

# FORM VA-5

**EMPLOYER'S RETURN OF VIRGINIA INCOME TAX WITHHELD**  
VIRGINIA DEPARTMENT OF TAXATION,  
P.O. BOX 27264, RICHMOND, VA 23261-7264  
FOR INFORMATION CALL: (804) 367-8037

FOR CHANGE OF ADDRESS OR OUT OF BUSINESS,  
USE FORM R-3, REGISTRATION CHANGE REQUEST FORM

THIS RETURN MUST BE FILED EVEN IF NO AMOUNT  
HAS BEEN WITHHELD DURING THE PERIOD.

| FOR PERIOD<br>ENDING | DUE DATE | ACCOUNT NUMBER | FEIN NUMBER |
|----------------------|----------|----------------|-------------|
| NAME AND ADDRESS     |          |                |             |

|   |  |  |
|---|--|--|
| 1. VA. INCOME<br>TAX WITHHELD                             |  |  |
| 2. PREVIOUS PERIOD(S)<br>ADJUSTMENT<br>(SEE INSTRUCTIONS) |  |  |
| 3. ADJUSTED<br>TOTAL                                      |  |  |
| 4. PENALTY<br>(SEE INSTRUCTIONS)                          |  |  |
| 5. INTEREST<br>(SEE INSTRUCTIONS)                         |  |  |
| 6. TOTAL AMOUNT DUE                                       |  |  |

MAKE CHECK OR MONEY ORDER PAYABLE TO:  
**VA DEPARTMENT OF TAXATION**  
*Please do not write below this line.*

2610065 (Rev. 6/97)

I declare that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

Official form is smaller than full page. Please cut to size along dark lines before filing.  
Filing a form the wrong size may result in rejection of the form.