

Virginia Department of Taxation

Substitute Forms Specifications

VA15 – Semi-Weekly Withholding Tax Payment

*Attention: All VA15 payments and vouchers / returns must be made electronically.
Paper vouchers are only allowed for customers with an approved waiver.*

Special Notes

- Document ID – 315
- Barcode – No
- Rounding – No; the length of 15 for numeric fields includes the 2 places for the cents.
- Due Date – Within 3 banking days of the close of any federal period.
- Neither the OCR Line nor the Account Number field may contain dashes or hyphens (-).
- Review the instructions provided via the [main Forms page](#) when computations are required and/or when amount/numbers must be transferred to/from another form.

Use the [Check Digit Calculator](#) to determine the correct digit used in the applicable section of the OCR Line.

OCR Table

Example – 30XXXXXXXXX1###D 315VVVV 1YYMMD

| Section | Length | Position | Format / Data | Description / Details |
|----------------------------------|--------|----------------|----------------------------|--|
| Tax Code | 2 | Col. 6, Row 52 | Numeric | 30 |
| FEIN | 9 | | Numeric | XXXXXXXXX = 9 digits or V with 8 digits |
| External ID Type | 1 | | Numeric | 1 = indicates the 9 digits before it as the FEIN |
| Account Suffix | 3 | | Numeric | ### = 3-digit Account Suffix, Ex. 001, 002, 003 |
| Check Digit (for Account Number) | 1 | | Numeric | D = Check Digit Calculator result |
| Blank Space | 1 | | N/A | |
| Doc ID | 3 | | Numeric | 315 |
| Vendor ID | 4 | | Numeric | VVVV = 4 digits of the NACTP Vendor ID code |
| Blank Space | 1 | | N/A | |
| Filing Period | 5 | | Date (1YYMM) | Ending date of the Filing Period 1 = Century, YY = Tax Year, MM = Month 03/31/17 = 11703 06/30/17 = 11706 09/30/17 = 11709 12/31/17 = 11712 |
| Check Digit (for Filing Period) | 1 | Numeric | D = Check Digit Calculator | |

Form Table

| Field | Length | Justified / Position | Format | Negative Allowed? | Description / Details |
|-----------------------------|--------|--------------------------|--------------|-------------------|---|
| For Quarterly Period Ending | 10 | Left | Date | N/A | MM/DD/YYYY |
| OCR Line | 31 | Col. 6, Row 52 | Numeric | N/A | See OCR Table for details |
| Account Number | 15 | Left | Alphanumeric | N/A | 30XXXXXXXXXF### 30 = Tax Code, XXXXXXXX = FEIN, F### = ID Type & Account Suffix |
| Name | 40 | Left | Alphanumeric | N/A | Name of customer |
| Address (Number & Street) | 40 | Left | Alphanumeric | N/A | Street address of customer |
| City, State & ZIP Code | 52 | Left | Alphanumeric | N/A | City, State Abbreviation & ZIP Code of customer |
| Total Amount Due | 15 | Right Col. 60, Row 60 | Numeric | No | Amount |

5 1 5 2 3 4 5 6 7 8
 0 0 0 0 0 0 0 0 0 0
 5 5 5 5 5 5 5 5 5 5
 5 10 5 20 5 30 5 40 5

Form VA-15 Employer's Voucher For Payment of Virginia Income Tax Withheld (Semi-Weekly)
 (DOC ID 315) Use this form only if granted a waiver from the electronic filing mandate

For assistance, call (804) 367-8037.

FOR QUARTERLY PERIOD ENDING*

Declaration and Signature

I declare that this voucher has been examined by me and to the best of my knowledge and belief is true, correct and complete.

00000000000000000000 3158888 000000

| | | |
|----------|-------|-----|
| ACCT NO. | | |
| NAME | | |
| ADDRESS | | |
| CITY | STATE | ZIP |

Signature _____

Date _____ Phone Number _____

Do not submit Form VA-15 if no payment is due.

Total Amount Due

* Please note that this Form VA-15 reflects the ending month of the quarterly period in which it is due.

Va. Dept. of Taxation VA-15 AR W 2630102 REV 02/15 5 1 5 2 3 4 5 5 6 7 8
 0 0 0 0 0 0 0 0 0 0