Attention: The payment for the total due on Form 500 must be made through the e-File system, when filing the return, using eForms, or with an ACH Credit from your bank.

Use this voucher only if you have an approved waiver. To request a waiver, follow the instructions at: **www.tax.virginia.gov** or call (804) 440-2541 to obtain a waiver request form.

FORM 500V (DOC ID 500) Virginia Corporation Income Tax Payment Voucher Virginia Department of Taxation PO Box 1500, Richmond, VA 23218-1500 (804) 367-8037						
000000000000000000000000000000000000000	Attention: Payment must be made electronically through the e-File system, eForms, or with an ACH credit from your bank. Use this voucher only if you have an approved waiver.					
To receive credit for your payment in the correct tax year, please enter the ending month (nume FEIN			nerical) and year. Calendar year:	Month Ending 12	Year Ending	OR:
			Fiscal year:			OR;
Name of Corporation	F	irst 4 letters of Corp. name	Short taxable year:]
Address (Number and Street)			-			
Address (continued)			-			
City, State, and ZIP Code			٩ . ١		Amount	of this payment
Date	Phone Number		- \$.00
VA DEPT OF TAXATION 2601205 500V (REV.	7/14)					