



Attention: Return must be filed electronically. Use this form only if you have an approved waiver.

FISCAL or

SHORT Year Filer: **Beginning Date** _____, 2016; **Ending Date** _____, _____

Short Year Return **Change in Accounting Period**

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned preparer. →

Official Use Only

FEIN		Check all that apply: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Name			
Mailing Address			
City or Town	State	ZIP Code	
Physical Address (if different from Mailing Address)		Entity Type Code	
Physical City or Town	State	ZIP Code	NAICS
Date Incorporated	State or Country of Incorporation	Description of Business Activity	

Check Applicable Boxes

- Consolidated - Sch. 500AC Attached
 - Combined - Sch. 500AC Attached
 - Change in Filing Status
 - Multistate Sch. 500A Attached
 - Schedule 500AB Attached
 - Nonprofit Corporation
- Enter number of affiliates _____

Final Return

- Final Return** - Check here and applicable boxes below.
- Withdrawn**
- Dissolved - No longer liable for tax.**
 Dissolved Date _____
- Merged**
 Merger Date _____
- Merged FEIN #** _____
- S Corp Effective** _____

Corporate Telecommunications Company

Enter amount from Form 500T, Line 7:
 _____ **.00**

Noncorporate Telecommunications Company

Check box and enter amount from Form 500T, Line 10:
 _____ **.00**

Electric Supplier Company

Enter amount from Sch. 500EL, Line 7 or 14:
 _____ **.00**

Amended Return

Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications.
DO NOT FILE THIS FORM TO CARRY BACK A NET OPERATING LOSS. File Form 500NOLD.

- Amended Return** - Check here and other applicable boxes.
- Federal Audit** - Attach copy of IRS final determination.
- Schedule 500A Changes**
- Schedule 500ADJ Changes**

- Nonrefundable or Refundable Credit Change**
- Schedule 500AB Changes**
- Capital Loss Carryback**
- Other** - Attach explanation.

Questions and Related Information

A Have you made any payments to an affiliated corporation, a related individual, or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights and similar intangible property)? If yes, complete and attach Schedule 500AB.

Enter Exception amount from Schedule 500AB, Line 8 **A** _____ **.00**

B Coalfield Employment Enhancement Tax Credit earned from Form 306, Line 11. **B** _____ **.00**

C If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the FEIN of the company generating the NOL prior to the merger date.

FEIN _____

(If there are NOLs for more than one year, attach a schedule for each year with the information requested in Section C.)

(1) Year of loss _____

(2) Federal NOL _____

(3) Percent of federal NOL used this year _____ %

D If Pass-Through Entity Withholding is claimed, enter the number of Schedule VK-1s and complete and attach Schedule 500ADJ, Page 2. **D** _____

E Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Department? If Yes, provide the year(s). Year **E** _____

Year _____

Year _____

F Location of Corporation's books _____

Contact for Corporation's books _____ Contact Phone Number _____

**2016 Virginia
Form 500**

FEIN _____

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INCOME

1	Federal taxable income (from attached federal return)	1	_____	.00
2	Total additions from Schedule 500ADJ, Section A, Line 7	2	_____	.00
3	Total (add Lines 1 and 2)	3	_____	.00
4	Total subtractions from Schedule 500ADJ, Section B, Line 10	4	_____	.00
5	Balance (subtract Line 4 from Line 3).	5	_____	.00
6	Savings and Loan Association's Bad Debt Deduction (see Instructions)	6	_____	.00
7	Virginia taxable income (subtract Line 6 from Line 5)	7	_____	.00

TAX COMPUTATION

8	Multistate Corporation - If business conducted within and without Virginia (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in Virginia, skip to Line 9.			
	(a) Income subject to Virginia tax from Schedule 500A, Section B, Line 3(j)	8(a)	_____	.00
	(b) Apportionment factor percentage from Schedule 500A, Section B, Line 1 or Line 2(g)..	8(b)	_____	%
	(c) Nonapportionable investment function income from Schedule 500A, Section B, Line 3(c)	8(c)	_____	.00
	(d) Nonapportionable investment function loss from Schedule 500A, Section B, Line 3(e).	8(d)	_____	.00
9	Income tax [6% of Line 7 or 6% of Line 8(a)]	9	_____	.00

PAYMENTS AND CREDITS

10	Nonrefundable tax credits: Enter the amount from Schedule 500CR, Section 2, Part 1, Line 1B.	10	_____	.00
11	Adjusted corporate tax (subtract Line 10 from Line 9).	11	_____	.00
12	2016 estimated Virginia income tax payments including overpayment credit from 2015	12	_____	.00
13	Extension payment	13	_____	.00
14	Refundable tax credits from Schedule 500CR, Section 4, Part 1, Line 1A.	14	_____	.00
15	Pass-Through Entity total withholding from Schedule 500ADJ, Section D.	15	_____	.00
16	Total payments and credits (add Lines 12 through 15)	16	_____	.00

REFUND OR TAX DUE

17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17	_____	.00
18	Penalty (see Instructions)	18	_____	.00
19	Interest (see Instructions)	19	_____	.00
20	Additional charge from Form 500C, Line 17 (attach Form 500C)	20	_____	.00
21	Total due (add Lines 17 through 20).	21	_____	.00
22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22	_____	.00
23	Amount to be credited to 2017 estimated tax	23	_____	.00
24	Amount to be refunded (subtract Line 23 from Line 22).	24	_____	.00

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act on behalf of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the income tax laws of the Commonwealth of Virginia. If prepared by a person other than the taxpayer, this declaration is based on all information of which he or she has any knowledge.

Date	Signature of Officer	Title
Printed Name of Officer		Phone Number
Print Preparer's Name and Firm Name		Phone Number
Date	Individual or Firm, Signature of Preparer	Address of Preparer
Preparer's FEIN, PTIN, or SSN		Approved Vendor Code

IMPORTANT: INCLUDE A COPY OF YOUR FEDERAL RETURN WITH THIS RETURN.