2019 Virginia Nonresident Income Tax Return



Due May 1, 2020 Enclose a complete copy of your federal tax return and all other required Virginia enclosures First Name MI Last Name Suffix Your Social Security Number Check if deceased Spouse's First Name (Filing Status 2 Only) MI Last Name Suffix Spouse's Social Security Number Check if deceased Present Home Address (Number and Street or Rural Route) Your Birth Date (mm-dd-yyyy) City, Town or Post Office ZIP Code Spouse's Birth Date (mm-dd-yyyy) Important - Name of Virginia City or County in which principal place of business, employment, or income source State of Residence Locality Code ☐ City **OR** ☐ County Amended Return Name(s) or Address Different Overseas on Due Date Check if Result of NOL than Shown on 2018 VA **Check Applicable** Return **Boxes** Qualifying Farmer, Fisherman, or EIC Claimed on federal return Dependent on Another's Return Merchant Seaman Exemptions Add Sections 1 and 2. Enter the sum on Line 12. Filing Status Enter Filing Status Code in box below. Spouse if Filing Status 1 = Single. Federal head of household? YES Dependents Total Section 1 2 = Married, Filing Joint Return - both must have Virginia income X \$930 =1 3 = Married, Spouse Has No Income From Any Source 4 = Married, Filing Separate Returns You 65 Spouse 65 You **Total Section 2** Blind or over or over If Filing Status 3 or 4, enter spouse's SSN in the Spouse's Social Security Number X \$800 =box at top of form and, enter Spouse's Name Adjusted Gross Income from federal return - Not federal taxable income...... 1 00 Additions from Schedule 763 ADJ, Line 3. 2 00 Add Lines 1 and 2. 3 00 00 4a Enter Birth Dates above. Enter Your Age Deduction 00 4b 5 00 Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits reported on your federal return. State income tax refund or overpayment credit reported as income on your federal return. 6 00 Subtractions from Schedule 763 ADJ, Line 7..... 7 00 Add Lines 4a, 4b, 5, 6, and 7..... 8 00 Virginia Adjusted Gross Income (VAGI). Subtract Line 8 from Line 3...... 00 9 Itemized Deductions from Virginia Schedule A, if applicable. See instructions..... 10 10 00 If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions..... 11 00 11 Exemption amount. Enter the total amount from the Exemption Sections 1 and 2 above. 12 00 12 Deductions from Schedule 763 ADJ, Line 9. 13 00 13 Add Lines 10, 11, 12 and 13...... 14 00 15 Virginia Taxable Income computed as a resident. Subtract Line 14 from Line 9..... 15 00 % Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only)..... 16 16 Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16)..... 17 00 17 Income Tax from Tax Table or Tax Rate Schedule..... 18 00

| Va. Dept. of Taxation 2601044 Rev. 06/19 | For Local Use | LTD | \$ | | | |
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2019 FORM 763 Page 2

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| Your N | | | Yo | ur SSN | ١ | | | | | | | | | | | | | |
| 19a | Your Virginia income tax withhe | ld. Enclos | — e Form | s W-2 | . W-2G. | 1099, a | and VK | -1 | | | | | 19 | 9a | | | | 00 |
| 19b | Spouse's Virginia income tax wi | | | | | | | | | | | | | 9b | | | | 00 |
| 20 | 2019 Estimated Tax Payments | | | | | | | | | | | | | 20 | | | | 00 |
| 21 | 2018 overpayment credited to 2 | | | | | | | | | | | | | 21 | | | | 00 |
| 22 | Extension Payment - submitted | | | | | | | | | | | | | 22 | | | | 00 |
| 23 | Credit for Low-Income Individua | • | | | | | | | | | | | | 23 | | | | 00 |
| 24 | Total credits from Schedule OS | • | | | | | | | | | | | | 24 | | | | 00 |
| 25 | Credits from Schedule CR, Sec | | | | | | | | | | | | | 25 | | | | 00 |
| | | | | | | | | | | | | | | | | | | + |
| 26 | Total payments and credits. | | | _ | | | | | | | | | | 26 | | | | 00 |
| 27 | If Line 18 is larger than Line 26, | | | | | | | | | | | | | 27 | | | | 00 |
| 28 | If Line 26 is larger than Line 18, | | | | | | | | | | | | | 28 | | | | 00 |
| 29 | Amount of overpayment on Line 2 | 28 to be CI | REDITI | ED TC | 2020 E | STIMA | ΓED IN | COME | E TAX | X | | | 2 | 29 | | | | 00 |
| 30 | Virginia529 and ABLEnow Cont | ributions f | rom So | hedul | e VAC, | Part I, L | ine 6 | | | | | | ; | 30 | | | | 00 |
| 31 | Other Voluntary Contributions fr | om Sched | lule VA | C, Se | ction II, | Line 14 | | | | | | | ; | 31 | | | | 00 |
| 32 | Addition to Tax, Penalty, and Int | erest from | enclo | sed S | chedule | 763 AE | J, Line | 21 | | | | | ; | 32 | | | | 00 |
| 33 | Sales and Use Tax is due on Inte See instructions | | | | | | | | | | | | ; | 33 | | | | 00 |
| 34 | Add Lines 29 through 33 | | | | | | | | | | | | | 34 | | | | 00 |
| 35 | If you owe tax on Line 27, add L | | | | | | | | | | | | | | | | | |
| | Line 34 is larger than Line 28, e www.tax.virginia.govChe | nter the d | ifferenc | e. AN | IOUNT ' | YOU O | NE. E | nclose | payr | ment | or pay | | ; | 35 | | | | 00 |
| 36 | If Line 28 is larger than Line 34, s | | | | | | | | | | | | <u> </u> | 36 | | | | 00 |
| | Direct Deposit section below is no | | | | | | | | | OITE | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 100. | ` | | | | | |
| | | ank Routii | | | | | | | Acc | ount | Numbe | r (| Checking | ı | S | avings | | |
| | stic Accounts Only | | | | |] [| | | | | | | | | Т | | | |
| No Inte | ernational Deposits | | | | | | | | | | | | | | | | | |
| Noni | resident Allocation Percent | age | | | | | | | | Α | - All S | ource | s | В- | Virg | inia S | ources | 5 |
| 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 of | distributior | າຣ | | | | | 6 | | | | | 00 | | | | | 00 |
| 7. | Other gains or losses | | | | | | | | | | | | 00 | | | | | 00 |
| | Taxable pensions, annuities and | | | | | | | | | | | | 00 | | | | | |
| 9. | Rents, royalties, partnerships, es | | - | • | | | | | | | | | 00 | | | | | 00 |
| 10. | Farm income or loss | | | | | | | | | | | | 00 | | | | | 00 |
| 11. | Other income | | | | | | | | | | | | 00 | | | | | 00 |
| | Interest on obligations of other s | | | | - | | | | | | | | 00 | | | | | |
| | Lump-sum and accumulation dis | | | | | | | | | | | | 00 | | | | | 00 |
| | TOTAL - Add Lines 1 through 13 | | | | | | | 14 | | | | | 00 | | | | | 00 |
| | Nonresident allocation percentage to one decimal place | | | | | | | 15 | | | | | | | | | 9, | % |
| □ I(| We) authorize the Dept. of Taxation | to discuss | this ret | urn wit | th my (ou | ur) prepa | irer. | | l ag | gree t | o obtain | my Fo | rm 1099 | -G at ww | w.tax | .virgir | ia.gov. | |
| I (We), | the undersigned, declare under penalty | provided b | y law th | at I (we | e) have e | xamined | | | | | of my (o | ur) knov | vledge, it | is a true, | corre | ct, and | complet | <u>e retur</u> n |
| Your Si | gnature | | | | | | Yo | ur Phone | Numl | ber | | | Date | | | | | |
| Spouse | e's Signature (If a joint return, both must sig | n) | | | | | Sp | ouse's P | hone I | Numbe | er | | Prep | arer's PTIN | | Vendo | or Code | \dashv |
| Prenar | reparer's Name Firm's Name (or Yours if Self-Employed) | | | | | | Pri | eparer's | Phone | ne Number Eiling Election Code ID Thefi DIN | | | | | | eft PIN | \dashv | |
| Time rame (or routs it deli-Employed) | | | | | 1 | Preparer's Phone Number | | | | | | Filing Election Code | | | ID Theft PIN | | | |