

# Virginia Department of Taxation

## Substitute Forms Specifications

### Form 760PFF – Income Tax Payment Voucher – Individual (Farmer, Fisherman & Merchant Seaman)

#### Special Notes

- Document ID – 764
- Barcode – No
- Rounding – Yes; the length of 15 for numeric fields includes the 2 places for the “.00” rounded cents.
- Due Date – March 1<sup>st</sup>
- Neither the OCR Line nor the Account Number field may contain dashes or hyphens (-).
- Review the instructions provided via the [main Forms page](#) when computations are required and/or when amount/numbers must be transferred to/from another form. The 760PFF supports Forms 760, 760PY and 763.

Use the Check Digit Calculator to determine the correct digit used in the applicable section of the OCR Line.

#### OCR Table

Example – XXXXXXXXXD 764VVVV 1YY00D

Section	Length	Position	Format / Data	Description / Details
SSN	9	Col. 6, Row 52	Numeric	XXXXXXXXXX = 9 digits
Check Digit (for SSN)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Doc ID	3		Numeric	764
Vendor ID	4		Numeric	VVVV = 4 digits of the NACTP Vendor ID code
Blank Space	1		N/A	
Filing Period	5		Date (1YY00)	Ending date of the Filing Period 1 = Century, YY = Tax Year, 00 = Month
Check Digit (for Filing Period)	1		Numeric	D = Check Digit Calculator result

#### Form Table

Field	Length	Justified / Position	Format	Negative Allowed?	Description / Details
Your Social Security Number	9	Left	Numeric	N/A	9 digits Print for all filing statuses.
Spouse's Social Security Number	9	Left	Numeric	N/A	9 digits Print for filing statuses of: <ul style="list-style-type: none"> <li>• (All forms) Married, Filing Joint</li> <li>• (760PY) Married, Filing Separate on Combined Return</li> </ul>
OCR Line	29	Col. 6, Row 52	Numeric	N/A	See OCR Table for details
Name(s)	50	Left	Alphanumeric	N/A	Names of customer(s) Your Name – Print for all filing statuses Spouse's Name – Print for filing statuses of: <ul style="list-style-type: none"> <li>• (All forms) Married, Filing Joint</li> <li>• (760PY) Married, Filing Separate on Combined Return</li> </ul>
Address (Number & Street)	40	Left	Alphanumeric	N/A	Street address of customer(s)
City, State & ZIP Code	52	Left	Alphanumeric	N/A	City, State Abbreviation & ZIP Code of customer(s)
Amount of payment	15	Right Col. 60, Row 60	Numeric	No	Amount