

[illegible]

11. Estimated 2020 Virginia income tax (Enter the amount from Line 10 above) . . . . .	11	511.
12. Amount you estimate will be withheld from your wages for the year . . . . .	12	
13. Estimated income tax due (Line 11 less Line 12). . . . .	13	511.
14. Enter the number of payments required (See Section II or the Payment Schedule below) . . . . .	14	0.
15. <b>INSTALLMENT PAYMENT AMOUNT.</b> Divide the amount on Line 13 by the number of payments on Line 14. (If you had a 2019 overpayment credit, subtract the amount of the overpayment credit that you are applying to this installment.) Enter the amount here and on Form 760ES. <b>Enclose your check or money order for this amount*.</b> . . .	15	128.

<p>The estimated income tax return and payment of an individual, other than a self-employed farmer, fisherman, or merchant seaman is to be filed on or before May 1 of the taxable year, unless the requirements to file are not met until <b>after</b> April 15. Use the table below to determine the number and amount of each installment payment. (Fiscal year filers substitute the corresponding fiscal year months for the months specified in this table.)</p>							
IF THE REQUIREMENTS ARE FIRST MET IN THE TAXABLE YEAR -	NUMBER OF PAYMENTS REQUIRED	FILE FORM 760ES ON OR BEFORE	USE VOUCHER NUMBER	THE FOLLOWING PERCENTAGES OF THE ESTIMATED TAX ARE TO BE PAID ON OR BEFORE -			
				May 1	June 15	September 15	January 15
on or before April 15th	4	May 1, 2020	1	25%	25%	25%	25%
after April 15th and before June 2nd	3	June 15, 2020	2	. . . . .	33 $\frac{1}{3}$ %	33 $\frac{1}{3}$ %	33 $\frac{1}{3}$ %
after June 1st and before Sept. 2nd	2	Sept. 15, 2020	3	. . . . .	. . . . .	50%	50%
after Sept. 1st and before Dec. 31st	1	Jan. 15, 2020	4	. . . . .	. . . . .	. . . . .	100%

**2020 ESTIMATED TAX PAYMENT RECORD**

Payment Made With:	Date	Check or Money Order Number	Check or Money Order Payment Amount	Overpayment Credit Applied	Total Amount Paid
Voucher 1	06/01/2020		128.	16.	112.
Voucher 2	06/15/2020		128.		128.
Voucher 3	09/15/2020		128.		128.
Voucher 4	01/15/2021		127.		127.
Total			511.	16.	495.

MAILING ADDRESS FOR VOUCHER 1 DUE: 06/01/2020

VIRGINIA DEPARTMENT OF TAXATION, P.O. BOX 1478, RICHMOND, VA 23218-1478

**2020 FORM 760ES - Voucher 1**  
**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

CALENDAR YEAR FILERS: DUE MAY 1, 2020 OR  
FISCAL YEAR FILERS: BEGINNING MONTH: \_\_\_\_\_

2296531319 7621064 120057 810

☐ Check if this is a new address.  
☒ Check here if this is your first payment for  
this taxable year.

LOCALITY NO.

810

FOR OFFICE USE

Mail your voucher and payment to the Virginia Department of  
Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see  
pages 7-8 and use the address listed for the city or county  
where you intend to file.

If you file with the Department, make your check payable to  
the Department of Taxation. If you file locally, make your check  
payable to your local Treasurer.

Your Social Security Number (SSN) <b>229653131</b>		Spouse's SSN (if filing a joint return)	
First Name <b>MARK</b>	MI	Last Name <b>S JOHNSON</b>	
Spouse's First Name (if filing a joint return)	MI	Spouse's Last Name (if filing a joint return)	
Address (Number and Street) of Taxpayer <b>1256 GERANIUM CRES</b>			
City, State and ZIP Code <b>VIRGINIA BEACH VA 23453</b>			
Daytime Phone Number <b>(757)559-5562</b>			

**Amount of payment**

**112.00**

MAILING ADDRESS FOR VOUCHER 2 DUE: 06/15/2020

VIRGINIA DEPARTMENT OF TAXATION, P.O. BOX 1478, RICHMOND, VA 23218-1478

**2020 FORM 760ES - Voucher 2**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

- ☐ Check if this is a new address.  
☐ Check here if this is your first payment for this taxable year.

LOCALITY NO.

**810**

FOR OFFICE USE

CALENDAR YEAR FILERS: DUE JUNE 15, 2020 OR  
FISCAL YEAR FILERS: BEGINNING MONTH: \_\_\_\_\_

2296531319 7621064 120065 810

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

Your Social Security Number (SSN) <b>229653131</b>		Spouse's SSN (if filing a joint return)	
First Name <b>MARK</b>	MI	Last Name <b>S JOHNSON</b>	
Spouse's First Name (if filing a joint return)	MI	Spouse's Last Name (if filing a joint return)	
Address (Number and Street) of Taxpayer <b>1256 GERANIUM CRES</b>			
City, State and ZIP Code <b>VIRGINIA BEACH VA 23453</b>			
Daytime Phone Number <b>(757)559-5562</b>			

**Amount of payment**

**128.00**

MAILING ADDRESS FOR VOUCHER 3 DUE: 09/15/2020

VIRGINIA DEPARTMENT OF TAXATION, P.O. BOX 1478, RICHMOND, VA 23218-1478

**2020 FORM 760ES - Voucher 3**

**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

- ☐ Check if this is a new address.  
☐ Check here if this is your first payment for this taxable year.

LOCALITY NO.

**810**

FOR OFFICE USE

CALENDAR YEAR FILERS: DUE **SEPTEMBER 15, 2020** OR  
FISCAL YEAR FILERS: BEGINNING MONTH: \_\_\_\_\_

2296531319 7621064 120091 810

Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

Your Social Security Number (SSN) <b>229653131</b>		Spouse's SSN (if filing a joint return)	
First Name <b>MARK</b>	MI	Last Name <b>S JOHNSON</b>	
Spouse's First Name (if filing a joint return)	MI	Spouse's Last Name (if filing a joint return)	
Address (Number and Street) of Taxpayer <b>1256 GERANIUM CRES</b>			
City, State and ZIP Code <b>VIRGINIA BEACH VA 23453</b>			
Daytime Phone Number <b>(757)559-5562</b>			

**Amount of payment**

**128.00**

MAILING ADDRESS FOR VOUCHER 4 DUE: 01/15/2021

VIRGINIA DEPARTMENT OF TAXATION, P.O. BOX 1478, RICHMOND, VA 23218-1478

**2020 FORM 760ES - Voucher 4**  
**Doc ID 762**

VIRGINIA ESTIMATED INCOME TAX  
PAYMENT VOUCHER FOR INDIVIDUALS

CALENDAR YEAR FILERS: DUE JANUARY 15, 2021 OR  
FISCAL YEAR FILERS: BEGINNING MONTH: \_\_\_\_\_

2296531319 7621064 121010 810

- ☐ Check if this is a new address.  
☐ Check here if this is your first payment for this taxable year.

LOCALITY NO.

**810**

FOR OFFICE USE

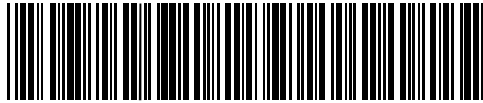
Mail your voucher and payment to the Virginia Department of Taxation, P. O. Box 1478, Richmond, VA 23218-1478, or see pages 7-8 and use the address listed for the city or county where you intend to file.

If you file with the Department, make your check payable to the Department of Taxation. If you file locally, make your check payable to your local Treasurer.

Your Social Security Number (SSN) <b>229653131</b>		Spouse's SSN (if filing a joint return)	
First Name <b>MARK</b>	MI	Last Name <b>S JOHNSON</b>	
Spouse's First Name (if filing a joint return)	MI	Spouse's Last Name (if filing a joint return)	
Address (Number and Street) of Taxpayer <b>1256 GERANIUM CRES</b>			
City, State and ZIP Code <b>VIRGINIA BEACH VA 23453</b>			
Daytime Phone Number <b>(757)559-5562</b>			

**Amount of payment**

**127.00**



MARK S JOHNSON

1256 GERANIUM CRES

VIRGINIA BEACH VA 23453

SSN - You JOHN 229653131

Vendor ID 1064

SSN - Spouse

Fed Adj Gross Income (FAGI)	1.	18247.	Withholding (VA) - You	19A.	527.
-----------------------------	----	--------	------------------------	------	------

Additions	2.		Withholding (VA) - Spouse	19B.	
-----------	----	--	---------------------------	------	--

Subtotal	3.	18247.	Estimated Payments	20.	
----------	----	--------	--------------------	-----	--

Age Deduction - You	4A.		2018 Overpayment	21.	
---------------------	-----	--	------------------	-----	--

Age Deduction - Spouse	4B.		Extension Payments	22.	
------------------------	-----	--	--------------------	-----	--

Soc Sec & Tier 1 Railroad	5.		Credit - Low-Income or EIC	23.	
---------------------------	----	--	----------------------------	-----	--

State Income Tax Overpayment	6.		Credit - Schedule OSC	24.	
------------------------------	----	--	-----------------------	-----	--

Subtractions	7.		Credits - Schedule CR	25.	
--------------	----	--	-----------------------	-----	--

Subtotal Subtractions	8.		Total Payments / Credits	26.	527.
-----------------------	----	--	--------------------------	-----	------

Total VA Adj Gross Income (VAGI)	9.	18247.	Tax You Owe	27.	
----------------------------------	----	--------	-------------	-----	--

Itemized Deductions - VA Sch A	10.		Tax Overpayment	28.	16.
--------------------------------	-----	--	-----------------	-----	-----

Standard Deduction	11.	4500.	Overpayment Credited to Next Year	29.	16.
--------------------	-----	-------	-----------------------------------	-----	-----

Exemptions	12.	930.	VAC - Virginia 529 / ABLEnow	30.	
------------	-----	------	------------------------------	-----	--

Deductions	13.		VAC - Other Contributions	31.	
------------	-----	--	---------------------------	-----	--

Subtotal (Deductions & Exemptions)	14.	5430.	Addition to Tax, Penalty & Interest	32.	
------------------------------------	-----	-------	-------------------------------------	-----	--

VA Taxable Income	15.	12817.	Sales and Use Tax	33.	0
-------------------	-----	--------	-------------------	-----	---

Amount of Tax	16.	511.	Amount You Owe		
Spouse Tax Adjustment (STA)	17.		Will Pay by Credit/Debit Card	N	
			Your Refund		

VAGI - Spouse 17A.

Net Amount of Tax	18.	511.	Bank Routing #		
			Bank Account #		

**Filing Status, Age & License Information**

Filing Status **1**

Federal Head of Household

DOB - You **09281992**

VA Driver's License ID - You **A62146787**

VA Driver's License - Iss. Date - You **02032020**

Spouse Name (Filing Status 3 Only)

DOB - Spouse

VA Driver's License ID - Spouse

VA Driver's License - Iss. Date - Spouse

**Exemptions (A)**

You **1**

Spouse

Dependents

Total (A) **1**

**Exemptions (B)**

65 & Over - You

65 & Over - Spouse

Blind - You

Blind - Spouse

Total (B)

**Additional Filing Information**

Locality **810**

Name or Filing Status Change

Address Change

VA Return Not Filed Last Year **X**

Dependent on Another's Return

Farmer / Fisherman / Merchant Seaman

Amended

NOL

Overseas on Due Date

Federal EIC & Amount

Deceased Indicator

No Sales & Use Tax Due Indicator **X**

Obtain Electronic 1099G

ID Theft PIN

**Contact Information**

I (We), the undersigned, declare under penalty of law that I (we) have examined this return & to the best of my (our) knowledge, it is a true, correct & complete return. If you are requesting direct deposit of your refund by providing bank information on your return, you are certifying that the information provided is for a domestic account within the territorial jurisdiction of the United States.

Signature - You \_\_\_\_\_ Date **041120** Phone - You **7575595562**

Signature - Spouse \_\_\_\_\_ Date \_\_\_\_\_ Phone - Spouse \_\_\_\_\_

Signature - Preparer \_\_\_\_\_ Date \_\_\_\_\_ Phone - Preparer \_\_\_\_\_

The Tax Department may discuss my/our return with my/our preparer.

Preparer Information **0**



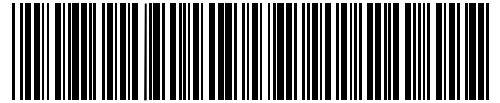
**File by May 1, 2020**  
 Include Page 1, Page 2 and all  
 supporting 760CG documents.





**2019 Schedule INC/CG****229653131**

Report all W-2s, 1099s &amp; VK-1s with VA Withholding

**MARK****S JOHNSON**

Your/ Spouse SSN	Withholding Type	VA Withholding	Employer FEIN	VA Account Number	VA Wages, tips, other comp.
229653131	W	527.	541173428	30541173428F001	18247.

Total VA Withholding	SSN	VA Withholding
You	229653131	527.
Spouse		
Total # of W-2s, 1099s & VK-1s	1	

To avoid delays - be sure to enter all information, including the Employer's FEIN.