Attention: Return Payment must be made through the e-File system when filing the return 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 this web address: 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 P.O. BOX 1500, RICHMOND, VA 23218-1500 FOR INFORMATION CALL (804) 367-8037.

Check type of return						
☐ original						
Check type of return ☐ original ☐ amended						

000000000000000 5050000 000000

To receive credit for your payment in the correct tax year, please enter the ending month (numerical) and year.				Month Ending	Year Ending	
Federal Employer ID Number	eral Employer ID Number Entity Type		Calendar year:	12		OR;
			Fiscal year:			OR;
Name of corporation		First 4 letters of corp. name	Short taxable year:			
			_			
Address (Number and Street)						
			_			
Address continued						
			-		Amount o	of this payment
City, State and ZIP Code						
2	1		_ \$.00
Date	Telephone Number					