## **763-S** Virginia Special Nonresident Claim For Individual Income Tax Withheld **2008**



lease Print or Type		nded Claim					
First Name	MI	MI Last Name		Suffix	Your Social Security Number		
Present Home Address (Number and Street, Including Apartment Number, or Rural Route)					Spouse's Socia	pouse's Social Security Number	
City, Town or Post Office					State	ZIP Code	
	Use This Form (	only if You Qualify	for One of the 3 (	Categories in	Part I Beld	DW	
			oth Part I and Par		i i ait i beit	<b>, , , , , , , , , , , , , , , , , , , </b>	
PART I (Check (	-						
	•	ole year shown abov					
	•	egal resident of Virgi	inia at any time;				
	live in Virginia at a	•					
	•	is from my place of	•	ck One):			
	District of Columbi	,	У				
	ice of employmen	•	-: <i>(</i>				_
		sources within Virginate (district) checked		es and salarie	es which we	re subject to	0
		ole year shown abov					
	•	resident of (Check					
	Maryland ☐ P	,	West Virginia				
2. I was not	an actual resider	t of Virginia (an actu	•	who has his	or her place	of abode in	n
Virginia f	or a total of more	than 183 days of the	e taxable year); ar	ıd			
	only income from exation by ( <b>Check</b>	sources within Virgi ( <b>One</b> ):.	nia was from wage	es and salarie	es which we	re subject t	0
	Maryland 🗌 P	ennsylvania 🗆	West Virginia				
	•	ole year shown abov					
1. I was not	a domiciliary or le	egal resident of Virg	inia at any time;				
2. I was a r	esident of (state) -						
3. I did not	perform any servi	ces in Virginia; and					
4. The Virg	nia tax was erron	eously withheld from	n salary and wage	s paid me by	my employe	er.	
PART II							
		ax withheld, as evidenced to me. Refund			\$		
	File this	claim by <b>May 1, 200</b>	9, with the <b>Depart</b>	ment of Taxa	ation,		
	Box 1498, Richmo	ond, Virginia 23218	3-1498. If you hav	e questions,	call 804-30		
Yo	ou Must Attach a If You are	Complete Copy of a Resident of a S	Your State of Re tate With an Indi	sidence Inco vidual Incom	ome Tax Re e Tax	eturn	
I, the undersigne	d, do declare und	er penalties provided	d by law that this i	s a true, corre	ect and com	plete return	١.
	Signature		Date	Your Business	Phone Number	Home Phone Nu	ımber
Sign Here X				( )		( )	
	arer's Signature		Date	Preparer's Pho	one Number	,	
-	's Name (or Yours if Self-emp	oyed) and Address		Preparer's FEI	N/PTIN/SSN		Code

Coding