

STAPLE

763

2009

Virginia Nonresident Income Tax Return

Due May 3, 2010



Check Applicable Boxes:

- Amended Return - Check If Result Of NOL
Fixed Date Conformity Modifications
Overseas On Due Date
Qualifying Farmer, Fisherman Or Merchant Seaman
Name(s) And Address Different Than Shown On 2008 Virginia Return
Coalfield Employment Enhancement Tax Credit Earned in 2009
Pass-Through Withholding Included With This Return (Attach Sch. VK-1)

Attach complete copy of federal tax return and all other required Virginia attachments.

Part-Year Resident: If you or your spouse moved into or out of Virginia in 2009, you may have to use Form 760PY.

Form with fields for: Your First Name, MI, Last Name, Suffix, Your Social Security Number, Spouse's First Name (Joint Returns Only), MI, Last Name, Suffix, Spouse's Social Security Number, Present Home Address (Number and Street or Rural Route), State of Residence, City, Town or Post Office, State, ZIP Code, Important - Name of Virginia City or County in which principal place of business, employment or income source is located, Locality Code from Instructions.

Filing Status (Check Only One)

- 1 Single (Did you claim federal head of household? YES)
2 Married, Filing Joint Return (BOTH must have Virginia source income)
3 Married, Spouse Has No Income From Any Source (Enter spouse's SSN above) Spouse's full name
4 Married, Filing Separate Returns (Enter spouse's SSN above) Spouse's full name

EXEMPTIONS

Table for exemptions with columns: You, Dependents, Total Section 1, 65 or over, Blind, Total Section 2. Includes calculation boxes for \$930 and \$800.

Add the Total of Section 1 plus the Total of Section 2.

Enter the sum on Line 12

Table with 3 columns: Line number, Description, Amount. Lines 5-28 covering Adjusted Gross Income, Deductions, Taxable Income, and Tax Owed/Refunded.

Staple Forms W-2, W-2G, 1099-R and VK-1 here.

Staple check or money order here.

LTD

For Office Use

Coding



Name	SSN
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PART I - ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

29 Interest on obligations of other states, exempt from federal income tax, but not state tax	29 ●	00
30 Other additions to federal adjusted gross income as provided in instructions (Attach explanation)	30 ●	00
31 Special Fixed Date Conformity additions (See instructions)	31 ●	00
32 TOTAL ADDITIONS (Add Lines 29, 30 and 31). Enter here and on Line 7 on Page 1	32 ●	00

PART II - SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME (FAGI). Read instructions.

33 Age Deduction: Enter the Adjusted Federal Adjusted Gross Income from Age Deduction Work Sheet, Line 8, if applicable _____
 For Filing Status 4, enter spouse's birth date _____

Col. A - Spouse Month - Day - Year - -	Col. B - You Month - Day - Year - -
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(a) Enter birth date (For Filing Status 2 and 3 both birth dates are required even if only one qualifies for an age deduction.) (a)

(b) Enter Age Deduction (See instructions) (b)

00 ●	00 ●
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(c) Add amounts on line 33(b) above and enter the total on this line..... 33 ● 00

34 State income tax refund or overpayment credit reported as income on your federal return	34 ●	00
35 Income on obligations or securities of the U.S. exempt from state income taxes, but not from federal tax	35 ●	00
36 Social Security and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on your federal return	36 ●	00
37 Disability income reported as wages (or payments in lieu of wages) on account of <input type="checkbox"/> Spouse <input type="checkbox"/> You	37 ●	00

You cannot claim an Age Deduction on Line 33 and the disability subtraction. See instructions.

38 Special Fixed Date Conformity subtractions (See instructions)	38 ●	00
39 Other Subtractions - refer to the instruction book for Other Subtraction Codes		
39a Enter 2 digit code in box	→	39a ●
39b Enter 2 digit code in box	→	39b ●
39c Enter 2 digit code in box	→	39c ●

00 ●	00 ●
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40 TOTAL SUBTRACTIONS (Add Lines 33 thru 39c). Enter here and on Line 9 on Page 1..... 40 ● 00

PART III - STANDARD DEDUCTION (Must be used unless itemized deductions are being claimed on your federal return)

41 Filing Status: 1 = \$3,000; 2 = \$6,000; 3 or 4 = \$3,000; Enter here and on Line 11 on Page 1	41 ●	00
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PART IV - ITEMIZED DEDUCTIONS (If you itemized deductions on your federal return, see Page 16 of the instructions.)

42 Total federal itemized deductions	42 ●	00
43 State and local income taxes claimed on Schedule A (See instructions if your federal itemized deductions were reduced)	43 ●	00
44 TOTAL VIRGINIA ITEMIZED DEDUCTIONS (Subtract Line 43 from Line 42). Enter here and on Line 11 on Page 1	44 ●	00

PART V - NONRESIDENT ALLOCATION PERCENTAGE SCHEDULE (See instructions)

		COLUMN A All Sources	COLUMN B Virginia Sources
45 Wages, salaries, tips, etc.	45	00	00
46 Interest income	46	00	00
47 Dividends	47	00	00
48 Alimony received	48	00	00
49 Business income or loss	49	00	00
50 Capital gain or loss/capital gain distributions	50	00	00
51 Other gains or losses	51	00	00
52 Taxable pensions, annuities and IRA distributions	52	00	00
53 Rents, royalties, partnerships, estates, trusts, S corporations, etc.	53	00	00
54 Farm income or loss	54	00	00
55 Other income	55	00	00
56 Interest on obligations of other states from Line 29	56	00	00
57 Lump-sum distributions/accumulation distributions included on Line 30	57	00	00
58 TOTAL - Add Lines 45 through 57 and enter each column total here	58	00	00
59 Nonresident allocation percentage - Divide Line 58, Column B, by Line 58, Column A. (Compute percentage to one decimal place, showing no more than 100% but not less than 0%. Example: 5.4%). ENTER here and on Line 16 on Page 1	59 ●		%

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer.

I (We), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Please Sign Here	Your Signature X	Date	<input type="checkbox"/> Check if deceased	Your Business Phone Number ●	Your Home Phone Number ● ()
	Spouse's Signature (If a joint return, both must sign) X	Date	<input type="checkbox"/> Check if deceased	Spouse's Business Phone Number ●	EIC Claimed on federal return ● <input type="checkbox"/>
Preparer's Use Only	Preparer's Signature X		Date	Preparer's Phone Number	Preparer's FEIN/PTIN/SSN ●
	Firm's Name (or Yours if self-employed) and Address				Code ●