Staple Here

Virginia Nonresident Income Tax Return
Due May 2, 2011



| | | Attach a complete copy | or your redera | ıı taz | k return a | mu | all | Otti | iei ie | equire | u virgiilla | attacrimi | ents. | | | | | | | | |
|-----------------------------------|---|--|-------------------|--------------|------------|-----|------|------|--------|-----------------------------|---------------|----------------------------|---------------------------------|------------|--------------------------------|-----|----------|----------------|-----------|-----------------|----|
| F | irst N | ame | MI | Al Last Name | | | | | Suffix | Your Social Security Number | | | | | | [| Che dece | ck if eased | | | |
| 5 | Spouse | e's First Name (Filing Status 2 Only) MI Last Nam | | | | | ame | | | | | Spouse | Spouse's Social Security Number | | | er | [| Che dece | ck if | | |
| F | Presen | resent Home Address (Number and Street or Rural Route) State of Resident | | | | | | | | | | | | ence | | | | | | | |
| (| City, To | ity, Town or Post Office State ZIP Code | | | | | | | | | | | | | | | | | | | |
| - | mport | | | | | | | | | | | | | de f | e from Instructions | | | | | | |
| s | ource | ource is located | | | | | | | | | | | | | | | | | | | |
| | Your Home Phone Number Your Business | | | | | | one | Nui | mber | | Oily OK [| John OK County | | | Spouse's Business Phone Number | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| F | Preparer's FEIN/PTIN/SSN Filing Election Code I(we) authorize the Department of Taxation to discuss my (our) return with my (our) preparer. | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | verseas | on Due Dat | е | | | | | | |
| ľ | Check if Result of NOL Shown on 2009 VA Return | | | | | | | | | | | | | | | | | | | | |
| | Dependent on Another's Qualifying Farmer, Fisherman or Merchant Seaman Return | | | | | | | | | | | | EIC Claimed on federal retur | | | | | | | | |
| L | | | | | | | | | | | FYE | MPTION | IS (Er | nter | Num | her | | JW) | .0 | <u>io</u> | |
| Г | Filing Status (Check Only One) | | | | | | | epen | dents | | | Total Section 1 65 or over | | | | • | | | Т | Total Section 2 | |
| | | 1) Single - Did you claim federa | al head of househ | old? | YES 🗌 | 1 | + | | = | | X \$930 = | | | | + | | = | | X \$800 = | | |
| ere. | □ (2 | Married, Filing Joint Retu source income | ırn - BOTH mus | t hav | e Virginia | 2 | + | | = | | X \$930 = | | | | + | | = | | X \$800 = | | |
| 1099-R and VK-1 here. | (3) Married, Spouse Has No Income From Any Source- Enter Spouse's SSN above Spouse's full name | | | | | | + | | = | | X \$930 = | | | | + | | = | | X \$800 = | | |
| -R and | (4) Married, Filing Separate Returns - Enter Spouse's SSN above | | | | | 1 | + | | = | | X \$930 = | | | | + | | = | | X \$800 = | | |
| 1099 | | Spouse's full name | | | | | Ado | d th | e To | tal of | Section 1 | olus the | Total | l of S | Secti | ion | 2. E | nter th | ne sum on | Line 1 | 3 |
| | 1 Adjusted Gross Income | | | | | | | | | | | 1 | | | | 00 | | | | | |
| -, .≺ | 2 | 2 Additions from Schedule 763 ADJ, Line 3. | | | | | | | | | | | 2 | | | | 00 | | | | |
| orms W-2, W-2G, | 3 | 3 Add Lines 1 and 2. | | | | | | | | | | | | 3 | | | | 00 | | | |
| 11. | 4 Age Deduction - (See instructions and the Age Deduction | | | | | | /ork | she | eet). | | | You | Yourself (mm/dd/yyyy) | | |) | | | | 00 | |
| Staple | | Enter your birth date. For filing status 2, 3 and 4, birth dates for Yourself and Spouse are required. | | | | | | | | | 4a | Snouse (mm/dd/sass) | | | | | | | | | |
| Ś | You cannot claim the Age Deduction if you also take Subtraction on Schedule 763 ADJ, Line 5. | | | | | | | isal | oiity | | 4b | Spc | Spouse (mm/dd/yyyy) / / | | | | | | 00 | | |
| | 5 | | | | | | | | | | | | | 5 | | | | 00 | | | |
| | 6 | State income tax refund or o | overpayment c | redit | reported | as | inco | ome | on y | your fe | ederal returi | 1 | | | | | 6 | | | | 00 |
| - | 7 | | | | | | | | | | | | | 7 | | | | 00 | | | |
| here | 8 | | | | | | | | | | | | | 8 | | | | 00 | | | |
| rder | 9 | | | | | | | | | | | | | 9 | | | | 00 | | | |
| Staple check or money order here. | 10 | Deductions: Enter total Fed | eral Itemized D | edu | ctions fro | m F | ede | eral | Sche | edule | A | | | | | | 10 | | | | 00 |
| r mo | 11 | | | | | | | | | | | | 11 | | | | 00 | | | | |
| o X O | 12 | | | | | | | | | | | | 12 | | | | 00 | | | | |
| e cne | 13 | Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. | | | | | | | | | | | 13 | | | | 00 | | | | |
| stapı | 14 | 4 Deductions from Schedule 763 ADJ, Line 9. | | | | | | | | | | | | 14 | | | | 00 | | | |
| - | 15 | | | | | | | | | | | | | 15 | | | | 00 | | | |

| FORN Your Na | | (2010) Page 2 | Your SSN | | | | | |
|-----------------|----------------------------------|---|-------------------------------------|------------------------|--|---------|----------------------|-------|
| 16 | Virginia 1 | axable Income computed as a reside | ent. Subtract Line 15 from Line | 9 | | 16 | | 00 |
| 17 | Percenta | ge from Nonresident Allocation Secti | 17 | | % | | | |
| | | ent Taxable Income. (Multiply Line 1) | 18 | | 00 | | | |
| | | ax from Tax Table or Tax Rate Scheo | 19 | | 00 | | | |
| | | inia income tax withheld, Attach Forr | 20a | | 00 | | | |
| | _ | | | | | | | |
| | | Virginia income tax withheld, Attach | 20b | | 00 | | | |
| | | imated Tax Payments (Include credit | 21 | | 00 | | | |
| 22 | Extensio | n Payment - submitted using Form 7 | 22 | | 00 | | | |
| 23 | Tax Cred | it for Low Income Individuals or Virgi | 23 | | 00 | | | |
| 24 | Total cred | dits from Schedule OSC | | | | 24 | | 00 |
| 25 | Credits fr | rom Schedule CR, Section 4, Line 1A | A. If claiming Political Contribut | ion Credit onl | y, check box | 25 | | 00 |
| 26 | Total pay | yments and credits. Add Lines 20 | 26 | | 00 | | | |
| 27 | If Line 19 | is larger than Line 26, enter the diffe | E. Skip to Line 30 | 27 | | 00 | | |
| 28 | If Line 26 | is larger than Line 19, enter the diffe | NT | 28 | | 00 | | |
| 29 | Amount o | of overpayment on Line 28 to be CRED | OITED TO 2011 ESTIMATED IN | COME TAX | | 29 | | 00 |
| 30 | Adjustme | ents and Voluntary Contributions from | n attached Schedule 763 ADJ | , Line 24 | | 30 | | 00 |
| 31 | Add Line | s 29 and 30 | | | | 31 | | 00 |
| 32 | If you ow larger that Chec | 32 | | 00 | | | | |
| 33 | If Line 28 | is larger than Line 31, subtract Line 3 | 1 from Line 28. This is the amou | ınt to be REF l | JNDED TO YOU. | 33 | | 00 |
| NOI | NRESIDE | ENT ALLOCATION PERCENTAGE. | Enter negative numbers in bra | ckets. | A - All Sources | | B - Virginia Sources | |
| 1 | Wages, | salaries, tips, etc | | 1 | | 00 | | 00 |
| 2 | Interest | income | | 2 | | 00 | | 00 |
| 3 | | ds | | | | 00 | | 00 |
| 4 | , | receiveds income or loss. | | | | 00 | | 00 |
| 5 6 | | gain or loss/capital gain distributions | | | | 00 | | 00 |
| 7 | | ains or losses | | | | 00 | | 00 |
| 8 | _ | pensions, annuities and IRA distribu | | | | 00 | | |
| 9 | Rents, r | oyalties, partnerships, estates, trusts | s, S corporations, etc | 9 | | 00 | | 00 |
| 10 | Farm in | come or loss | | 10 | | 00 | | 00 |
| 11 | Other in | come | | 11 | | 00 | | 00 |
| 12 | Interest | on obligations of other states from S | Schedule 763 ADJ, Line 1 | 12 | | 00 | | |
| 13 | | um distributions/accumulation distrib | 00 | | 00 | | | |
| 14 | TOTAL | - Add Lines 1 through 13 and enter e | each column total here | 14 | | 00 | | 00 |
| 15 | percent ENTER | dent allocation percentage - Divide L age to one decimal place but not mo here and on Line 17 on Page 2 | re than 100% (example 5.4%). | 15 | | | | % |
| | he undersi se Sign | gned, declare under penalty provided by la Your Signature | w that I (we) have examined this re | | best of my (our) knowledge gnature (If a joint return, be | | | turn. |
| | oro | roar dignature | Date | Opouse's Sig | jinaturo (ii a joint letuili, D | Jui mus | . o.g.i) | |

Firm's Name (or Yours if Self-Employed) Preparer's Phone Number

Date

Preparer's Signature

Preparer's Use Only