## Form 760PY

## 2017 Virginia Part-Year Resident Income Tax Return

Page 1 Due May 1, 2018

See instructions before completing line items.  Enclose a complete copy of your federal tax return and all other required Virginia enclosures.										Dates of VA Residence (mm-dd-yyyy)							
YOUR First Name MI			Your Last I	.ast Name Check if deceased Suffix A Your Social Security Number				per	1			You -	То				
SPOUSI	E'S First Name (filing status 2 or 4)	MI	Spouse's L	ast Name	Check if deceased		Suffix	<b>B</b> Spouse	se's Social Security Number			Sp	Spouse - From			Spouse - To	
Present Home Address (Number and Street, or Rural Route)							VA Driver's License Information Customer ID										
City, Town	or Post Office								You	-							
							Spous	se _		Issue Date (mm-dd-yyyy)							
State ZIP Code					Locality (												
Appl	eck icable xes  Amended Ref Check if Resu Dependent or Verseas on	ult of No n Anoth	ner's Retu	'n	Seam Earned I	an ncom	Farmer, Fi	Claimed o	n federal	ant		Combin Spouse Federal	reporte Return	ed as ta	axable	incom	ne on
F:::	na Ctatus Fatan Filing Ctatu	0	d = : : : : :	halau	ъ				ptions	Cntor th		\$					
	ng Status Enter Filing Statu  1 = Single (Column A) - I  2 = Married, Filing Joint I  3 = Married, Filing Separ  4 = Married, Filing Separ	edera eturn ate re	al head of (Column eturns (Co	househol A) olumn A)		ne A	\ and R\	Enter th	A - You se numbers	<b>)U</b> s for both	You Y	/ou/	Depende		_		Blind
	ling Status 3, enter spouse's S at top of form and, enter Spou	SN in	the Spou		•		A and b)		B - Spo					]			
	OF BIRTH Your Birth Date (m				-	_			_	Sn.					You	<u>'</u>	
	Spouse's Birth Da			y)	-	-			В		us 4 ONL	.Υ	A		ude Sp ling Sta		:
Cor	nplete the Schedule of I				mit it with y	our	Form 7	60PY.									
	FEDERAL ADJUSTED G 7, Column 1.											00					00
2	Additions from Schedule 760PY ADJ, Line 3.					2				00					00		
3	Add Lines 1 and 2							3				00					00
4	Qualifying Age Deduction. Worksheet in instructions. when using Filing Status 4	Enter	Spouse's	Age De	duction on Lir	ne 4b	o, Columi	n B				<u> </u>					00
_	4a, Column A and Spouse'	s on L	ine 4b, C	Column A				4b				00					00
5	Social Security Act and e reported as taxable incom-residence in Virginia	e on f	ederal re	turn and	attributable t	о уо	ur period					00					00
6	State income tax refund of federal return and received you reported adjusted gross	d while	e a Virgin	ia reside	nt. Claim in th	ne sa	ame colu					00					00
7	you reported adjusted gross income on Line 1Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3							of 7				00					00
8	Subtractions from Schedule 760PY ADJ, Line 7.						8				00					00	
9	Add Lines 4a, 4b, 5, 6, 7 and 8							9				00					00
10	10 Virginia Adjusted Gross Income (VAGI). Subtr				ct Line 9 fro	m Li	ne 3	10				00					00
11	Itemized Deductions paid while a Virginia resident							11				00				00	
12	State and local income tax											00					00
13 Va. Dept. of	Subtract Line 12 from Line standard deduction from S  Tayation For Local Use	tandar	claiming i rd Deduc	temized tions Wo	deductions. ( orksheet in ins	Othe truct	rwise, en tions	iter 13				00					00
va. Dept. of 2601039 F	Taxation		_TD		\$												

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Your Name	Your SSN



			B ₅	Spous iling Status		<b>A</b>	YOU Include Filing Sta			
14	Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions	14			00			00		
15	Deductions from Schedule 760PY ADJ, Line 9.	15			00			00		
16	Add Lines 13, 14 and 15	16			00			00		
17	Virginia Taxable Income. Subtract Line 16 from Line 10	17			00			00		
18	Tax amount from Tax Table or Tax Rate Schedule.	18			00			00		
19	Total Tax. Add Line 18, Column A and Line 18, Column B.	19			00					
20a	Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1	20a			00					
20b	Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2	20b			00					
21	Combined 2017 Estimated Tax Payments	21			00					
22	2016 overpayment credited to 2017 estimated taxes				22			00		
23	Extension Payment - Enter amount paid on Form 760IP				23			00		
24	Tax Credit for Low-Income Individuals or Virginia Earned Income Credit fro	24			00					
25	Total credit for taxes paid to another state from Schedule OSC				25			00		
26	Reserved for future use.	26								
27	Credits from Schedule CR, Section 5, Line 1A.	27			00					
28	Total payments and credits. Add Lines 20a, 20b, 21, 22, 23, 24, 25, ar	nd 27			28			00		
29	If Line 19 is larger than Line 28, enter the difference. This is the <b>INCOME</b>	29			00					
30	If Line 28 is larger than Line 19, enter the difference. This is the <b>OVERPA</b>	30			00					
31	Amount of overpayment on Line 30 to be CREDITED TO 2018 ESTIMATED	31			00					
32	Virginia College Savings Plan Contributions from Schedule VAC, Section	32			00					
33	Other Voluntary Contributions from Schedule VAC, Section II, Line 14	33			00					
34	Addition to Tax, Penalty and Interest from enclosed Schedule 760PY AD.	J, Line 21			34			00		
35	Sales and Use Tax is due on Internet, mail order, and out-of-state purchase See instructions	35			00					
36	Add Lines 31 through 35.	 36			00					
37	If you owe tax on Line 29, add Lines 29 and 36 - OR - If Line 30 is an over	rpayment and L	ine 36 is	larger tha	ın					
	Line 30, enter the difference. Enclose payment or pay at www.tax.virgini Check here if paying by credit or debit card - See instructions	ia.govAMO	UNT YOU	OWE	37			00		
38	If Line 30 is larger than Line 36, subtract Line 36 from Line 30		OUR RE	FUND	. 38			00		
DIREC	If the Direct Deposit section below is not completed, your refund will be issued by T BANK DEPOSIT  Your Bank Routing Transit Number	oy cneck. Your Bank Acco	unt Numb	er Ch	ecking		Savings			
	ernational Deposits.							$\top$		
_	We) authorize the Department of Taxation to discuss this return with my (our) prep	oror Di	agree to a	htoin my	Form 1000		w.tax.virg	inia aay		
I (We	), the undersigned, declare under penalty of law that I (we) have examined		•	•			-	_		
	complete return.	Your Phone Numbe	r		Date					
Tour 3	Your Signature Your Phone Number					Date				
Spouse	's Signature (If a joint return, <b>both</b> must sign)	ımber		Date						
Prepar	er's Name	Preparer's Phone Number			Date					
Firm's Name (or Yours if Self-Employed)  Preparer's PTIN  Vendor Code  F					Filing Election Code Office Use Only					