FORM 500EC

Department of Taxation PO Box 1500 Richmond, VA 23218-1500

2015 Virginia Electric Cooperative Modified Net Income Tax Return



| FISC | AL year filer or SHORT year filer: ENTER beginning date | , <u>2015</u> a | nd ending date _ | | , | , and CHECK HERE [|
|-------------------------------------|--|--|--|--|---|---|
| FEIN | 1 | 0 | | heck if: | | |
| | | | | | ☐ Mailing | Address Change |
| Nam | e | | | | ☐ Amend | ed Return |
| Maili | ing Address | | | | | eturn (No longer liable |
| City | or Town | | 1 | State | for tax) | ZIP Code |
| Oity | or rown | | | otato | | Zii Oode |
| Date | Incorporated State or Country of Incorporation Description of B | usiness Activity | | | | NAICS |
| 1. | Total Revenue from Electricity Sales in Virginia | | | | 1. | .00 |
| 2. | Total Revenue from Electricity Sales to Members in Virginia | | | | 2. | .00 |
| 3. | Revenue from Electricity Sales to Nonmembers in Virginia (Subtr | act Line 2 fror | n Line 1) | | 3. | .00 |
| 4. | Nonmember Share of Ordinary and Necessary Expenses (From Line 22 or Line 25) | | | | | |
| 5. | Modified Net Income (Subtract Line 4 from Line 3) | | | | | |
| 6. | Tax (6% of Line 5) | | | | | |
| 7. | Tax Credits (Enter the sum of Lines 139 and 147 from Schedule 500CR - see instructions) | | | | | |
| 8. | Modified Net Income Tax (Subtract Line 7 from Line 6). Also, enter on Line 5 of Schedule 500MT | | | | | |
| 8a. | Tax Amount (Enter the amount from Line 12, Schedule 500MT) | | | | | |
| 9. | Payments: (a) 2015 estimated Virginia tax payments | | | | | |
| | (b) Extension payment and other payments | | | | | |
| | Total payments and credits [Add Lines 9a and 9b] | | | | | |
| 10. | Tax Due (Subtract Line 9 from Line 8a) | | | | | |
| 11. | Penalty (see instructions) | | | | | |
| 12. | Interest (see instructions) | | | | | |
| 13. | Additional Charge (Attach Form 500C) | | | | | |
| 14. | Total Due (Add Lines 10 through 13). Attach Form 500V with payment or, if paid by EFT, check this box \Box | | | | | |
| 15. | Overpayment (If Line 9 is larger than Line 8a, subtract Line 8a fro | | | | | |
| 16. | Amount of the Overpayment on Line 15 To Be Credited to 2016 E | Estimated Tax | | | 16. | .00 |
| 17. | Amount to Be Refunded (Subtract Line 16 from Line 15) | | | | 17. | .00. |
| | Nonmember Ordinary and Necess | ary Expens | es - Use Eith | er Method ' | 1 or Metho | od 2. |
| | hod 1 | o in Mirainia (/ | ttach Cabadula | ~) | 40 | 00 |
| 18. | Expenses Entirely Attributable to Electricity Sales to Nonmember | | | | | |
| 19. 20. | Other Expenses <u>Not</u> Entirely Attributable to Electricity Sales to Either Members or Nonmembers in Virgini Nonmember Ratio of Electric Sales: Nonmember Sales Total Sales | | | | | |
| 20. 21. | | | | | | |
| 22. | Amount of Other Expenses Allocated to Electricity Sales to Nonmembers in Virginia. (Line 19 times Line 2 Nonmember Share of Expenses: (Line 18 plus Line 21). Enter here and on Line 4 | | | | | |
| | hod 2 | ire and on Em | 7 | | | .00 |
| 23. | Nannambar Calaa | | | | 23. | .00 |
| 24. | Total Expenses Attributed to All Electricity Sales in Virginia | | | | | |
| 25. | Nonmember Share of Expenses: (Multiply Line 23 by Line 24). Enter here and on Line 4 | | | | 25. | .00 |
| I, the this r | this return to the Virginia Department of Taxation, PO Box 1500, Richmore of the taxable year. Make checks payable to the Virginia Department of a undersigned president, vice-president, treasurer, assistant treasurer, chief a return is made, declare under the penalties provided by law that this return (it est of my knowledge and belief, a true, correct, and complete return, made in riginia. If this return was prepared by a person other than the taxpayer, this de | of Taxation. accounting office including any act agood faith, for the second s | er, or other officer companying sche he taxable year s | duly authorized edules and state tated, pursuant | d to act on beh ements) has b to the income | nalf of the cooperative for which been examined by me and is, to tax laws of the Commonwealth |
| Date Signature of Officer | | Title | | | <u> </u> | |
| Print | ed Name of Officer | Phone N | | | per | |
| Print Preparer's Name and Firm Name | | | Phone Number | | per | |
| Date | Individual of Firm, Signature of Preparer | | Address of Prepare | er | | |
| Preparer's FEIN, PTIN or SSN | | | Approved Vendor (| ed Vendor Code | | |
| 1 | | | Approved vehicle code | | | |