

Virginia Department of Taxation

Substitute Forms Specifications

Form 770IP – Automatic Extension Payment Coupon – Fiduciary & Unified Nonresident

*Attention: All 770IP payments and vouchers / returns must be made electronically.
Paper vouchers are only allowed for customers with an approved waiver.*

Special Notes

- Document ID – 773
- Barcode – No
- Rounding – Yes; the length of 15 for numeric fields includes the 2 places for the “.00” rounded cents.
- Due Date – May 1st
- 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 770IP supports Forms 765 and 770.

Use the [Check Digit Calculator](#) to determine the correct digit used in the applicable section of the OCR Line.

OCR Table

Example – XXXXXXXXXD 773VVVV 1YYMMD

Section	Length	Position	Format / Data	Description / Details
SSN	9	Col. 6, Row 52	Numeric	XXXXXXXXX = 9 digits
Check Digit (for SSN)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Doc ID	3		Numeric	773
Vendor ID	4		Numeric	VVVV = 4 digits of the NACTP Vendor ID code
Blank Space	1		N/A	
Filing Period	5		Date (1YYMM)	Ending date of the Filing Period 1 = Century, YY = Tax Year, MM = Month
Check Digit (for Filing Period)	1		Numeric	D = Check Digit Calculator result

Form Table

Field	Length	Justified / Position	Format	Negative Allowed?	Description / Details
New Filer/Address Has Changed Checkbox	1	N/A	Checkbox	N/A	Display 'X' if applicable
Fiscal Year Filer Checkbox	1	N/A	Checkbox	N/A	Display 'X' if applicable
Fiscal Year: Begin Date	10	Left	Date	N/A	MM/DD/YY MM = Month, DD = Day, YY = Year
Fiscal Year: End Date	10	Left	Date	N/A	MM/DD/YY MM = Month, DD = Day, YY = Year
OCR Line	29	Col. 6, Row 52	Numeric	N/A	See OCR Table for details
FEIN for Estate, Trust or Unified Filer	9	Left	Numeric	N/A	9 digits or V with 8 digits
Name	40	Left	Alphanumeric	N/A	Name of Estate, Trust or Unified Nonresident
Name and Title	40	Left	Alphanumeric	N/A	Name and Title of Fiduciary or Unified Nonresident
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)
Payment Amount	15	Right Col. 60, Row 60	Numeric	No	Amount