Virginia Department of Taxation

Substitute Forms Specifications

VA15 – Semi-Weekly Withholding Tax Payment

Attention: All VA15 payments and vouchers / returns must be made electronically.
Paper vouchers are only allowed for customers with an approved waiver.

Special Notes
- Document ID – 315
- Barcode – No
- Rounding – No; the length of 15 for numeric fields includes the 2 places for the cents.
- Due Date – Within 3 banking days of the close of any federal period.
- Neither the OCR Line nor the Account Number field may contain dashes or hyphens (-).
- Review the instructions provided via the main Forms page when computations are required and/or when amount/numbers must be transferred to/from another form.

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

OCR Table
Example – 30XXXXXXXXX1###D 315VVVV 1YYMMD

Section	Length	Position	Format / Data	Description / Details
Tax Code	2	Col. 6, Row 52	Numeric	30
FEIN	9		Numeric	XXXXXXXXX = 9 digits or V with 8 digits
External ID Type	1		Numeric	1 = indicates the 9 digits before it as the FEIN
Account Suffix	3		Numeric	### = 3-digit Account Suffix, Ex. 001, 002, 003
Check Digit (for Account Number)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Doc ID	3		Numeric	315
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 03/31/18 = 11803 06/30/18 = 11806 09/30/18 = 11809 12/31/18 = 11812
Check Digit (for Filing Period)	1		Numeric	D = Check Digit Calculator

Form Table

Field	Length	Justified / Position	Format	Negative Allowed?	Description / Details
For Quarterly Period Ending	10	Left	Date	N/A	MM/DD/YYYY
OCR Line	31	Col. 6, Row 52	Numeric	N/A	See OCR Table for details
Account Number	15	Left	Alphanumeric	N/A	30XXXXXXXXXF### 30 = Tax Code, XXXXXXXXX = FEIN, F### = ID Type & Account Suffix
Name	40	Left	Alphanumeric	N/A	Name of customer
Address (Number & Street)	40	Left	Alphanumeric	N/A	Street address of customer
City, State & ZIP Code	52	Left	Alphanumeric	N/A	City, State Abbreviation & ZIP Code of customer
Total Amount Due	15	Right Col. 60, Row 60	Numeric	No	Amount