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Rev. 06/12
2601046
763S F
of Taxation
Dept.

763-S Virginia Special Nonresident Claim For Individual Income Tax Withheld 2012

First Name	FORIN	uiviuuai	Inco	Last Name	meia		Suffix	i	ecurity Number	
Filst Name			IVII	Last Name			Sullix	10ui 30ciai Se	county Number	
Present Home Address (Number and Street, Including Apartment Number or Rural Route)							Spouse's Soci	ial Security Number		
City, Town or Pos	t Office						State		ZIP Code	
☐ I (we) au	thorize the Dep	artment of Taxa	ition to d	iscuss my (our) return	with my (or	ur) preparer.		Amended C	claim	
Date of Birth Your Birthday Primary Taxp						у Тахра	yer Decease	ed (Attach Federal Fo	orm 1310)	
STEP I - Ex	•	• •	h - 1		-1					
1 Comm daily b was fr did no	Review categories 1 - 4 below and enter the category number for which you are claiming an exemption. Commuter State Exemption: I declare that during the taxable year shown above I commuted on a daily basis from my place of residence to work in Virginia. My only income from sources within Virginia was from wages and salaries, which are subject to taxation by the state or district checked below. I did not live in nor was I a domiciliary or legal resident of Virginia at any time.									
Check One: District of Columbia Kentucky Domiciliary State Exemption: I declare that during the taxable year shown above I was a domiciliary or legal resident of the state checked below. My only income from sources within Virginia was from wages and salaries, which are subject to taxation by the state checked below. I am not an actual resident of Virginia and I did not maintain a place of abode in Virginia for a total of more than 183 days. Check One: Maryland Pennsylvania West Virginia										
Military Spouse Exemption: Complete the back of this form first. I declare that for the entire portion of the year I lived in Virginia I was married to a service member on active military duty who was in Virginia pursuant to military orders. I have not taken any action to abandon my domicile in another state or to become a domiciliary or legal resident of Virginia. To be exempt, you and your spouse must have the same domiciliary or legal state of residency. Enter the 2 letter state abbreviation for: 3(a) Your domiciliary or legal state of residency.										
3(b) Your spouse's domiciliary or legal state of residency for military payroll purposes Tax Withheld in Error by Employer: I declare that during the taxable year shown above I was not a domiciliary or legal resident of Virginia at any time. I did not perform any services in Virginia and the Virginia tax was erroneously withheld from salary and wages paid me by my employer. Enter the 2 letter state abbreviation for your domiciliary or legal state of residency										
STEP II - Enter amount of Virginia Tax withheld requested to be refunded: If amended, enter the full refund amount as it should have been reported. on the original return. You must provide copies of your withholding statements.										
STEP III - Avoid delays: If you are a Resident of a State with an Individual Income Tax, attach a complete copy of your State of Residence Income Tax Return and check this box.										
PAPER REFUND CHECKS WILL NOT BE ISSUED. Choose Debit Card or Direct Deposit below.										
DEBIT CARD Check this box to refund issued on debit card.	have your				nt	r bank routing transi	t numb	er		
Due by May 1, 2013. Mail to the Department of Taxation, P.O. Box 1498, Richmond, Virginia 23218-1498.										
Both husband and wife must complete a separate Form 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	aoroigilou, C	40016	o andor pondines	PIOVIGE I	Date		siness Phone N		mber
Preparer's Use Only	Preparer's Name	9				Date	Preparer's Phone Number			
	Firm's Name (or Yours if Self-employed) and Address Preparer's FEIN/PTIN/SSN					Code				

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. For information regarding why the provisions of the military spouse relief act apply only to spouses and not to dependents, see Public Document 10-55 at www.tax.virginia.gov.

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

I. Your	spoi	use is a member of the armed forces prese	nt in Virginia in compliance with milit	ary orders.				
1.	Wa a.	Is your spouse in active military service for the lf your spouse was discharged from full-time the date your spouse left the service?	military service, what was		Yes No			
	b.	If your spouse was in the military at any time Additional rows are provided in case your sp	e for the tax year in question, provide his couse had more than one duty station du	or her duty stati	on(s) for the tax year.			
Loca	ation	of Duty Station (include country if not USA)	Date Assignment Started MM/DD/YYYY		ignment Ended 'DD/YYYY			
2.	Wh	nere and when were you and your spouse mai	ried? State		M/DD/YYYY			
3.	Att	ach a copy of your military ID card. This woul	d be a military identification card issued	to spouses				
	of ı	military personnel. If a military identification ca	ard has not been issued, check here.					
4.	Att	What is your spouse's state of domicile? (Enter here and on line 3(b) on the front of this return)						
		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 Other	e Certificate)					
II. You	are p	oresent in Virginia solely to be with your sp	oouse.					
5.		you own a business or any income producing	property in Virginia?		Yes No			
		If yes, please describe.						
III. You	mai	ntain your domicile or legal residency in a	nother state.					
6.	If y	you claim the same state of domicile reported ou answered no, stop here. You do not qualify ou answered yes, please respond to the rema	r for tax relief. See Virginia Tax Bulletin 1	0-1 for details.	Yes No			
	a.	Attach a copy of your state income tax return does not have an income tax, check here.	n for the year in question. If your state o	f domicile				
	b.	When was the last period of time in which yo member physically resided in that State?	From	То				
	C.	What was the last physical address in that s	MM/DD/YYYY tate?	ММ	/DD/YYYY			
		Street Address	City	State	ZIP			
	d.	Was your name different when you last phys	sically resided in that state?		Yes No			
		If Yes, what was your name?	t Name Middle Initial	Last Na	me			
7.		ease attach a copy of one or more of the follo heck the appropriate boxes to indicate which						
		Property tax bill from your domicile state						
		Current driver's license from your domic	ile state					
		Other						

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