Form 760PY

2018 Virginia Part-Year Resident Income Tax Return



Page 1 Due May 1, 2019

| 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 | | МІ | Your Last Name | | Check if deceased | | Suffix | fix A Your Soc | | cial Security Number | | You - From Y | | You | - To | |
| SPOUSE'S First Name (filing status 2 or 4) MI | | | Spouse's Last Na | ame | Check | k if deceased | d | Suffix | B Spou | ıse's | Social Security Number | | Spouse - Fr | rom | Spous | e - To |
| Present H | ome Address (Number and Street, or | Rural | Route) | | | | | | | | VA | | License Info | | l n | |
| City, Town | or Post Office | | | | | | | | | | Spouse | Issue [| ate (mm-do | d-vvvv) | | |
| State | | | ZIP Code | | | | | Locality (| Code | | You | | | | | |
| Appli | eck icable Check if Resi Dependent or Cverseas on | ult of N n Anot | ther's Return | | | Seam Earned l | nan Incom | | Claimed | on f | r Merchant federal return | Spous | | | urity for Yo xable inco | me on |
| | | | | | | | | | | | | | | | | |
| Filli | ng Status Enter Filing Statu 1 = Single (Column A) - 2 = Married, Filing Joint 3 = Married, Filing Sepan 4 = Married, Filing Sepan | Feder returr rate re | al head of hous n (Column A) eturns (Colum | ehol n A) | | | nns A | A and B) | Enter | the r | A - You numbers for both You use if Filing Status 2 | mber of You/ Spouse | Depender | | • | Blind |
| box | ling Status 3, enter spouse's S at top of form and, enter Spou | | | Socia | al Secu | urity Nur | nber | _ | | | - Spouse g Status 4 Only | | | | | |
| DATE | OF BIRTH Your Birth Date (n | | | | | - | - | | | | Spouse Filing Status 4 Ol | NLY | Α | | You ide Spouse | |
| | Spouse's Birth Da | ite (m | m-dd-yyyy) | | | | | | | | | | | FIII | ing Status 2 | |
| Con 1 | nplete the Schedule of I FEDERAL ADJUSTED G | | | | | - | | | | | | | | | | |
| 2 | Line 7, Column 1. Additions from Schedule 7 | 60PY | ADJ Line 3 | | | | | | 1 | | | 0 | | | | 00 |
| 3 | Add Lines 1 and 2 | | | | | | | | | | | 0 | | | | 00 |
| 4 | Qualifying Age Deduction. | Ente | er Birth Dates | abo | ve. C | omplete | e Age | e Deduct | tion 4a | | | 0 | | | | 00 |
| | Worksheet in instructions. when using Filing Status 4 4a, Column A and Spouse | ONL | Y. Otherwise, | clain | n You | r Age D | educ | tion on L | ine | | | 0 |) | | | 00 |
| 5 | Social Security Act and reported as taxable incom residence in Virginia | e on | federal return | and | l attrib | utable t | to yo | ur period | | | | 0 | 0 | | | 00 |
| 6 | State income tax refund federal return and received you reported adjusted gros | or ov d whil | erpayment cre le a Virginia re | edit side | repor | ted as aim in t | incor he sa | me on y ame colu | | | | 0 | 0 | | | 00 |
| 7 | Income attributable to your Income, Part 1, Line 9, Co | perio | d of residence | out | tside V | /irginia f | rom : | Schedule | | | | 0 | 0 | | | 00 |
| 8 | Subtractions from Schedul | e 760 | PY ADJ, Line | 7 | | | | | 8 | | | 0 | 0 | | | 00 |
| 9 Add Lines 4a, 4b, 5, 6, 7 and 8 | | | | | | 9 | | | 0 |) | | | 00 | | | |
| 10 Virginia Adjusted Gross Income (VAGI). Sul | | | | btract Line 9 from Line 3 | | | 10 | | | 0 | 0 | | | 00 | | |
| 11 Itemized Deductions paid while a Virginia resid | | | | | dent | | | 11 | | | 0 |) | | | 00 | |
| 12 | State and local income tax | es on | ı Virginia Sche | dule | e A and | d <u>includ</u> | ded c | on Line | 11 . 12 | | | 0 | 0 | | | 00 |
| 13 Subtract Line 12 from Line 11 if claiming itemized deductions. Otherwise, enter standard deduction from Standard Deductions Worksheet in instructions | | | | | nter 13 | | | 0 | 0 | | | 00 | | | | |
| Va. Dept. of | For Local Ha | | | 7 | , KOIIC | ,ot 111 1118 | , ii u U l | | | 十 | | | - | | | - 1 |

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| Your Name | Your SSN |
|-----------|----------|
| | |



| | | E |) ONLY | A | Spouse if atus 2 | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|-----------|------------------|------------------|----------|--|--|--|
| 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 2018 Estimated Tax Payments | . 21 | | | 00 | | | | | |
| 22 | 2017 overpayment credited to 2018 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 fr | . 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, a | . 28 | | | 00 | | | | | |
| 29 | If Line 19 is larger than Line 28, enter the difference. This is the INCOME | . 29 | | | 00 | | | | | |
| 30 | If Line 28 is larger than Line 19, enter the difference. This is the OVERPA | . 30 | | | 00 | | | | | |
| 31 | Amount of overpayment on Line 30 to be CREDITED TO 2019 ESTIMATED | D INCOME TAX. | | . 31 | | | 00 | | | |
| 32 | Virginia529 and ABLEnow Contributions from Schedule VAC, Section I, I | _ine 6 | | . 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 | L | | 00 | | | |
| 35 | Sales and Use Tax is due on Internet, mail order, and out-of-state purchase See instructions | 35 | 1 | | 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 ove | ine 36 is larger thar | | | | | | | | |
| | Line 30, enter the difference. Enclose payment or pay at www.tax.virgin Check here if paying by credit or debit card - See instructions | nia.govAMOl | JNT YOU OWE | 37 | İ | | 00 | | | |
| 38 | If Line 30 is larger than Line 36, subtract Line 36 from Line 30 | 38 | · · · · · · · · · · · · · · · · · · · | | 00 | | | | | |
| | T BANK DEPOSIT Your Bank Routing Transit Number | Your Bank Accou | unt Number Che | cking | s | avings | | | | |
| | ernational Deposits. | | | | | | | | | |
| _ ı (∨ | Ve) authorize the Department of Taxation to discuss this return with my (our) pre | parer. | agree to obtain my F | orm 1099 | -G at www | ⊥ /.tax.virgi | nia.gov. | | | |
| I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return. | | | | | | | | | | |
| | gnature | Date | | | | | | | | |
| Spous | N's Signature (If a joint return, both must sign) | Snouse's Phone Nur | Date | | | | | | | |
| opouse | s's Signature (If a joint return, both must sign) | Spouse's Phone Nur | Date | | | | | | | |
| Prepar | er's Name | Preparer's Phone Nu | Date | | | | | | | |
| Firm's | Name (or Yours if Self-Employed) | Preparer's PTIN | Filing Elec | tion Code | ID Theft P | IN | | | | |