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 IE	0 500)

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

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.

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FEIN		Enter the end	ing month (numerical) and year.	Month Ending	Year Ending	1	
			Calendar year:	12		OR;	
Name of Corporation		First 4 letters of Corp. name	-	Fiscal year:			OR;
				Short taxable year:			
Address (Number and Street)							-
			_				
Address (continued)							
			Amount of this payment				
City, State, and ZIP Code							
			_ ~			.00	
Date	Phone Number		\$.00	

Va. Dept. of Taxation 2601205 Rev. 07/18