

For calendar year 1997 or taxable year beginning _____, 1997 and ending _____, 19_____.

PLEASE PRINT OR TYPE

First name and initial	Last name	Your social security number
Present home address (number and street, including apartment number, or rural route)		Spouse's social security number
City, town or post office	State	ZIP Code

USE THIS FORM ONLY IF YOU QUALIFY FOR ONE OF THE 3 CATEGORIES IN PART I BELOW (COMPLETE BOTH PART I AND PART II)

PART I (CHECK ONE)

Staple Copy of W-2 here

A. 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 live in Virginia at any time;
- I commuted on a daily basis from my place of residence in (CHECK ONE):
 Kentucky District of Columbia
 to my place of employment in Virginia; and
- That my only income from sources within Virginia was from wages and salaries which were subject to income taxation by the state (district) checked above.

B. I declare that during the taxable year shown above:

- I was a domiciliary or legal resident of (CHECK ONE): Maryland Pennsylvania West Virginia
- I was not an actual resident of Virginia (an actual resident is one who has his or her place of abode in Virginia for a total of more than 183 days of the taxable year); and
- That my only income from sources within Virginia was from wages and salaries which were subject to income taxation by (CHECK ONE): Maryland Pennsylvania West Virginia

C. I declare that during the taxable year shown above:

- I was not a domiciliary or legal resident of Virginia at any time;
- I was a resident of (state) _____
- I did not perform any services in Virginia; and
- The Virginia tax was erroneously withheld from salary and wages paid me by my employer.

PART II

I request that the \$ _____ Virginia income tax withheld, as evidenced by the attached wage and tax statement(s), Form W-2, be refunded to me.

File this claim by **May 1, 1998**, with the **Department of Taxation, P.O. Box 760, Richmond, Virginia 23218-0760, (804) 367-8031.**

YOU MUST ATTACH A COMPLETE COPY OF YOUR STATE OF RESIDENCE INCOME TAX RETURN IF YOU ARE A RESIDENT OF A STATE WITH AN INDIVIDUAL INCOME TAX

Department of Taxation

I, the undersigned, do declare under penalties provided by law that this is a true, correct and complete return.

Please Sign Here	Your signature	Date	Your business phone number	Home phone number
	X		()	()
Preparer's Use Only	Preparer's signature	Date	Preparer's phone number	
	X		()	
Firm's name (or yours if self-employed) and address				