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2015 Virginia Nonresident Income Tax Return Due May 2, 2016



	nclose a comp	lete copy of	your feder	al ta	x return and all	other required	virginia e	enclosure	s.				
First Name			MI	Last Name	Suffix Your Social Security			ımber	111	eck if ceased			
Spouse's First Name (Filing Status 2 Only)				MI	Last Name	Suffix Spouse's Social Secur			ty Numbe	er		eck if ceased	
Present Home Address (Number and Street or Rural Route) Your Birth Date (mm-dd-yyyy)							-	-					
City, Town or Post Office					State ZIP Code Spouse's Birth Date (mm-dd-yyyy)			_					
State of Residence Important - Name of Virginia City or County in which principal place of business, employment is located.						ent or inc	ome source	Locality (Code				
										City OR	County		
Chec	k Applicable		ided Return k if Result of	NOL	- 🗆	Name(s) or A			_ O	verseas	on Due Date)	
550	Boxes	Depe	Morehant Soaman							Claimed			
									\$.00	
Fil	ing Status Ente	_					Exem	Spous	se if		Enter the su	m on Li	ne 13.
Code			ad of househo				You	ı Filing St 2 or	tatus Depende	ents		Total Se	ection 1
		-			nust have Virgir rom Any Source		1	+	+	=	X \$930 :	=	
It I		, ,	parate Retur		augala Casial Ca	auritu Nurahar	You 6 or ov	Spouse 6 er or over		ouse lind		Total S	ection 2
	Filing Status 3 or 4 x at top of form ar			e Sp	ouse's Social Sec			+	+	=	X \$800 :	=	
1	Adjusted Gross	Income from	n federal ret	urn -	Not federal tax	able income				1			00
2	Additions from	Schedule 76	3 ADJ, Line	3						2			00
3	Add Lines 1 ar	nd 2								3			00
4	Age Deduction Enter Birth Date					rksheet)			You	4a			00
									Spouse	4b			00
5	Social Security	Act and equ	ivalent Tier	1 Rai	ilroad Retiremer	nt Act benefits re	eported on	your feder	ral return	5			00
6	State income ta	ax refund or	overpaymen	t cre	dit reported as i	ncome on your	federal retu	ırn		6			00
7	Subtractions fro	om Schedule	e 763 ADJ, L	ine 7	,					7			00
8	•												00
9	Virginia Adjus												00
10						Λ if claiming it							00
11 12						e A, if claiming ito 0 or enter standa							00
13						tion Sections 1 a							00
14	•				·								00
15													00
16						ine 15 from Line							00
17			•			(Enter to one de							%
18	-) ge on Line 17)		• /					00
19	Income Tax from	m Tax Table	or Tax Rate	Sche	edule					19			00
Va. Der	ot. of Taxation F	or Local Use	LTD		¬ •						L		

2015 FORM 763 Page 2

2015	FORM 763 Page 2												
Your N	Name	Your SSN											
20a	Your Virginia income tax withheld. End	iclose Forms W-2, W-2G, 1099 a	nd VK	<-1					20)a			00
20b	Spouse's Virginia income tax withheld	d. Enclose Forms W-2, W-2G, 10	99 an	nd VK-1.					20)b			00
21	2015 Estimated Tax Payments								2	21			00
22	2014 overpayment credited to 2015 e	estimated tax							2	22			00
23	Extension Payment - submitted using	Form 760IP							2	23			00
24	Credit for Low-Income Individuals or \	Virginia Earned Income Credit fro	m Sc	chedule '	763 A	ADJ,	Line 1	7	2	24			00
25	Total credits from Schedule OSC								2	25			00
26	Credit for Political Contributions								2	26			00
27	Credits from Schedule CR, Section 5,	, Line 1A							2	27			00
28	Total payments and credits. Add Li	ines 20a through 27							2	28			00
29	If Line 19 is larger than Line 28, enter	r the difference. This is the INCO	ME T	AX YOU	ow	E			2	29			00
30	If Line 28 is larger than Line 19, enter the difference. This is the OVERPAYMENT AMOUNT .									30			00
31	Amount of overpayment on Line 30 to be CREDITED TO 2016 ESTIMATED INCOME TAX									31			00
32	Virginia College Savings Plan Contrib	outions from Schedule VAC, Part	I, Line	e 6					3	32			00
33	Other Voluntary Contributions from So	chedule VAC, Section II, Line 14							3	33			00
34	Addition to Tax, Penalty and Interest f	from enclosed Schedule 763 AD	J, Lin	ie 21					3	34			00
35	Consumer's Use Tax. You may be liab								3	35			00
36	purchases. See instructions									36			00
38	is larger than Line 30, enter the difference. AMOUNT YOU OWE . Enclose payment or pay at www.tax. virginia.gov. Check here if paying by credit or debit card - See instructions								3	37			00
Dome	· · · · · · · · · · · · · · · · · · ·	Routing Transit Number		our Bank	Acc	ount	Numb	er (Checking		Savings		
Non	resident Allocation Percentage						A - All S	Source	S	B - Vir	ginia So	urces	
1.	Wages, salaries, tips, etc			1					00				00
2.	Interest income			2					00				00
3.	Dividends			3					00				00
4.	Alimony received			4					00				00
5.	Business income or loss			5					00				00
6.	Capital gain or loss/capital gain distrib	butions		6					00				00
7.	Other gains or losses			7					00				00
8.	Taxable pensions, annuities and IRA								00				
9.	Rents, royalties, partnerships, estates	•							00				00
10.	Farm income or loss								00				00
11.	Other income.								00				00
12.	Interest on obligations of other states	·							00				00
13.	Lump-sum and accumulation distribut								00				00
14. 15.	TOTAL - Add Lines 1 through 13 and on Nonresident allocation percentage - D								00			0/	00
	percentage to one decimal place (e.g.											%	,
	(We) authorize the Dept. of Taxation to dis	• ()			•			•		-G at www.ta	•	_	
	/e), the undersigned, declare under penalty provided by law that I (we) have examined this return and to the best of my (our) ur Signature Your Phone Number						Jui) KNO	Date	ıs a true, corre	CL AND CO	пріете	return	
Spous	e's Signature (If a joint return, both must sign)			Spouse's F	hone N	Numbe	er		Prepa	arer's PTIN	Vendor C	Code	\dashv
					Spouse's Phone Number								
Prepai	rer's Name Firm	n's Name (or Yours if Self-Employed)	Preparer's Phone Number					Filing	Filing Election Code Office Use Only				