763-S Virginia Special Nonresident Claim For Individual Income Tax Withheld **2010**



| Amended Claim | | | | | | |
|--|--------------------------------------|---|--------------------------|--|----------------------------------|--|
| First Name | МІ | Last Name | Suffix | Your Social Security Number | | |
| Present Home Address (Number and Street, Including Apartment Number or Rural Route) | | | | Spouse's Social Security Number | | |
| City, Town or Post Office | | | State | | ZIP Code | |
| STEP I - Exemption Category | | | | | | |
| Review categories 1 - 4 below and | d ent | er the category number for which you are | e clair | ming an e | xemption | |
| residence to work in Virginia salaries, which are subject was I a domiciliary or legal r | able y a. My to tax reside | year shown above I commuted on a daily only income from sources within Virgini ation by the state or district checked be ent of Virginia at any time. | ia wa | s from wa | iges and | |
| state checked below. My or which are subject to taxatio and I did not maintain a place | kable nly ind n by ce of | year shown above I was a domiciliary come from sources within Virginia was fro the state checked below. I am not an ac abode in Virginia for a total of more than Pennsylvania D West Virginia | om wa tual re | ages and esident of | salaries, | |
| I declare that for the entire p on active military duty who not taken any action to abar resident of Virginia. To be e state of residency. Enter the | ortio was ndon xemp 2 le | eview and complete the back of this form of the year I lived in Virginia I was marri in Virginia pursuant to military orders. M my domicile in another state or to becon ot, you and your spouse must have the sa tter state abbreviation for: gal state of residency | ed to While ne a d | a service in Virgini lomiciliary | member a I have ⁄ or legal | |
| 3(b) Your spouse's domiciliary or legal state of residency for military payroll purposes | | | | | ses 📃 🔍 | |
| Virginia at any time. I did not withheld from salary and wa | kable perf ages | year shown above I was not a domicili orm any services in Virginia and the Virgi | nia ta: | x was erro | oneously | |
| If amended, enter the fu | ull ref | ax withheld requested to be refunded: und amount as it should have been repo ust provide copies of your withholding st | orted | ents. | • | |
| of your State of Reside | f a St ence | ice of your refund. ate with an Individual Income Tax, you Income Tax Return. Check the box to and have attached a copy of your reside | indica | te that yo | u are a Resident | |
| | | e Department of Taxation, P.O. Box 1498, | | - | | |
| Dath buch and and wife mus | + | plate a concrete Form 762 S when both filer | o how | N/irainia i | acomo tov withhold | |

| Both husband and wife must complete a separate Fo | m 763-S when both filers have | Virginia income tax withheld. |
|---|-------------------------------|-------------------------------|
|---|-------------------------------|-------------------------------|

| | I, the undersigned, do declare under penalties provided by law that this is a true, correct and complete return. | | | | | | | |
|------------------------|--|--|--|--------|------|--|--|--|
| Please Sign Here | Your Signature X | Date | Your Business Phone Number Home Phone Number | | | | | |
| Preparer's Use Only | Preparer's Signature X | Date | Preparer's Phone Number | lumber | | | | |
| | Firm's Name (or Yours if Self-employed) and Address | employed) and Address Preparer's FEIN/PTIN/S | | • | Code | | | |
| Va. Dept. of Taxation | 763S F 2601046 Rev. 09/10 | Coding | | | | | | |

Staple Copy of W-2 here

Military Spouse Qualification

Complete each question below and provide copies of the requested documentation, before claiming **Exemption Category 3** on the front of this form. Incomplete responses or missing documentation could cause your refund to be delayed. **The provisions of the military spouse relief act apply only to spouses, not to dependents? See PD 10-55.**

To qualify for the income tax exemption for military spouses you must <u>have the same domicile as the military member</u> and meet all of the following qualifications:

I. Your spouse is a member of the armed forces present in Virginia in compliance with military orders.

1. Was your spouse in active military service for the tax year in question?

___Yes ___No

MM/DD/YYYY

- a. If your spouse was discharged from full-time military service, what was
 - the date your spouse left the service?
- b. If your spouse was in the military at any time for the tax year in question, provide his or her duty station(s) for the tax year. Additional rows are provided in case your spouse had more than one duty station during the year.

State _____

| Location of Duty Station (include country if not USA) | Date Assignment Started MM/DD/YYYY | Date Assignment Ended MM/DD/YYYY |
|---|---------------------------------------|-------------------------------------|
| | | |
| | | |
| | | |

- 2. Where and When were you and your spouse married?
- 3. Attach a copy of your military ID card. This would be a military identification card issued to spouses of military personnel. If a military identification card has not been issued, check here.
- - Leave & Earning Statement (LES) for the year in Question
 - Current driver's license from the military service member's domicile state
 - DD Form 2058 (State of Legal Residence Certificate)
 - Other

II. You are present in Virginia solely to be with your spouse.

| 5. | Do | you own a business or any income producing property in Virginia? | | ☐ Yes | |
|-----------------|-------|--|-----------|-------|-------|
| 5. | | | | | |
| | а. | If yes, please describe. | | | |
| <u>III. You</u> | mair | ntain your domicile or legal residency in another state. | | | |
| 6. | lf yo | you claim the same state of domicile reported under question 4 above? ou answered no, stop here. You do not qualify for tax relief. See Virginia Tax Bulletin 10-1 for o ou answered yes, please respond to the remaining questions. | details. | Yes | No No |
| | a. | Attach a copy of your state income tax return for the year in question. If your state of domicil does not have an income tax, check here. | le | | |
| | b. | When was the last period of time in which you and your service member physically resided in that State? From To | | | |
| | C. | What was the last physical address in that state? | MM/DD/YYY | Y | |
| | | Street Address City State | | ZIP | |
| | d. | Was your name different when you last physically resided in that state? | | Yes | No No |
| | | If Yes, what was your name | | | |
| | | First Name Middle Initial | Last Nam | ne | |
| 7. | | ease attach a copy of one or more of the following documents showing your domicile or legal theck the appropriate boxes to indicate which documents you are providing.) | residence | 9. | |
| | | Property tax bill from your domicile state | | | |
| | | Current driver's license from your domicile state | | | |
| | | Other | | | |

Note: A copy of documents requested above will assist us in speeding up the issuance of the refund.