

Virginia Department of Taxation



760CG Substitute Forms – Vendor Test Scripts

(Tax Year 2014)

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Overview

The Virginia Department of Taxation (the Department) designed this document for the 760CG Substitute Vendor Forms Test Scripts.

This document provides the required test criteria for the Software Vendors to ensure that the following conditions are met for proper processing of customer information via the Tax Department's paper processing systems.

- software is correctly formatted
- edits agree with Virginia specifications
- returns will have no math errors
- required fields are present
- required fields will post to the Department's databases

The 760CG submissions should consist of 5 total return packages.

5 sets of Form 760CG and all associated schedules

- Set 1 – full filled / full field
- Sets 2, 3 & 4 – data incorporated from test samples per the 760CG Substitute Forms - Test Scripts
- Set 5 – blank set of returns and schedules

Exact positioning of all field elements includes anchors, 1D barcodes and 2D barcodes; these specifications are detailed in the 760CG Exact Positioning Specifications – Tax Year 2014 document on the [Substitute Forms](#) page.

- [Spreadsheet](#)
- [PDF](#)

Detailed information regarding the Substitute Form process is located on the Substitute Forms page in the [Guidelines and Standards for Formatting, Content and Approval](#).

760CG Test Scenarios

- [Test Scenario # 1 – Single Parent](#)
- [Test Scenario # 2 – Married, Filing Separate](#)
- [Test Scenario # 3 – Married, Filing Joint](#)
- [Test Scenario # 4 – Max Full-Filled](#)

Test Scenario # 1 – Single Parent

Objective – File an **Amended** 2014 760CG Tax Return complete with related schedules using the test values provided.

Demographics		
Taxpayer AAAA	SSN: 400-00-7002	DOB: 04/15/1971
Dependent BBBB	SSN: 400-00-7004	DOB: 02/01/1999
Filing Status	Status 1 – Federal Head of Household	
Address	123 Main Street Suffolk, VA 23432	
Locality	800	
Driver's License Information	T67364512	
Phone Number	(804) 123-4567	
Withholding Information		
Type (Schedule INC/CG)	W	
Amount	\$523	
Employer FEIN	223344567	
Employer VA Account Number	30223344567F001	
Virginia Wages, Tips & Other Compensation	\$15175	
Income		
FAGI	\$15175	
Wages	\$15175	
Total VAGI	\$15175	
Standard Deduction Claimed	Yes	
Amount of Tax from Tax Table/Rate Schedule	\$385	
Net Amount of Tax	\$385	
Credits		
Federal Earned Income Credit	\$3305	
Virginia Low Income Credit	\$385	
Tax Overpayment	\$523	
Contributions – Virginia College Savings Plan		
Type	1	
Beneficiary's Last Name	BBBB	
Account Number	12345678987654321	
Amount	\$25	
Type	2	
Beneficiary's Last Name	BBBB	
Account Number	22446688002244668	
Amount	\$25	
Type	3	
Beneficiary's Last Name	BBBB	
Account Number	13579135791357913	
Amount	\$75	
Type	4	
Beneficiary's Last Name	BBBB	
Account Number	98765432123456789	
Routing Number	999888777	
Amount	\$118	
Type	1	
Beneficiary's Last Name	QQQQ	
Account Number	10203040506070809	
Amount	\$25	
Type	2	
Beneficiary's Last Name	QQQQ	
Account Number	12312312312312312	
Amount	\$45	

Test Scenario # 1 – Single Parent

Test Scenario Values (con't)

Contributions – Virginia College Savings Plan (con't)	
Type	3
Beneficiary's Last Name	QQQQ
Account Number	45645645645645645
Amount	\$50
Type	4
Beneficiary's Last Name	QQQQ
Account Number	90807060504030201
Routing Number	666555444
Amount	\$60
Refund Information	
Option	Debit Card
Amount	\$100
Preparer Information	
Vendor ID	9753
Date of Return	April 9, 2015
Authorization to Discuss with Preparer	Yes
Filing Election	2
ID Number	123456789
Name/Company Name	Tax Preparer GGG-HHH GGG-HHH Tax Services
Address	789 Main Street, Suite 123 Richmond, VA 23230
Phone Number	(804) 987-6543

Test Scenario # 2 – Married, Filing Separate

Objective – File an original 2014 760CG Tax Return complete with related schedules using the test values provided.

Test Scenario Values

Demographics		
Taxpayer CCCC	SSN: 400-00-7005	DOB: 09/15/1947
Taxpayer DDDD	SSN: 400-00-7015	DOB: 06/12/1950
Filing Status	Status 3 – Married, Filing Separate	
Address	230 Country Road Yorktown, VA 23692	
Locality	199	
Phone Number – Taxpayer CCCC	(804) 123-4567	
Phone Number – Taxpayer DDDD	(804) 123-4567	
Withholding Information – Taxpayer CCCC		
Type (Schedule INC/CG)	W	
Amount	\$5	
Employer FEIN	440440440	
Employer VA Account Number	30440440440F001	
Virginia Wages, Tips & Other Compensation	\$11000	
Type (Schedule INC/CG)	R	
Amount	\$5	
Employer FEIN	220220220	
Employer VA Account Number	30220220220F001	
Virginia Wages, Tips & Other Compensation	\$5000	
Income – Taxpayer CCCC		
FAGI	\$24362	
Wages	\$11000	
Pension	\$3965	
Business Gross	\$13043	
Business Loss	<\$4063>	
Total VAGI	\$23445	
Income – Taxpayer DDDD		
FAGI	\$0	
Farm Gross Sales	\$25000	
Farm Profit	\$13500	
Additions		
Code & Name	14 – Income from Dealer Disposition of Property	
Amount	\$12000	
Subtractions		
Age Deduction Claimed	Yes – CCCC	
State Income Tax Overpayment	\$92	
Code & Name	20 – Income from Virginia Obligations	
Amount	\$325	
Code & Name	22 – Tier 2 & Other Railroad Retirement & Railroad Unemployment Benefits	
Amount	\$500	
Deductions		
Itemized Deductions	\$10208	
State/Local Income Tax (federal Schedule A)	\$1057	
Code & Name	106 – Long-Term Health Care Premiums	
Amount	\$737	
Code & Name	114 – Prepaid Funeral, Medical & Dental Insurance Premiums	
Amount	\$2212	
Amount of Tax from Tax Table/Rate Schedule	\$351	
Net Amount of Tax	\$351	

Test Scenario # 2 – Married, Filing Separate (con't)

Test Scenario Values (con't)

Credits	
Political Contribution	\$25
Part & Name	Part 18 – Long-Term Care Insurance Credit
Amount	Issued Date – January 15, 2013 Premium Paid – \$738 Prior Year Claim – \$0 Credit – \$111
Part & Name	Part 32 – Educational Improvement Scholarships Tax Credit
Amount	Authorized – \$125 Prior Year Carryover – \$0 Credit – \$125
Part & Name	Section 3, Part 2 – Agricultural Best Management Practices Tax Credit
Amount	\$25
Tax You Owe	\$55
Contributions – Other Voluntary	
Code & Name	71 – Chesapeake Bay Restoration Fund
Contribution Amount	\$5
Code & Name	74 – Virginia Uninsured Medical Catastrophe Fund
Contribution Amount	\$5
Code & Name	81 – Home Energy Assistance
Contribution Amount	\$5
Code & Name	167001 – Russell County Foundation for Scholarships
Contribution Amount	\$10
Code & Name	520001 – Bristol Virginia Public Schools Education Foundation
Contribution Amount	\$10
Code & Name	550002 – Chesapeake Public Schools Educational Foundation
Contribution Amount	\$10
Adjustments to Amount of Tax	
Addition to Tax – 760C	\$3
Consumer's Use Tax	\$54
Tax Due Information	
Option	Pay by Credit Card
Amount	\$157
Other Filing Information	
Obtain Electronic 1099G	Yes
Office Use Only Details	ABC1234
Schedule FED/CG Information	
Schedule Information Type	C
Gross Receipt/Sales	\$13043
Business Activity Code	444130
Business Locality Code	199
Car & Truck Expenses	\$8871
Miles for Business	10000
Miles for Commuting	6222
Preparer Information	
Vendor ID	8642
Date of Return	May 1, 2015
Authorization to Discuss with Preparer	Yes
Filing Election	3
ID Number	123456789
Name/Company Name	Tax Preparer GGG-HHH GGG-HHH Tax Services
Address	789 Main Street, Suite 123 Richmond, VA 23230
Phone Number	(804) 987-6543

Test Scenario #3 – Married, Filing Joint

Objective – File an original 2014 760CG Tax Return complete with related schedules using the test values provided.

Test Scenario Values

Demographics		
Taxpayer EEEE	SSN: 400-00-7003	DOB: 05/14/1948
Taxpayer FFFF	SSN: 400-00-7013	DOB: 06/03/1948
Filing Status	Status 2 – Filing Joint	
Address Change	Yes	
Address	222 Happy Street Hampton, VA 23669	
Locality	650	
Phone Number – Taxpayer EEEE	(804) 246-1357	
Phone Number – Taxpayer FFFF	(804) 246-1357	
Withholding Information – Taxpayer EEEE		
Type (Schedule INC/CG)	I	
Amount	\$5	
Employer FEIN	-	
Employer VA Account Number	30550550550F001	
Virginia Wages, Tips & Other Compensation	\$100	
Withholding Information – Taxpayer FFFF		
Type (Schedule INC/CG)	I	
Amount	\$10	
Employer FEIN	-	
Employer VA Account Number	30660660660F001	
Virginia Wages, Tips & Other Compensation	\$400	
Income – Taxpayer EEEE		
FAGI	\$76350	
1099-INT	\$100	
Pension	\$60000	
Kentucky Wages	\$15950	
VAGI	\$75073	
Income – Taxpayer FFFF		
FAGI	\$19996	
1099-INT	\$400	
Business Gross	\$20001	
Business Loss	<\$205>	
VAGI	\$17011	
Additions		
Interest on Obligations of Other States	\$100	
Code & Name	10 – Interest on Federally Exempt U.S. Obligations	
Amount	\$600	
Code & Name	14 – Income from Dealer Disposition of Property	
Amount	\$400	
Subtractions		
Fixed Date Conformity	\$500	
Code & Name	22 – Tier 2 & Other Railroad Retirement & Railroad Unemployment Benefits	
Amount	\$500	
Code & Name	52 – Long-Term Capital Gain	
Amount	\$1208	
Total VAGI	\$92084	

Test Scenario #3 – Married, Filing Joint (con't)

Test Scenario Values (con't)

Deductions	
Itemized Deductions	\$28447
State/Local Income Tax (federal Schedule A)	\$15
Code & Name	106 – Long-Term Health Care Premiums
Amount	\$1100
Code & Name	114 – Prepaid Funeral, Medical & Dental Insurance Premiums
Amount	\$500
Amount of Tax from Tax Table/Rate Schedule	\$3111
Spouse Tax Adjustment	\$243
Net Amount of Tax	\$2868
Out-of-State Information	
State Claimed	Kentucky
Border State	Yes
Kentucky Return Filing Status	2
Person Claiming Credit	1
Kentucky Qualifying Taxable Income	\$3950
Kentucky Qualifying Tax Liability	\$79
Income Percentage	100.0%
Credit	\$79
Credits	
Part & Name	Part 15 – Qualified Equity & Subordinated Debt Investments Tax Credit
Amount	Amount Authorized FFFF – \$100 Amount Authorized EEEE – \$100 Prior Year Carryover FFFF – \$200 Prior Year Carryover EEEE – \$500 Credit FFFF – \$300 Credit EEEE – \$600
Part & Name	Part 18 – Long-Term Care Insurance Credit
Amount	Issued Date EEEE – April 15, 2012 Issued Date FFFF – April 15, 2013 Premium Paid – \$2500 Prior Year Claim – \$0 Credit – \$375
Part & Name	Part 27 – International Trade Facility Tax Credit
Amount	Amount Authorized – \$0 Prior Year Carryover – \$400 50% of Tax Per Return – \$1434 Credit – \$400
Part & Name	Section 3, Part 3 – Agricultural Best Management Practices Tax Credit
Amount	\$25
Tax You Owe	\$1074
Contributions – Other Voluntary	
Code & Name	71 – Chesapeake Bay Restoration Fund
Contribution Amount	\$10
Code & Name	92 – Virginia Military Family Relief Fund
Contribution Amount	\$10
Code & Name	550002 – Chesapeake Public Schools Educational Foundation
Contribution Amount	\$50
Addition to Tax – 760C	\$25

Test Scenario #3 – Married, Filing Joint (con't)

Test Scenario Values (con't)

Tax Due Information	
Option	Pay by Check with Form 760-PMT
Amount	\$1169
Obtain Electronic 1099G	Yes
Schedule FED/CG Information	
First Schedule Information Type	C
Gross Receipt/Sales	\$20001
Business Activity Code	115110
Business Locality Code	650
Miles for Business – Schedule 2106, Vehicle 1	2400
Miles for Commuting – Schedule 2106, Vehicle 1	3000
Miles for Other (uses) – Schedule 2106, Vehicle 1	4444
Preparer Information	
Vendor ID	1234W
Date of Return	March 3, 2015
Authorization to Discuss with Preparer	Yes
Filing Election	2
ID Number	123456789
Name/Company Name	Tax Preparer GGG-HHH GGG-HHH Tax Services
Address	789 Main Street, Suite 123 Richmond, VA 23230
Phone Number	(804) 987-6543

Test Scenario #4 – Max Filled

Objective

Objective – File an original 2014 760CG Tax Return complete with all schedules using the test values provided. Max fill all fields. Verify each field for exact position and length on the Form 760CG return series package.

Test Scenario Values

- Alpha fields – display value of 'A'
- Numeric fields & Date fields – display null value of '9'
- Alphanumeric fields – display value with 'A' and '9'
- Checkboxes – display 'X'
- Forms
 - Form 760CG
 - Schedule ADJ/CG
 - Schedule CR/CG
 - Schedule FED/CG
 - Schedule INC/CG
 - Schedule OSC/CG
 - Schedule VAC/CG
 - Schedule VACS/CG