 12 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 35 | 1 | N | Right | |
| 1300 | OSC/CG Form 15 | 1 | Line 13 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 37 | 9 | N | Right | |
| 1301 | OSC/CG Form 15 | 1 | Line 14 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 39 | 9 | N | Right | |
| 1302 | OSC/CG Form 15 | 1 | Line 15 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 41 | 9 | N | Right | |
| 1303 | OSC/CG Form 15 | 1 | Line 16 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|----------------|------|--------------|---|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1304 | OSC/CG Form 15 | 1 | Line 17 | Virginia Income Tax | N/A | N/A | N/A | 71 | 35 | 9 | N | Right | |
| 1305 | OSC/CG Form 15 | 1 | Line 18 | Income Percentage | N/A | N/A | N/A | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1306 | OSC/CG Form 15 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 39 | 9 | N | Right | |
| 1307 | OSC/CG Form 15 | 1 | Line 20 | Credit Allowed | N/A | N/A | N/A | 71 | 41 | 9 | N | Right | |
| 1308 | OSC/CG Form 15 | 1 | Line 21 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 46 | 1 | N | Right | |
| 1309 | OSC/CG Form 15 | 1 | Line 22 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 48 | 1 | N | Right | |
| 1310 | OSC/CG Form 15 | 1 | Line 23 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 50 | 9 | N | Right | |
| 1311 | OSC/CG Form 15 | 1 | Line 24 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 52 | 9 | N | Right | |
| 1312 | OSC/CG Form 15 | 1 | Line 25 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 54 | 9 | N | Right | |
| 1313 | OSC/CG Form 15 | 1 | Line 26 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 46 | 2 | A | Right | 2 character postal abbreviation |
| 1314 | OSC/CG Form 15 | 1 | Line 27 | Virginia Income Tax | N/A | N/A | N/A | 71 | 48 | 9 | N | Right | |
| 1315 | OSC/CG Form 15 | 1 | Line 28 | Income Percentage | N/A | N/A | N/A | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1316 | OSC/CG Form 15 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 52 | 9 | N | Right | |
| 1317 | OSC/CG Form 15 | 1 | Line 30 | Credit Allowed | N/A | N/A | N/A | 71 | 54 | 9 | N | Right | |
| 1318 | OSC/CG Form 15 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 1319 | OSC/CG Form 15 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1320 | OSC/CG Form 15 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1321 | OSC/CG Form 15 | 1 | Bottom Right | OSC 15 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC. |
| 1322 | OSC/CG Form 16 | 1 | Top Left | 1D Barcode | N/A | N/A | N/A | 6 | 8 | N/A | N/A | N/A | *VA0OSC123999* See Font Requirements in "Guidelines and Standards" document. |
| 1323 | OSC/CG Form 16 | 1 | Top Left | Primary SSN | N/A | N/A | N/A | 6 | 12 | 9 | N | Right | |
| 1324 | OSC/CG Form 16 | 1 | Top Left | Anchor | N/A | N/A | N/A | 30 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1325 | OSC/CG Form 16 | 1 | Top Right | Anchor | N/A | N/A | N/A | 76 | 16 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1326 | OSC/CG Form 16 | 1 | Top Left | If claiming border state | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 1327 | OSC/CG Form 16 | 1 | Line 1 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 20 | 1 | N | Right | |
| 1328 | OSC/CG Form 16 | 1 | Line 2 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 22 | 1 | N | Right | |
| 1329 | OSC/CG Form 16 | 1 | Line 3 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 24 | 9 | N | Right | |
| 1330 | OSC/CG Form 16 | 1 | Line 4 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 26 | 9 | N | Right | |
| 1331 | OSC/CG Form 16 | 1 | Line 5 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 28 | 9 | N | Right | |
| 1332 | OSC/CG Form 16 | 1 | Line 6 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 20 | 2 | A | Right | 2 character postal abbreviation |
| 1333 | OSC/CG Form 16 | 1 | Line 7 | Virginia Income Tax | N/A | N/A | N/A | 71 | 22 | 9 | N | Right | |
| 1334 | OSC/CG Form 16 | 1 | Line 8 | Income Percentage | N/A | N/A | N/A | 71 | 24 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1335 | OSC/CG Form 16 | 1 | Line 9 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 26 | 9 | N | Right | |
| 1336 | OSC/CG Form 16 | 1 | Line 10 | Credit Allowed | N/A | N/A | N/A | 71 | 28 | 9 | N | Right | |
| 1337 | OSC/CG Form 16 | 1 | Line 11 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 33 | 1 | N | Right | |
| 1338 | OSC/CG Form 16 | 1 | Line 12 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 35 | 1 | N | Right | |
| 1339 | OSC/CG Form 16 | 1 | Line 13 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 37 | 9 | N | Right | |
| 1340 | OSC/CG Form 16 | 1 | Line 14 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 39 | 9 | N | Right | |
| 1341 | OSC/CG Form 16 | 1 | Line 15 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 41 | 9 | N | Right | |
| 1342 | OSC/CG Form 16 | 1 | Line 16 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 33 | 2 | A | Right | 2 character postal abbreviation |
| 1343 | OSC/CG Form 16 | 1 | Line 17 | Virginia Income Tax | N/A | N/A | N/A | 71 | 35 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------------------------|----------------|------|----------------|---|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1344 | OSC/CG Form 16 | 1 | Line 18 | Income Percentage | N/A | N/A | N/A | 71 | 37 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1345 | OSC/CG Form 16 | 1 | Line 19 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 39 | 9 | N | Right | |
| 1346 | OSC/CG Form 16 | 1 | Line 20 | Credit Allowed | N/A | N/A | N/A | 71 | 41 | 9 | N | Right | |
| 1347 | OSC/CG Form 16 | 1 | Line 21 | Filing Status - other state's return | N/A | N/A | N/A | 41 | 46 | 1 | N | Right | |
| 1348 | OSC/CG Form 16 | 1 | Line 22 | Person Claiming the Credit | N/A | N/A | N/A | 41 | 48 | 1 | N | Right | |
| 1349 | OSC/CG Form 16 | 1 | Line 23 | Qualifying taxable income - other state | N/A | N/A | N/A | 33 | 50 | 9 | N | Right | |
| 1350 | OSC/CG Form 16 | 1 | Line 24 | Virginia Taxable Income | N/A | N/A | N/A | 33 | 52 | 9 | N | Right | |
| 1351 | OSC/CG Form 16 | 1 | Line 25 | Qualifying tax liability - other state | N/A | N/A | N/A | 33 | 54 | 9 | N | Right | |
| 1352 | OSC/CG Form 16 | 1 | Line 26 | Postal Abbreviation - other state | N/A | N/A | N/A | 71 | 46 | 2 | charac | Right | 2 character postal abbreviation |
| 1353 | OSC/CG Form 16 | 1 | Line 27 | Virginia Income Tax | N/A | N/A | N/A | 71 | 48 | 9 | N | Right | |
| 1354 | OSC/CG Form 16 | 1 | Line 28 | Income Percentage | N/A | N/A | N/A | 71 | 50 | 5 | N | Right | XXX.X; 1 decimal place, max = 100.0 |
| 1355 | OSC/CG Form 16 | 1 | Line 29 | Virginia Income Tax multiplied by Income % | N/A | N/A | N/A | 71 | 52 | 9 | N | Right | |
| 1356 | OSC/CG Form 16 | 1 | Line 30 | Credit Allowed | N/A | N/A | N/A | 71 | 54 | 9 | N | Right | |
| 1357 | OSC/CG Form 16 | 1 | Line 31 | Total Credit Claimed | N/A | N/A | N/A | 71 | 57 | 9 | N | Right | |
| 1358 | OSC/CG Form 16 | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 30 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1359 | OSC/CG Form 16 | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 76 | 63 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1360 | OSC/CG Form 16 | 1 | Bottom Right | OSC 16 of # (more than 1 schedule OSC included with printed return) | 3 | N/A | N/A | 74 | 66 | 7 | N | Left | Per Special e-File Guide Instructions, only display 'OSC # of #' visual message on each Schedule OSC. |
| Schedule VACS/CG | | | | | | | | | | | | | |
| 1361 | VACS/CG | 1 | Top Center | Primary SSN | N/A | N/A | N/A | 34 | 4 | 9 | N | Right | |
| 1362 | VACS/CG | 1 | Top Right | 1D Barcode | N/A | N/A | N/A | 54 | 4 | N/A | N/A | N/A | *VAVACS123999* See Font Requirements in "Guidelines and Standards" document.N1393 |
| 1363 | VACS/CG | 1 | Top Left | Anchor | N/A | N/A | N/A | 6 | 11 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1364 | VACS/CG | 1 | Top Right | Anchor | N/A | N/A | N/A | 79 | 11 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1365 | VACS/CG | 1 | Line 1, Col. A | Program Type | N/A | N/A | N/A | 9 | 15 | 1 | N | Right | |
| 1366 | VACS/CG | 1 | Line 1, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 15 | 16 | A | Left | |
| 1367 | VACS/CG | 1 | Line 1, Col. C | Account # | N/A | N/A | N/A | 32 | 15 | 17 | N | Right | |
| 1368 | VACS/CG | 1 | Line 1, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 15 | 9 | N | Right | |
| 1369 | VACS/CG | 1 | Line 1, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 15 | 6 | N | Right | |
| 1370 | VACS/CG | 1 | Line 2, Col. A | Program Type | N/A | N/A | N/A | 9 | 17 | 1 | N | Right | |
| 1371 | VACS/CG | 1 | Line 2, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 17 | 16 | A | Left | |
| 1372 | VACS/CG | 1 | Line 2, Col. C | Account # | N/A | N/A | N/A | 32 | 17 | 17 | N | Right | |
| 1373 | VACS/CG | 1 | Line 2, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 17 | 9 | N | Right | |
| 1374 | VACS/CG | 1 | Line 2, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 17 | 6 | N | Right | |
| 1375 | VACS/CG | 1 | Line 3, Col. A | Program Type | N/A | N/A | N/A | 9 | 19 | 1 | N | Right | |
| 1376 | VACS/CG | 1 | Line 3, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 19 | 16 | A | Left | |
| 1377 | VACS/CG | 1 | Line 3, Col. C | Account # | N/A | N/A | N/A | 32 | 19 | 17 | N | Right | |
| 1378 | VACS/CG | 1 | Line 3, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 19 | 9 | N | Right | |
| 1379 | VACS/CG | 1 | Line 3, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 19 | 6 | N | Right | |
| 1380 | VACS/CG | 1 | Line 4, Col. A | Program Type | N/A | N/A | N/A | 9 | 21 | 1 | N | Right | |
| 1381 | VACS/CG | 1 | Line 4, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 21 | 16 | A | Left | |
| 1382 | VACS/CG | 1 | Line 4, Col. C | Account # | N/A | N/A | N/A | 32 | 21 | 17 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|---------|------|-----------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---------|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1383 | VACS/CG | 1 | Line 4, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 21 | 9 | N | Right | |
| 1384 | VACS/CG | 1 | Line 4, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 21 | 6 | N | Right | |
| 1385 | VACS/CG | 1 | Line 5, Col. A | Program Type | N/A | N/A | N/A | 9 | 23 | 1 | N | Right | |
| 1386 | VACS/CG | 1 | Line 5, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 23 | 16 | A | Left | |
| 1387 | VACS/CG | 1 | Line 5, Col. C | Account # | N/A | N/A | N/A | 32 | 23 | 17 | N | Right | |
| 1388 | VACS/CG | 1 | Line 5, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 23 | 9 | N | Right | |
| 1389 | VACS/CG | 1 | Line 5, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 23 | 6 | N | Right | |
| 1390 | VACS/CG | 1 | Line 6, Col. A | Program Type | N/A | N/A | N/A | 9 | 25 | 1 | N | Right | |
| 1391 | VACS/CG | 1 | Line 6, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 25 | 16 | A | Left | |
| 1392 | VACS/CG | 1 | Line 6, Col. C | Account # | N/A | N/A | N/A | 32 | 25 | 17 | N | Right | |
| 1393 | VACS/CG | 1 | Line 6, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 25 | 9 | N | Right | |
| 1394 | VACS/CG | 1 | Line 6, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 25 | 6 | N | Right | |
| 1395 | VACS/CG | 1 | Line 7, Col. A | Program Type | N/A | N/A | N/A | 9 | 27 | 1 | N | Right | |
| 1396 | VACS/CG | 1 | Line 7, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 27 | 16 | A | Left | |
| 1397 | VACS/CG | 1 | Line 7, Col. C | Account # | N/A | N/A | N/A | 32 | 27 | 17 | N | Right | |
| 1398 | VACS/CG | 1 | Line 7, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 27 | 9 | N | Right | |
| 1399 | VACS/CG | 1 | Line 7, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 27 | 6 | N | Right | |
| 1400 | VACS/CG | 1 | Line 8, Col. A | Program Type | N/A | N/A | N/A | 9 | 29 | 1 | N | Right | |
| 1401 | VACS/CG | 1 | Line 8, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 29 | 16 | A | Left | |
| 1402 | VACS/CG | 1 | Line 8, Col. C | Account # | N/A | N/A | N/A | 32 | 29 | 17 | N | Right | |
| 1403 | VACS/CG | 1 | Line 8, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 29 | 9 | N | Right | |
| 1404 | VACS/CG | 1 | Line 8, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 29 | 6 | N | Right | |
| 1405 | VACS/CG | 1 | Line 9, Col. A | Program Type | N/A | N/A | N/A | 9 | 31 | 1 | N | Right | |
| 1406 | VACS/CG | 1 | Line 9, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 31 | 16 | A | Left | |
| 1407 | VACS/CG | 1 | Line 9, Col. C | Account # | N/A | N/A | N/A | 32 | 31 | 17 | N | Right | |
| 1408 | VACS/CG | 1 | Line 9, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 31 | 9 | N | Right | |
| 1409 | VACS/CG | 1 | Line 9, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 31 | 6 | N | Right | |
| 1410 | VACS/CG | 1 | Line 10, Col. A | Program Type | N/A | N/A | N/A | 9 | 33 | 1 | N | Right | |
| 1411 | VACS/CG | 1 | Line 10, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 33 | 16 | A | Left | |
| 1412 | VACS/CG | 1 | Line 10, Col. C | Account # | N/A | N/A | N/A | 32 | 33 | 17 | N | Right | |
| 1413 | VACS/CG | 1 | Line 10, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 33 | 9 | N | Right | |
| 1414 | VACS/CG | 1 | Line 10, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 33 | 6 | N | Right | |
| 1415 | VACS/CG | 1 | Line 11, Col. A | Program Type | N/A | N/A | N/A | 9 | 35 | 1 | N | Right | |
| 1416 | VACS/CG | 1 | Line 11, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 35 | 16 | A | Left | |
| 1417 | VACS/CG | 1 | Line 11, Col. C | Account # | N/A | N/A | N/A | 32 | 35 | 17 | N | Right | |
| 1418 | VACS/CG | 1 | Line 11, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 35 | 9 | N | Right | |
| 1419 | VACS/CG | 1 | Line 11, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 35 | 6 | N | Right | |
| 1420 | VACS/CG | 1 | Line 12, Col. A | Program Type | N/A | N/A | N/A | 9 | 37 | 1 | N | Right | |
| 1421 | VACS/CG | 1 | Line 12, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 37 | 16 | A | Left | |
| 1422 | VACS/CG | 1 | Line 12, Col. C | Account # | N/A | N/A | N/A | 32 | 37 | 17 | N | Right | |
| 1423 | VACS/CG | 1 | Line 12, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 37 | 9 | N | Right | |
| 1424 | VACS/CG | 1 | Line 12, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 37 | 6 | N | Right | |
| 1425 | VACS/CG | 1 | Line 13, Col. A | Program Type | N/A | N/A | N/A | 9 | 39 | 1 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|---------|------|-----------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---------|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1426 | VACS/CG | 1 | Line 13, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 39 | 16 | A | Left | |
| 1427 | VACS/CG | 1 | Line 13, Col. C | Account # | N/A | N/A | N/A | 32 | 39 | 17 | N | Right | |
| 1428 | VACS/CG | 1 | Line 13, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 39 | 9 | N | Right | |
| 1429 | VACS/CG | 1 | Line 13, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 39 | 6 | N | Right | |
| 1430 | VACS/CG | 1 | Line 14, Col. A | Program Type | N/A | N/A | N/A | 9 | 41 | 1 | N | Right | |
| 1431 | VACS/CG | 1 | Line 14, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 41 | 16 | A | Left | |
| 1432 | VACS/CG | 1 | Line 14, Col. C | Account # | N/A | N/A | N/A | 32 | 41 | 17 | N | Right | |
| 1433 | VACS/CG | 1 | Line 14, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 41 | 9 | N | Right | |
| 1434 | VACS/CG | 1 | Line 14, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 41 | 6 | N | Right | |
| 1435 | VACS/CG | 1 | Line 15, Col. A | Program Type | N/A | N/A | N/A | 9 | 43 | 1 | N | Right | |
| 1436 | VACS/CG | 1 | Line 15, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 43 | 16 | A | Left | |
| 1437 | VACS/CG | 1 | Line 15, Col. C | Account # | N/A | N/A | N/A | 32 | 43 | 17 | N | Right | |
| 1438 | VACS/CG | 1 | Line 15, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 43 | 9 | N | Right | |
| 1439 | VACS/CG | 1 | Line 15, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 43 | 6 | N | Right | |
| 1440 | VACS/CG | 1 | Line 16, Col. A | Program Type | N/A | N/A | N/A | 9 | 45 | 1 | N | Right | |
| 1441 | VACS/CG | 1 | Line 16, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 45 | 16 | A | Left | |
| 1442 | VACS/CG | 1 | Line 16, Col. C | Account # | N/A | N/A | N/A | 32 | 45 | 17 | N | Right | |
| 1443 | VACS/CG | 1 | Line 16, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 45 | 9 | N | Right | |
| 1444 | VACS/CG | 1 | Line 16, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 45 | 6 | N | Right | |
| 1445 | VACS/CG | 1 | Line 17, Col. A | Program Type | N/A | N/A | N/A | 9 | 47 | 1 | N | Right | |
| 1446 | VACS/CG | 1 | Line 17, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 47 | 16 | A | Left | |
| 1447 | VACS/CG | 1 | Line 17, Col. C | Account # | N/A | N/A | N/A | 32 | 47 | 17 | N | Right | |
| 1448 | VACS/CG | 1 | Line 17, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 47 | 9 | N | Right | |
| 1449 | VACS/CG | 1 | Line 17, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 47 | 6 | N | Right | |
| 1450 | VACS/CG | 1 | Line 18, Col. A | Program Type | N/A | N/A | N/A | 9 | 49 | 1 | N | Right | |
| 1451 | VACS/CG | 1 | Line 18, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 49 | 16 | A | Left | |
| 1452 | VACS/CG | 1 | Line 18, Col. C | Account # | N/A | N/A | N/A | 32 | 49 | 17 | N | Right | |
| 1453 | VACS/CG | 1 | Line 18, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 49 | 9 | N | Right | |
| 1454 | VACS/CG | 1 | Line 18, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 49 | 6 | N | Right | |
| 1455 | VACS/CG | 1 | Line 19, Col. A | Program Type | N/A | N/A | N/A | 9 | 51 | 1 | N | Right | |
| 1456 | VACS/CG | 1 | Line 19, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 51 | 16 | A | Left | |
| 1457 | VACS/CG | 1 | Line 19, Col. C | Account # | N/A | N/A | N/A | 32 | 51 | 17 | N | Right | |
| 1458 | VACS/CG | 1 | Line 19, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 51 | 9 | N | Right | |
| 1459 | VACS/CG | 1 | Line 19, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 51 | 6 | N | Right | |
| 1460 | VACS/CG | 1 | Line 20, Col. A | Program Type | N/A | N/A | N/A | 9 | 53 | 1 | N | Right | |
| 1461 | VACS/CG | 1 | Line 20, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 53 | 16 | A | Left | |
| 1462 | VACS/CG | 1 | Line 20, Col. C | Account # | N/A | N/A | N/A | 32 | 53 | 17 | N | Right | |
| 1463 | VACS/CG | 1 | Line 20, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 53 | 9 | N | Right | |
| 1464 | VACS/CG | 1 | Line 20, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 53 | 6 | N | Right | |
| 1465 | VACS/CG | 1 | Line 21, Col. A | Program Type | N/A | N/A | N/A | 9 | 55 | 1 | N | Right | |
| 1466 | VACS/CG | 1 | Line 21, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 55 | 16 | A | Left | |
| 1467 | VACS/CG | 1 | Line 21, Col. C | Account # | N/A | N/A | N/A | 32 | 55 | 17 | N | Right | |
| 1468 | VACS/CG | 1 | Line 21, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 55 | 9 | N | Right | |

Format Codes: A = Alphanumeric, D = Date, N = Number
 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------------------------|---------|------|-----------------|--|------------|----------|--------|------|-----|--------|--------|-----------|---|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1469 | VACS/CG | 1 | Line 21, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 55 | 6 | N | Right | |
| 1470 | VACS/CG | 1 | Line 22, Col. A | Program Type | N/A | N/A | N/A | 9 | 57 | 1 | N | Right | |
| 1471 | VACS/CG | 1 | Line 22, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 57 | 16 | A | Left | |
| 1472 | VACS/CG | 1 | Line 22, Col. C | Account # | N/A | N/A | N/A | 32 | 57 | 17 | N | Right | |
| 1473 | VACS/CG | 1 | Line 22, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 57 | 9 | N | Right | |
| 1474 | VACS/CG | 1 | Line 22, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 57 | 6 | N | Right | |
| 1475 | VACS/CG | 1 | Line 23, Col. A | Program Type | N/A | N/A | N/A | 9 | 59 | 1 | N | Right | |
| 1476 | VACS/CG | 1 | Line 23, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 59 | 16 | A | Left | |
| 1477 | VACS/CG | 1 | Line 23, Col. C | Account # | N/A | N/A | N/A | 32 | 59 | 17 | N | Right | |
| 1478 | VACS/CG | 1 | Line 23, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 59 | 9 | N | Right | |
| 1479 | VACS/CG | 1 | Line 23, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 59 | 6 | N | Right | |
| 1480 | VACS/CG | 1 | Line 24, Col. A | Program Type | N/A | N/A | N/A | 9 | 61 | 1 | N | Right | |
| 1481 | VACS/CG | 1 | Line 24, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 61 | 16 | A | Left | |
| 1482 | VACS/CG | 1 | Line 24, Col. C | Account # | N/A | N/A | N/A | 32 | 61 | 17 | N | Right | |
| 1483 | VACS/CG | 1 | Line 24, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 61 | 9 | N | Right | |
| 1484 | VACS/CG | 1 | Line 24, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 61 | 6 | N | Right | |
| 1485 | VACS/CG | 1 | Line 25, Col. A | Program Type | N/A | N/A | N/A | 9 | 63 | 1 | N | Right | |
| 1486 | VACS/CG | 1 | Line 25, Col. B | Beneficiary's Last Name | N/A | N/A | N/A | 13 | 63 | 16 | A | Left | |
| 1487 | VACS/CG | 1 | Line 25, Col. C | Account # | N/A | N/A | N/A | 32 | 63 | 17 | N | Right | |
| 1488 | VACS/CG | 1 | Line 25, Col. D | Routing # (CollegeAmerica only) | N/A | N/A | N/A | 53 | 63 | 9 | N | Right | |
| 1489 | VACS/CG | 1 | Line 25, Col. E | Contribution Amount | N/A | N/A | N/A | 69 | 63 | 6 | N | Right | |
| 1490 | VACS/CG | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 6 | 64 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1491 | VACS/CG | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 79 | 64 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| Schedule ADJS/CG | | | | | | | | | | | | | |
| 1492 | ADJS/CG | 1 | Top Center | Primary SSN | N/A | N/A | N/A | 35 | 4 | 9 | N | Right | |
| 1493 | ADJS/CG | 1 | Top Right | 1D Barcode | N/A | N/A | N/A | 54 | 4 | N/A | N/A | N/A | *VAADJS123999* See Font Requirements in the "Guidelines and Standards" document. |
| 1494 | ADJS/CG | 1 | Top Left | Anchor | N/A | N/A | N/A | 12 | 12 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1495 | ADJS/CG | 1 | Top Right | Anchor | N/A | N/A | N/A | 74 | 12 | - | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1496 | ADJS/CG | 1 | Line 1 | Additions - Code | N/A | N/A | N/A | 15 | 16 | 2 | N | Right | |
| 1497 | ADJS/CG | 1 | Line 1 | Additions - Amount | N/A | N/A | N/A | 23 | 16 | 9 | N | Right | |
| 1498 | ADJS/CG | 1 | Line 2 | Additions - Code | N/A | N/A | N/A | 15 | 18 | 2 | N | Right | |
| 1499 | ADJS/CG | 1 | Line 2 | Additions - Amount | N/A | N/A | N/A | 23 | 18 | 9 | N | Right | |
| 1500 | ADJS/CG | 1 | Line 3 | Additions - Code | N/A | N/A | N/A | 15 | 20 | 2 | N | Right | |
| 1501 | ADJS/CG | 1 | Line 3 | Additions - Amount | N/A | N/A | N/A | 23 | 20 | 9 | N | Right | |
| 1502 | ADJS/CG | 1 | Line 4 | Additions - Code | N/A | N/A | N/A | 15 | 22 | 2 | N | Right | |
| 1503 | ADJS/CG | 1 | Line 4 | Additions - Amount | N/A | N/A | N/A | 23 | 22 | 9 | N | Right | |
| 1504 | ADJS/CG | 1 | Line 5 | Additions - Code | N/A | N/A | N/A | 15 | 24 | 2 | N | Right | |
| 1505 | ADJS/CG | 1 | Line 5 | Additions - Amount | N/A | N/A | N/A | 23 | 24 | 9 | N | Right | |
| 1506 | ADJS/CG | 1 | Line 6 | Additions - Code | N/A | N/A | N/A | 55 | 16 | 2 | N | Right | |
| 1507 | ADJS/CG | 1 | Line 6 | Additions - Amount | N/A | N/A | N/A | 63 | 16 | 9 | N | Right | |
| 1508 | ADJS/CG | 1 | Line 7 | Additions - Code | N/A | N/A | N/A | 55 | 18 | 2 | N | Right | |
| 1509 | ADJS/CG | 1 | Line 7 | Additions - Amount | N/A | N/A | N/A | 63 | 18 | 9 | N | Right | |
| 1510 | ADJS/CG | 1 | Line 8 | Additions - Code | N/A | N/A | N/A | 55 | 20 | 2 | N | Right | |

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 2D Barcode # Locations: 1 = 760CG, Page 1, 2 = 760CG, Page 2, 3 = Schedule OSC

Review tax form instructions for computations, attachments, codes and other related details.

| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|---------|------|---------|--|------------|----------|--------|------|-----|--------|--------|-----------|--|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| | | | | | | | | | | | | | |
| 1511 | ADJS/CG | 1 | Line 8 | Additions - Amount | N/A | N/A | N/A | 63 | 20 | 9 | N | Right | |
| 1512 | ADJS/CG | 1 | Line 9 | Additions - Code | N/A | N/A | N/A | 55 | 22 | 2 | N | Right | |
| 1513 | ADJS/CG | 1 | Line 9 | Additions - Amount | N/A | N/A | N/A | 63 | 22 | 9 | N | Right | |
| 1514 | ADJS/CG | 1 | Line 10 | Additions - Code | N/A | N/A | N/A | 55 | 24 | 2 | N | Right | |
| 1515 | ADJS/CG | 1 | Line 10 | Additions - Amount | N/A | N/A | N/A | 63 | 24 | 9 | N | Right | |
| 1516 | ADJS/CG | 1 | Line 11 | Total ADJS Additions | N/A | N/A | N/A | 63 | 26 | 9 | N | Right | |
| 1517 | ADJS/CG | 1 | Line 12 | Subtractions - Code | N/A | N/A | N/A | 15 | 31 | 2 | N | Right | |
| 1518 | ADJS/CG | 1 | Line 12 | Subtractions - Amount | N/A | N/A | N/A | 23 | 31 | 9 | N | Right | |
| 1519 | ADJS/CG | 1 | Line 13 | Subtractions - Code | N/A | N/A | N/A | 15 | 33 | 2 | N | Right | |
| 1520 | ADJS/CG | 1 | Line 13 | Subtractions - Amount | N/A | N/A | N/A | 23 | 33 | 9 | N | Right | |
| 1521 | ADJS/CG | 1 | Line 14 | Subtractions - Code | N/A | N/A | N/A | 15 | 35 | 2 | N | Right | |
| 1522 | ADJS/CG | 1 | Line 14 | Subtractions - Amount | N/A | N/A | N/A | 23 | 35 | 9 | N | Right | |
| 1523 | ADJS/CG | 1 | Line 15 | Subtractions - Code | N/A | N/A | N/A | 15 | 37 | 2 | N | Right | |
| 1524 | ADJS/CG | 1 | Line 15 | Subtractions - Amount | N/A | N/A | N/A | 23 | 37 | 9 | N | Right | |
| 1525 | ADJS/CG | 1 | Line 16 | Subtractions - Code | N/A | N/A | N/A | 15 | 39 | 2 | N | Right | |
| 1526 | ADJS/CG | 1 | Line 16 | Subtractions - Amount | N/A | N/A | N/A | 23 | 39 | 9 | N | Right | |
| 1527 | ADJS/CG | 1 | Line 17 | Subtractions - Code | N/A | N/A | N/A | 55 | 31 | 2 | N | Right | |
| 1528 | ADJS/CG | 1 | Line 17 | Subtractions - Amount | N/A | N/A | N/A | 63 | 31 | 9 | N | Right | |
| 1529 | ADJS/CG | 1 | Line 18 | Subtractions - Code | N/A | N/A | N/A | 55 | 33 | 2 | N | Right | |
| 1530 | ADJS/CG | 1 | Line 18 | Subtractions - Amount | N/A | N/A | N/A | 63 | 33 | 9 | N | Right | |
| 1531 | ADJS/CG | 1 | Line 19 | Subtractions - Code | N/A | N/A | N/A | 55 | 35 | 2 | N | Right | |
| 1532 | ADJS/CG | 1 | Line 19 | Subtractions - Amount | N/A | N/A | N/A | 63 | 35 | 9 | N | Right | |
| 1533 | ADJS/CG | 1 | Line 20 | Subtractions - Code | N/A | N/A | N/A | 55 | 37 | 2 | N | Right | |
| 1534 | ADJS/CG | 1 | Line 20 | Subtractions - Amount | N/A | N/A | N/A | 63 | 37 | 9 | N | Right | |
| 1535 | ADJS/CG | 1 | Line 21 | Subtractions - Code | N/A | N/A | N/A | 55 | 39 | 2 | N | Right | |
| 1536 | ADJS/CG | 1 | Line 21 | Subtractions - Amount | N/A | N/A | N/A | 63 | 39 | 9 | N | Right | |
| 1537 | ADJS/CG | 1 | Line 22 | Total ADJS Subtractions | N/A | N/A | N/A | 63 | 41 | 9 | N | Right | |
| 1538 | ADJS/CG | 1 | Line 23 | Deductions - Code | N/A | N/A | N/A | 15 | 46 | 3 | N | Right | |
| 1539 | ADJS/CG | 1 | Line 23 | Deductions - Amount | N/A | N/A | N/A | 22 | 46 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 1540 | ADJS/CG | 1 | Line 24 | Deductions - Code | N/A | N/A | N/A | 15 | 48 | 3 | N | Right | |
| 1541 | ADJS/CG | 1 | Line 24 | Deductions - Amount | N/A | N/A | N/A | 22 | 48 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 1542 | ADJS/CG | 1 | Line 25 | Deductions - Code | N/A | N/A | N/A | 15 | 50 | 3 | N | Right | |
| 1543 | ADJS/CG | 1 | Line 25 | Deductions - Amount | N/A | N/A | N/A | 22 | 50 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 1544 | ADJS/CG | 1 | Line 26 | Deductions - Code | N/A | N/A | N/A | 15 | 52 | 3 | N | Right | |
| 1545 | ADJS/CG | 1 | Line 26 | Deductions - Amount | N/A | N/A | N/A | 22 | 52 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 1546 | ADJS/CG | 1 | Line 27 | Deductions - Code | N/A | N/A | N/A | 15 | 54 | 3 | N | Right | |
| 1547 | ADJS/CG | 1 | Line 27 | Deductions - Amount | N/A | N/A | N/A | 22 | 54 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 1548 | ADJS/CG | 1 | Line 28 | Deductions - Code | N/A | N/A | N/A | 55 | 46 | 3 | N | Right | |
| 1549 | ADJS/CG | 1 | Line 28 | Deductions - Amount | N/A | N/A | N/A | 62 | 46 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 1550 | ADJS/CG | 1 | Line 29 | Deductions - Code | N/A | N/A | N/A | 55 | 48 | 3 | N | Right | |

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| Ref # | Form | Page | | Field Description (See form for field name) | 2D Barcode | | | Grid | | Length | Format | Justified | Details |
|-------|---------|------|--------------|--|------------|----------|--------|------|-----|--------|--------|-----------|--|
| | | # | Line # | | # | Position | Length | Col. | Row | | | | |
| 1551 | ADJS/CG | 1 | Line 29 | Deductions - Amount | N/A | N/A | N/A | 62 | 48 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 1552 | ADJS/CG | 1 | Line 30 | Deductions - Code | N/A | N/A | N/A | 55 | 50 | 3 | N | Right | |
| 1553 | ADJS/CG | 1 | Line 30 | Deductions - Amount | N/A | N/A | N/A | 62 | 50 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 1554 | ADJS/CG | 1 | Line 31 | Deductions - Code | N/A | N/A | N/A | 55 | 52 | 3 | N | Right | |
| 1555 | ADJS/CG | 1 | Line 31 | Deductions - Amount | N/A | N/A | N/A | 62 | 52 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 1556 | ADJS/CG | 1 | Line 32 | Deductions - Code | N/A | N/A | N/A | 55 | 54 | 3 | N | Right | |
| 1557 | ADJS/CG | 1 | Line 32 | Deductions - Amount | N/A | N/A | N/A | 62 | 54 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 1558 | ADJS/CG | 1 | Line 33 | Total ADJS Deductions | N/A | N/A | N/A | 62 | 56 | 10 | N | Right | Allowed: negative sign; must float to print next to number with no space |
| 1559 | ADJS/CG | 1 | Bottom Left | Anchor | N/A | N/A | N/A | 12 | 59 | 11 | N/A | N/A | 2/10 inch by 1/6 inch. See form. |
| 1560 | ADJS/CG | 1 | Bottom Right | Anchor | N/A | N/A | N/A | 74 | 59 | 73 | N/A | N/A | 2/10 inch by 1/6 inch. See form. |