Attention: The payment for the total due on Form 500 must be made through the e-File system (when filing the return), through the eForms system, 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) 367-8037 to obtain a waiver request form.

FORM 500V (DOC ID 500)

Virginia Corporation Income Tax Payment Voucher Virginia Department of Taxation P.O. Box 1500, Richmond, VA 23218-1500 (804) 367-8037

000000000000000 5050000 000000

FEIN

Name of Corporation

First 4 letters of Corp. name

Address (Number and Street)

Address (continued)

City, State, and ZIP Code

Phone Number

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.

			1
nter the ending month (numerical) and year.	Month Ending	Year Ending	
Calendar year:	12		OR
Fiscal year:			OR
Short taxable year:			

Amount of this payment

\$.00

Date