763Page1

2017 Virginia Nonresident Income Tax Return Due May 1, 2018



Enclose a co	mplete copy o	f your federa	al ta	x return and al	l other required	l Virginia	enclosure	s.					
First Name			MI	Last Name	Suffix	al Security	Number	Check if deceased					
Spouse's First Name (Filing Status 2 Only)				Last Name	Suffix	Spouse's	Social Seci	urity Numb	per	Check if deceased			
Present Home Address (Number and Street or Rural Route)							Birth Date n-dd-yyyy)		-	-			
City, Town or Post Offic	e			State	ZIP Code		Birth Date n-dd-yyyy)		-	-			
State of Residence			Name	of Virginia City o	L r County in which p			ess, employ	ment or in	come source	Localit	ty Code	
is located.										R County			
Amended Return Name(s) or Address Different than Shown on 2016 VA Check Applicable Return								Oversea	s on Due Date	;			
Boxes Dependent on A				r's Return [Qualifying Fa	nerman or	EIC \$	turn .00					
Filing Status E	inter Filing State	us Code in bo	ox be	elow.		Exem	ptions Ad	dd Section	s 1 and 2	2. Enter the su		Line 13.	
	ngle. Federal h					You	Filing Si 2 or	tatus Dene	ndents		Total	Section 1	
				must have Virgir rom Any Source		1	+	+	=	X \$930	=		
4 = Ma	arried, Filing Se	parate Return	าร			You (Spouse 6		Spouse Blind		Tota	l Section 2	
If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name +									=	X \$800	=	:	
1 Adjusted G	Adjusted Gross Income from federal return - Not federal taxable income											00	
2 Additions from	om Schedule 76	63 ADJ, Line	3						2		00		
³ Add Lines 1 and 2.									3	i		00	
4 Age Deduction (See instructions and the Age Deduction Worksheet)								u 4a			00		
on Line 4a and Your Spouse's Age Deduction on Line 4b								e 4b			00		
5 Social Secu	Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return											00	
		. ,		·	ncome on your							00	
7 Subtraction	7 Subtractions from Schedule 763 ADJ, Line 7											00	
8 Add Lines 4a, 4b, 5, 6 and 7												00	
•	, ,											00	
												00	
												00	
_	· ·											00	
13 Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above										i		00	
14 Deductions from Schedule 763 ADJ, Line 9												00	
				00									
16 Virginia Taxable Income computed as a resident. Subtract Line 15 from Line 9										i		00	
												%	
	, , , , , , , , , , , , , , , , , , , ,											00	
												00	
Va Dent of Tayation	For Local Liea					1		1 1					

Va. Dept. of Taxation 2601044 Rev. 06/17

or Local Use

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2017 FORM 763 Page 2

2017	FORM 763 Page 2															
Your N	Name	,	Your SSI	V												
20a	Your Virginia income tax withheld. E	Enclose Forr	ns W-2	, W-2G,	1099 a	nd VK-	-1		 			20	а			00
20b	Spouse's Virginia income tax withhe	eld. Enclose	Forms	W-2, W	-2G, 10	99 and	d VK-1					20	b			00
21	2017 Estimated Tax Payments											2	1			00
22	2016 overpayment credited to 2017	estimated t	ах									2	2			00
23	Extension Payment - submitted usir	ng Form 760)IP									2	3			00
24	Credit for Low-Income Individuals o	r Virginia Ea	arned In	come C	redit fro	om Sch	nedule	763	ADJ,	Line 17		2	4			00
25	Total credits from Schedule OSC											2	5			00
26	Reserved for future use											2	6			
27	Credits from Schedule CR, Section	5, Line 1A										2	7			00
28	Total payments and credits. Add	Lines 20a	through	h 27								2	8			00
29	If Line 19 is larger than Line 28, ent												9			00
30	If Line 28 is larger than Line 19, ent												0			00
31	Amount of overpayment on Line 30 to												1			00
32	Virginia College Savings Plan Contr												2			00
33	Other Voluntary Contributions from												3			00
34	Addition to Tax, Penalty and Interes		•	•									4			00
35	Sales and Use Tax is due on Interne	t, mail order	, and ou	ut-of-stat	e purch	ases (Consu	mer'	s Use	Tax).		_	5			00
00	See instructions.															+
36	Add Lines 31 through 35.											3	6			00
37	If you owe tax on Line 29, add Lines is larger than Line 30, enter the diffe virginia.gov. Check here if pa	erence. AM	Y TNUC	rou ow	/E . Enc	lose pa	aymen	t or p	oay a	t www.ta	ax	3	7			00
38 If the I	If Line 30 is larger than Line 36, subtr Direct Deposit section below is not comp						nt to be	RE	FUND	OED TO	YOU.	3	8			00
	CT BANK DEPOSIT Your Bank	Routing Tra	ansit Nu	ımber		Yo	ur Ban	k Ac	coun	t Numbe	r C	Checking		Saving	s [
	stic Accounts Only ernational Deposits															
Non	resident Allocation Percentage	e								A - All S	ources	3	B - Vir	ginia (Source	S
1.	Wages, salaries, tips, etc						1					00				00
2.	Interest income						2	2				00				00
3.	Dividends						3	В				00				00
4.	Alimony received						4					00				00
5.	Business income or loss						5	5				00				00
6.	Capital gain or loss/capital gain dist	ributions					6	6				00				00
7.	Other gains or losses						7	· 🗌				00				00
8.	Taxable pensions, annuities and IRA	A distribution	ns				8	3				00				
9.	Rents, royalties, partnerships, estat	es, trusts, S	corpor	ations, e	etc		9					00				00
10.	Farm income or loss						10					00				00
11.	Other income						11					00				00
12.	Interest on obligations of other state	es from Sch	edule 70	63 ADJ,	Line 1.		12	2				00				
13.	Lump-sum and accumulation distrib	outions inclu	ded on	Sch. 76	3 ADJ,	Line 3.	13	3				00				00
14.	TOTAL - Add Lines 1 through 13 and	d enter eacl	h colum	ın total h	ere		14	· 🖳				00				00
15.	Nonresident allocation percentage - percentage to one decimal place (e.							5								%
П і	(We) authorize the Dept. of Taxation to o	discuss this r	eturn wi	th my (o	ur) prepa	arer.		la	gree	to obtain	my Fo	m 1099-	G at www.tax	.virgi	nia.gov	١.
(We),	the undersigned, declare under penalty pro	ovided by law	that I (w	e) have e	xamined					t of my (o	ur) knov		is a true, corre	ect and	comple	te retur
	ignature						our Phon					Date				
Spous	e's Signature (If a joint return, both must sign)					S	pouse's l	Phone	Numb	er		Prepa	arer's PTIN	Vend	or Code	
Prena	arer's Name (or Yours if Self-Employed)				Р	Preparer's Phone Number					Filing	Election Code	Office	Office Use Only		