Form 500

Virginia Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

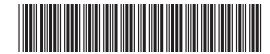
2023 Virginia Corporation Income Tax Return



Attention: Return must be filed electronically. Use this form only if you have an approved waiver. Do not file this form to carry back a net operating loss. Use Form 500NOLD. Official Use Only FISCAL or SHORT Year Filer: Beginning Date ___ _____, 2023; Ending Date ___ ☐ Short Year Return ☐ Change in Accounting Period FEIN Check all that apply: Initial Filer Mailing Address Name Change **Mailing Address Change** State ZIP Code City or Town Physical Address Change Physical Address (if different from Mailing Address) Entity Type Code Physical City or Town State ZIP Code NAICS Code State or Country of Incorporation Description of Business Activity Date Incorporated **Check Applicable Boxes Final Return Corporate Telecommunications Company** Enter amount from Form 500T, Line 7: Consolidated - Sch. 500AC Enclosed Final Return / Close Account – Check here and applicable boxes below. Combined - Sch. 500AC Enclosed .00 Combined / Consolidated Filers -Withdrawn **Noncorporate Telecommunications Company** Enter number of affiliates: __ Check box and enter amount from Form 500T, Line 10: ☐ Dissolved – No longer liable for tax. □ Change in Filing Status Dissolved Date: _____ Sch. 500A Enclosed **Electric Supplier Company** Sch. 500AB Enclosed ■ Merged Enter amount from Sch. 500EL, Line 7 or 14: ■ Nonprofit Corporation Merger Date: __ .00 Certified Company Apportionment -**Home Service Contract Provider** Sch. 500AP Enclosed Merged FEIN: Enter amount from Form 500HS, Line 10: ☐ Amended Return (See instructions) Check box if a noncorporate HSCP. S Corp Effective: Enter reason code: 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 enclose Schedule 500AB. Enter exception amount from Schedule 500AB, Line 8. **B. RESERVED FOR FUTURE USE** C. If a net operating loss deduction was claimed in computing federal (1) Year of Loss taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If a NOL resulted from a merger, enter the (2) Federal NOL FEIN of the company generating the NOL prior to the merger date. (3) Percent of federal NOL used this year % (If there are NOLs for more than one year, enclose a schedule for each year with the information requested in Section C.) D. If pass-through entity withholding is claimed, enter the number of Schedules VK-1 and complete and enclose Schedule 500ADJ, Page 2. E. Has your federal income tax liability been redetermined with the IRS and finalized Year E. _____ for any prior year(s) that has not previously been reported to the Department? If Year yes, provide the year(s). Year **F.** Location of corporation's books Contact for corporation's books _____ Contact Phone Number _____

2023 Virginia Form 500

FEIN



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INCOME					
1.	Federal taxable incor	me (from enclosed federal return)		1.	.00
2.		Schedule 500ADJ, Section A, Line 7			.00
3.		nd 2)		F	.00
4.	Total subtractions fro	m Schedule 500ADJ, Section B, Line 10		. 4.	.00
5.	Balance (subtract Lin	ne 4 from Line 3)		. 5.	.00
6.	Savings and Loan As	ssociation's Bad Debt Deduction (see instructions)		. 6.	.00
7.	Virginia taxable ince	ome (subtract Line 6 from Line 5)		7.	.00
TAX	COMPUTATION				
8.	Apportionable Inco	me (Schedule 500A Filers) – Complete Lines 8(a) through 8(d	l). See instructions.		
	(a) Income subject	to Virginia tax from Schedule 500A, Section B, Line 3(j)		8(a).	.00
	(b) Apportionment f	factor percentage from Schedule 500A, Section B, Line 1 or Lin	ie 2(f)	8(b).	%
	(c) Nonapportionab	ole investment function income from Schedule 500A, Section B,	Line 3(c)	8(c).	.00
	(d) Nonapportionab	ole investment function loss from Schedule 500A, Section B, Lin	ne 3(e)	8(d).	.00
9.	Income tax [6% of L	ine 7 or 6% of Line 8(a)]		9.	.00
PAY	MENTS AND CRE	DITS			
10.	Nonrefundable tax cr	redits: Enter the amount from Schedule 500CR, Section 2, Part	1. Line 1B	10.	.00
11.		ax (subtract Line 10 from Line 9)			.00
12.		inia income tax payments including overpayment credit from 20		T I	.00
	•				.00
14.		ts from Schedule 500CR, Section 4, Part 1, Line 1A			.00
15.	Pass-through entity to	otal withholding from Schedule 500ADJ, Section D		. 15.	.00
16.	Total payments and	I credits (add Lines 12 through 15)		. 16.	.00
REFUND OR TAX DUE					
17.	Tax owed (if Line 11 i	is greater than Line 16, subtract Line 16 from Line 11)		17.	.00
		ions)		- h	.00
19.		ions)		T I	.00
20.	`	m Form 500C, Line 17 (enclose Form 500C)			.00
	_	s 17 through 20)			.00
22.	Overpayment (if Line	e 16 is greater than Line 11, subtract Line 11 from Line 16)		. 22.	.00
23.	Amount to be credite	ed to 2024 estimated tax		. 23.	.00
24.	Amount to be refun	ded (subtract Line 23 from Line 22)		. 24.	.00
nis retu ne bes f Virgir	urn is made, declare under t of my knowledge and be nia. If prepared by a perso	re-president, treasurer, assistant treasurer, chief accounting officer, or other the penalties provided by law that this return (including any accompanelief, a true, correct, and complete return, made in good faith, for the taxa on other than the taxpayer, this declaration is based on all information of the right, I (we) authorize the Department to discuss this return	nying schedules and sable year stated, pursure f which he or she has	statement uant to the any know	ts) has been examined by me and is, to e income tax laws of the Commonwealth vledge.
Date	3CKING the box to the	Signature of Officer	Title	ilgiieu _F	oreparei. —
Date		Signature of Officer	THE		
Printed	Name of Officer		Ph	one Numbe	er
Print Pr	reparer's Name and Firm Nan	ne	Pre		ne Number
Date		Address of Preparer			
Prepar-	arer's FEIN, PTIN, or SSN		Approved Vendor Code		