Form 559

COMMONWEALTH OF VIRGINIA

County or City of      , Virginia Declaration Number

MEMORANDUM ASSESSMENT OF ESTIMATED STATE INCOME TAX FOR TAXABLE YEAR

|  |  |  |
| --- | --- | --- |
| FOR USE BY THE COMMISSIONER | VoucherNumber |  Amount |
|       |       |       |       |

Declaration Payment Received

(First Payment received for taxable year)

      (mm/dd/yyyy)

Form Preparation Date       (mm/dd/yyyy)

|  |  |
| --- | --- |
| FOR USE BY THE TREASURER |  Amount |
|       |       |       |
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Primary Social Security Number Secondary Social Security Number

FEIN (For Estate or Trust)

Fiscal Year: Beginning Date      Ending Date

VA Dept of Taxation 2604014 (Rev 09/06)

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|       |       |       |       |

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| --- | --- |
| FOR USE BY THE TREASURER |  Amount |
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