Attention: The payment for the total due on Form 500 must be made through the e-File system, when filing the return, using eForms, 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) 440-2541 to obtain a waiver request form.

FORM 500V (DOC ID 500)

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

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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.

To receive credit for your payment in the	e correct tax year, ple	ase enter the ending month (nun	nerical) and ye
FEIN			Calendar
			Fiscal y
Name of Corporation		First 4 letters of Corp. name	Short taxable
			_
Address (Number and Street)			
			_
Address (continued)			
			_
City, State, and ZIP Code			
			_
Date	Phone Number		

ical) and year.	Month Ending	Year Ending	
Calendar year:	12		OR;
Fiscal year:			OR;
Short taxable year:			

Amount of this payment

5			. 0 0