763-S	/irginia Spec	ial N	onresident Claim	201	7					
First Name	or Individual	Inco	DIT CAN SAME Last Name			Suffix	Your Social Secu	rity Number		
Present Home Address (N	lumber and Street, Including	g Apartme	I nt Number or Rural Route)			<u> </u>	Spouse's Social S	Security Number		
City, Town or Post Office						State	Z	IP Code		
I (we) authorize th	e Department of Taxatio	n to disc	cuss my (our) return with my (our) pre	parer.	Ame	nded Cl	aim			
	Your Birthday MM-DD-YYYY)				Primar		ayer Deceased	(Include Federal	Form 13	10 if
Review 1 Commuter daily basis	• State Exemption	below on: 1 of reside	and enter the category n declare that during the tax ence to work in Virginia. M nich are subject to taxatio	able ye y only ii	ear sho	wn ab from s	ove I comm	nuted on a nutin Virginia	ion.	
	in nor was I a do	omicili	ary or legal resident of Vi Columbia	ginia a						
2 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:										

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 Spouses Residency 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 gualifications:

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

1	Mac your cod	ouco in octivo	military	convice for the	s tavabla s	vear in question?
1.	vvas your spu	Juse in active	; i i i i i i i i ai y			

- Yes No
- a. If your spouse was discharged from full-time military service, what was the date your spouse left the service?.....
- MM/DD/YYYY

Loca	ition (year. Additional rows are provided in case yo of Duty Station (include country if not USA)	Dur spouse had more than one duty sta	-	axable year. ssignment Ended
			MM/DD/YYYY		M/DD/YYYY
2.	Wh	ere and when were you and your spouse ma	rried? State	·	MM/DD/YYYY
3.		close a copy of your military ID card. This wo nilitary personnel. If a military identification c			
4.	End	at is your spouse's state of domicile? (Enter h close a copy of one or more of the following d eck the appropriate boxes to indicate which d	ocuments showing the military service locuments you are providing).		ile or legal residence
		Leave & Earning Statement (LES) for the			
		Current driver's license from the military			
		DD Form 2058 (State of Legal Residence	e Certificate)		
		Other			
II. You	are p	resent in Virginia solely to be with your sp	oouse.		
5.	Do	you own a business or any income producing	property in Virginia?		Yes No
	a.	If yes, please describe.			
III. You	mair	ntain your domicile or legal residency in a	nother state.		
6.	lf 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	/ for tax relief. See Virginia Tax Bulletin	10-1 for details.	Yes No
	a.	Enclose a copy of your state income tax retu does not have an income tax, check here.	urn for the year in question. If your stat	te of domicile	
	b.	When was the last period of time in which yo member physically resided in that State?	ou and your service From	То	
	C.	What was the last physical address in that s	tate?		
		Street Address	City	State	ZIP Code
	d.	Was your name different when you last phys	sically resided in that state?		Yes No
		If Yes, what was your name?	st Name Middle Initial		
7.		ease enclose a copy of one or more of the fol heck the appropriate boxes to indicate which	lowing documents showing your domic	Last l cile or legal reside	
		Property tax bill from your domicile state			
		Current driver's license from your domicil	e state		
		Other			

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