

763-S VIRGINIA SPECIAL NONRESIDENT CLAIM FOR INDIVIDUAL INCOME TAX WITHHELD

2001



For calendar year 2001 or
taxable year beginning _____, 2001 and ending _____.

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	<p>A. <input type="checkbox"/> I declare that during the taxable year shown above:</p> <ol style="list-style-type: none"> 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): <input type="checkbox"/> Kentucky <input type="checkbox"/> 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.
	<p>B. <input type="checkbox"/> I declare that during the taxable year shown above:</p> <ol style="list-style-type: none"> I was a domiciliary or legal resident of (CHECK ONE): <input type="checkbox"/> Maryland <input type="checkbox"/> Pennsylvania <input type="checkbox"/> 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): <input type="checkbox"/> Maryland <input type="checkbox"/> Pennsylvania <input type="checkbox"/> West Virginia
	<p>C. <input type="checkbox"/> I declare that during the taxable year shown above:</p> <ol style="list-style-type: none"> 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, 2002**, 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**

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