		oletin	fear Resid Due May g line items.					closures			Dates of V		e
		MI	Your Last Name	Check if deceased	<u> </u>	Suffix	•	cial Security		Y	/ou - From	d-yyyy) You - T	ō
SPOUSE	'S First Name (filing status 2 or 4)	MI	Spouse's Last Nar	me Check if deceased		Suffix	B Spouse	's Social Se	curity Number	Sp	ouse - From	Spouse -	- То
Present Ho	ome Address (Number and Street, or	Rural F	Route)						VA		ense Informati	 ion	
City, Town	or Post Office							You Spouse					
State			ZIP Code			Locality C	Code	You Spouse		Issue Date	e (mm-dd-yyyy)		
Appli	eck Amended Re cable Check if Res xes Dependent o Overseas on	ult of N n Anotl	her's Return	Seama	an	,	isherman Claimed or 00				ed Social Sec reported as ta Return		
If Fi	ng Status Enter Filing Statu 1 = Single (Column A) - 2 = Married, Filing Joint 3 = Married, Filing Sepa 4 = Married, Filing Sepa ing Status 3, enter spouse's S at top of form and, enter Spouse OF BIRTH	Feder return rate re rately SSN in	al head of hous (Column A) eturns (Column on this combin the Spouse's S	sehold? YES A) ed return (Colum		and B)	Enter the and Sp	A - You e numbers f ouse if Filin B - Spou ing Status 4	I or both You g Status 2 Se o Only	You/	Dependents 6	65 or Over	
57112	Your Birth Date (n Spouse's Birth Da			-	-			B	Spouse Filing Status ONLY	4		You de Spouse if ng Status 2	f
Con	nplete the Schedule of I			ubmit it with ye	our F	Form 7	60PY.						
1	FEDERAL ADJUSTED G Line 7, Column 1.						t 1, 1			00			00
2	Additions from Schedule 7	60PY	ADJ, Line 3				2			00			00
3 4	4 Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction					ion 12			00			00	
	Worksheet in instructions. B when using Filing Statu Line 4a, Column A and Sp	is 4 C	NLY. Otherwis	e, claim Your Ag	e Deo	duction		_		00			00
5								00			00		
6	State income tax refund federal return and receiver you reported adjusted gros	d while	e a Virginia res	ident. Claim in th	e san	ne colu				00			00
7								00			00		
8					8			00			00		
9 Add Lines 4a, 4b, 5, 6, 7, and 8					9			00			00		
10 Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3					10			00			00		
11	Itemized Deductions from See Instructions	-		-	-					00			00
12	If you do not claim itemiz from Standard Deductions	ed de	ductions on Li	ne 11, enter stan	ndard	deduct	ion 12			00			00

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2019 Form 760PY Page 2

2019	Form 760PY Page 2							
Your N	ame Your SSN							
			B Spous Filing Status 4		A Y	OU Include		
13	Prorated exemption amount from Schedule of Income, Part 2, Line 11.	-	Filing Status 4	ONLY	~	Filing Sta	itus 2	
10	See instructions			00			00	
14	Deductions from Schedule 760PY ADJ, Line 9.			00			00	
15	Add Lines 11, 12, 13 and 14.		00			00		
16	Virginia Taxable Income. Subtract Line 15 from Line 10.	00			00			
17	Tax amount from Tax Table or Tax Rate Schedule.	00			00			
18	Total Tax. Add Line 17, Column A and Line 17, Column B.	18			00			
19a	Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G,	19a			00			
19b	Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W	19b			00			
20	Combined 2019 Estimated Tax Payments			20			00	
21	2018 overpayment credited to 2019 estimated taxes			21			00	
22	Extension Payment - Enter amount paid on Form 760IP			22			00	
23	Tax Credit for Low-Income Individuals or Virginia Earned Income Credit	from Schedule 7	60PY ADJ, Line 17.	23			00	
24	Total credit for taxes paid to another state from Schedule OSC	24			00			
25	Credits from Schedule CR, Section 5, Line 1A.	. 25			00			
26	Total payments and credits. Add Lines 19a through 25.	26			00			
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOM	27			00			
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERP	28			00			
29	Amount of overpayment on Line 28 to be CREDITED TO 2020 ESTIMATE	29			00			
30	Virginia529 and ABLEnow Contributions from Schedule VAC, Section I,	30			00			
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14	31			00			
32	Addition to Tax, Penalty and Interest from enclosed Schedule 760PY A	32			00			
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions						00	
34	Add Lines 29 through 33			34			00	
35	If you owe tax on Line 27, add Lines 27 and 34 - OR - If Line 28 is an ov Line 28, enter the difference. Enclose payment or pay at www.tax.virg Check here if paying by credit or debit card - See instructions	inia.govAMO		n 35			00	
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28		YOUR REFUND	36			00	
	If the Direct Deposit section below is not completed, your refund will be issued							
	T BANK DEPOSIT Your Bank Routing Transit Number	Your Bank Acco	ount Number Che	ecking		Savings		
	rnational Deposits.							
□ I (We) authorize the Department of Taxation to discuss this return with my (our) preparer. □ I agree to obtain my Form 1099-G at www.tax.virginia.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.								
Your S	gnature	Your Phone Numbe	Date					
Spouse	's Signature (If a joint return, both must sign)	Spouse's Phone N	Date					
Prepar	er's Name	Preparer's Phone I	Date					
Firm's	Name (or Yours if Self-Employed)	Preparer's PTIN	Vendor Code	Filing Elec	tion Code	ID Theft P	IN	