

Virginia Department of Taxation

Substitute Forms Specifications

Form 800ES – Estimated Tax Payment Voucher – Insurance Premiums

Special Notes

- Document ID – 800
- Barcode – N/A
- Rounding – Yes; the length of 15 for numeric fields includes the 2 places for the “.00” rounded cents.
- Due Dates – 04/15, 06/15, 9/15 and 12/15
- 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 – 39XXXXXXXXX1001D 800VVVV 1YYMMD NN

Section	Length	Position	Format / Data	Description / Details
Tax Code	2	Col. 6, Row 52	Numeric	39 = Insurance Premiums License Tax
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	001
Check Digit (for Account Number)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Doc ID	3		Numeric	800
Vendor ID	4		Numeric	VVVV = 4 digits of the NACTP Vendor ID code
Blank Space	1		N/A	
Filing Period	5		Date (1YYMM)	1 = Century, YY = Tax Year, MM = Month 04/15/17 = 11704 06/15/17 = 11706 09/15/17 = 11709 12/15/17 = 11712
Check Digit (for Filing Period)	1		Numeric	D = Check Digit Calculator result
Blank Space	1		N/A	
Voucher Number	2		Numeric	NN = 01, 02, 03 or 04

Form Table

Field	Length	Justified / Position	Format	Negative Allowed?	Description / Details
Voucher Number	1	Right	Numeric	N/A	1, 2, 3 or 4
OCR Line	34	Col. 6, Row 52	Numeric	N/A	See OCR Table for details
VA Account Number	15	Left	Alphanumeric	N/A	39XXXXXXXXXF001 39 = Tax Code, XXXXXXXXX = FEIN, F001 = ID Type & Account Suffix
Federal Employer's ID Number	9	Left	Alphanumeric	N/A	9 digits or V with 8 digits
NAIC/License #	6	Left	Numeric	N/A	6 digits
Company 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
Line 1	4	Right	Date	N/A	2017
Line 2	15	Right	Numeric	No	Amount
Line 3	15	Right Col. 60, Row 60	Numeric	Yes	Amount

5 1 5 2 5 3 5 4 5 5 6 5 7 5 8
 0 0 0 0 0 0 0 0 0 0 0 0 0 0
 5 5 5 5 5 5 5 5 5 5 5 5 5 5

2017 Form 800ES
 (DOC ID 800)

**Virginia Insurance Premiums License Tax
 Estimated Payment Voucher**
 Virginia Department of Taxation
 PO Box 26179, Richmond, VA 23260-6179
 (804) 404-4163

VOUCHER 2
 Due 6/15/2017

If you file electronically, do not file this voucher.

Office Use	/	/
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30 00000000000000000000 8008888 000000 02

VA Account Number **39-**

Federal Employer's ID Number	NAIC/License #
Company Name	
Address (Number and Street)	
City, State and ZIP Code	

- 1. Taxable Year
- 2. Estimated tax for the year \$
- 3. Amount of this payment..... \$

2017
. 00
. 00

— Do not write below this line. —

I declare that this declaration has been examined by me and to the best of my knowledge and belief, is true, correct and complete.

Signature _____ Date _____ Phone _____

2017 Form 800ES
 (DOC ID 800)

**Virginia Insurance Premiums License Tax
 Estimated Payment Voucher**
 Virginia Department of Taxation
 PO Box 26179, Richmond, VA 23260-6179
 (804) 404-4163

VOUCHER 1
 Due 4/15/2017

If you file electronically, do not file this voucher.

Office Use	/	/
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50 00000000000000000000 8008888 000000 01

VA Account Number **39-**

Federal Employer's ID Number	NAIC/License #
Company Name	
Address (Number and Street)	
City, State and ZIP Code	

- 1. Taxable Year
- 2. Estimated tax for the year \$
- 3. Amount of this payment..... \$

2017
. 00
. 00

— Do not write below this line. —

I declare that this declaration has been examined by me and to the best of my knowledge and belief, is true, correct and complete.

Signature _____ Date _____ Phone _____

5 1 5 2 5 3 5 4 5 5 6 5 7 5 8
0 0 0 0 0 0 0 0 0 0 0 0 0 0
5 10 5 20

5 **2017 Form 800ES**
(DOC ID 800)

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**Virginia Insurance Premiums License Tax
Estimated Payment Voucher**
Virginia Department of Taxation
PO Box 26179, Richmond, VA 23260-6179
(804) 404-4163

VOUCHER 4
Due 12/15/2017

30 0000000000000000 8008888 000000 04

Office Use
/ /

VA Account Number **39-**

Federal Employer's ID Number	NAIC/License #
Company Name	
Address (Number and Street)	
City, State and ZIP Code	

- 1. Taxable Year
- 2. Estimated tax for the year \$
- 3. Amount of this payment..... \$

2017

. 00

. 00

— Do not write below this line. —

I declare that this declaration has been examined by me and to the best of my knowledge and belief, is true, correct and complete.

Signature _____ Date _____ Phone _____

5 **2017 Form 800ES**
(DOC ID 800)

If you file electronically, do not file this voucher.

**Virginia Insurance Premiums License Tax
Estimated Payment Voucher**
Virginia Department of Taxation
PO Box 26179, Richmond, VA 23260-6179
(804) 404-4163

VOUCHER 3
Due 9/15/2017

50 0000000000000000 8008888 000000 03

Office Use
/ /

VA Account Number **39-**

Federal Employer's ID Number	NAIC/License #
Company Name	
Address (Number and Street)	
City, State and ZIP Code	

- 1. Taxable Year
- 2. Estimated tax for the year \$
- 3. Amount of this payment..... \$

2017

. 00

. 00

— Do not write below this line. —

I declare that this declaration has been examined by me and to the best of my knowledge and belief, is true, correct and complete.

5 0 5 0 5 0 5 0 5 0 5 0 5 0 5 0
Signature _____ Date _____ Phone _____