763-S Virginia Special Nonresident Claim Eor Individual Income Tax Withheld

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First Name		MI	Last Name			Suffix	Your Social Security Number			
Present Home A	sent Home Address (Number and Street, Including Apartment Number or Rural Route) Spouse's Social Security Number									
City, Town or Pos	et Office					State		ZIP Code		
I (we) auth	orize the Department of Taxation	n to disc	cuss my (our) return with my (our) p	preparer.	Ame	nded Cl	aim			
Date of Birth	Your Birthday (MM-DD-YYYY)				Primar		yer Decease	ed (Includ	le Federal For	m 1310 if
STEP I - Se	elect Exemption Cate	aorv	<u>'</u>							
Re	eview categories 1 - 4	below	and enter the category			•		•	•	. 🔲
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 second page of this form first. I declare that, for the entire portion of the taxable year I lived in Virginia, I was present in the state solely to be with my servicemember spouse who was on active military duty and in Virginia pursuant to military orders. To be exempt, either (1) you must elect to use the same residence for purposes of taxation as that of your servicemember spouse. Enter the 2 letter state abbreviation for the domiciliary or legal state of residency of your servicemember spouse										
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 to 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.										
			Resident of a State with a see of Residence Income							
If the Direct Deposit section below is not completed, your refund will be issued by check.										
DIRECT BANK Domestic Accou No International	nts Only Deposits			secount Nur			Check		Savings	
Due by May 1, 2019. Mail to the Department of Taxation, P.O. Box 1498, Richmond, Virginia 23218-1498.										
			a separate Form 763-S w							
	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 Ph	one	Of	ffice Use	
Preparer's Use Only	Preparer's Name			Date		Prepare	r's Phone Numb	per		
	Firm's Name (or Yours if Self-emple	oyed) and	d Address			Prepare	r's FEIN/PTIN/S	SSN		Code

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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 Servicemember Civil Relief Act apply only to spouses of military servicemembers and do not apply to dependents.

<u>l. </u>	<u> Yo</u>	<u>ur spouse is a member of the armed force</u>	<u>es present in Virginia in compliance with mil</u>	<u>itary orders.</u>				
	1.	Was your spouse in active military service for	or the taxable year in question?	Yes No				
		a. If your spouse was discharged from full						
		the date your spouse left the service?.		MM/DD/YYYY				
			time for the taxable year in question, provide le provided in case your spouse had more than					
l	_oca	ion of Duty Station (include country if not USA)	Date Assignment Started Date MM/DD/YYYY	e Assignment Ended MM/DD/YYYY				
	2.	Where and when were you and your spouse	e married? State	MM/DD/YYYY				
	3.							
	4.	What is your spouse's state of domicile or legal state of residency? (Enter here and on Line 3 on the first page of this return).						
		Enclose a copy of one or more of the following documents showing the military servicemember's domicile or legal state of residency (check the appropriate boxes to indicate which documents you are providing).						
		Leave & Earning Statement (LES) for the year in question						
		☐ Current driver's license from the military servicemember's domicile state						
		☐ DD Form 2058 (State of Legal Resid	ence Certificate)					
		☐ Other						
II.	Yo	u are present in Virginia solely to be with	your spouse.					
	5.	Do you own a business or any income prod	ucing property in Virginia?	Yes No				
		a. If yes, please describe.						
III.			or legal state of residency as that of your se					
	<u>or</u>	you elect to use the same non-Virginia sta	ate of residency as that of your servicemem	<u>ber spouse.</u>				
	6.	Did you file a state income tax return for the under question 4 above?	e year in question with the state reported	Yes No				
		If you answered yes, enclose a copy of you	r state income tax return for the year in questio	n.				
		If your state of residency for tax purposes d	oes not have an income tax, check here.					

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