Virginia Resident Form 760 Individual Income Tax Return

| 02/ | File by May 1, 2012 - PLEASE USE BLACK INK | | | | | | | | | |
|-----------|--|--------------------------------|-------------------------------------|-------------------------------------|---------|---|---------------------------------------|-----------------------------------|--|--|
| 2601031 | Your first name | M.I. L | ast name | Suffix | | Fill in all o | vals that apply: | | | |
| 26 | | | | | 0 | Name or | filing status has change | ed since last filing | | |
| | Spouse's first name (joint returns only) | M.I. L | ast name | Suffix | 0 | Virginia r | eturn was not filed last | year | | |
| ŀ | Number and Street - If this is a change y | | Dependent on another's return | | | | | | | |
| | | | | | 0 | Amended | d Return - Fill in oval if r | esult of NOL | | |
| | City, town or post office and state | post office and state ZIP Code | | | 0 | I (We) authorize the Dept. of Taxation to discuss my (our) return with my (our) preparer. | | | | |
| Ī | Your Social Security Number | | st 4 letters of our last name | oouse's Social Se | ecurity | | First 4 letters of spouse's last name | Locality Code See instructions | | |
| | 0 0 | | | 4 . | - | Ш | | | | |
| ĺ | Filing Status Fill in oval to indica | ate statu | s Exe | emptions | De | pendents | Total | | | |
| | (1) Single. Did you claim federal | head of | | You Spou | | - | x \$930 = | Add the Dollar | | |
| | (2) Married filing joint return (Ent | ter spou | se's SSN above) | Vau Cnau | | _ | Tabal | Amounts | | |
| | (3) Married filing separate return Spouse's Name | n (Enter : | spouse's SSN above) | You Spous 65 65 or over or ov | DI | ou Spou lind Blin | id = | and Ente Total on Line 11 | | |
| 1 | Federal Adjusted Gross Income (from federal return - NOT | | | | 1 | LOSS | | 00 | | |
| | <i>from federal return - NOT</i> Total Additions from attached Schedl | | | | | | | | | |
| Z > | You must attach Schedule (You must attach Schedule | | , Line 3 | | Z | ш | | . 00 | | |
| 3 | | | | | 3 | LOSS | | . 00 | | |
| here. | You | + | Spouse | . 00 | = 4 | | | . 00 | | |
| ing a | Your Birthday (mm-dd-yy) | | Spouse's Birthda | ny (mm-dd-yy) | | | | | | |
| withholo | 5. Social Security Act and equivalent Tie (reported as taxable on fee | er 1 Rai deral rei | Iroad Retirement Act benef turn) | fits | 5 | ш | | . 00 | | |
| 6 | State Income Tax refund or overpaym | nent cre | dit (reported as income on | federal return) | 6 | | | . 00 | | |
| <u> </u> | 7. Subtractions from attached Schedule (You must attach Schedule | e ADJ, L e ADJ) | ine 7 | | 7 | | | . 00 | | |
| STS 8 | 3. Add Lines 4, 5, 6 and 7 | | | | 8 | | | . 00 | | |
| 9 | Virginia Adjusted Gross Income (V. | /AGI) - S | Subtract Line 8 from Line | 3 | 9 | LOSS | | 0.0 | | |
| | Deductions-Enter Standard: Filing S | | | | | | You <u>must</u> use Itemized | DEDUCTIONS IF | | |
| | • | | and Local Income Taxes | | | , | OU ITEMIZED ON YOUR FE | \ | | |
| L | 00 1 | MINUS | | . 00 | = 10 | | | . 00 | | |
| | Exemptions. Sum of total from Exemption Section B multiplied by \$8 | | , , | • | | | | . 00 | | |
| ment here | 2. Deductions from Virginia Adjusted Gr | ross Inco | ome Schedule ADJ, Line 9 | | 12 | LOSS | | . 00 | | |
| ple pay | 3. Add Lines 10, 11 and 12 | | | | 13 | LOSS | | . 00 | | |
| Sta | 4. Virginia Taxable Income - Subtract | | | | | LOSS | | . 00 | | |
| _ | LAR DLAR DTD | | \$ | ППП | П | T _ | Off | ice Use | | |



| real Z | 711 | | | | | | 0.0 |
|---|--|--|--|--------------------------------|-----------------------|-------------------------------|--------|
| | | Tax Rate Schedule (round | | | | | . 00 |
| | e Tax Adjustment. For Filiı a - Enter Your VAGI below | ng Status 2 only. Enter VA 0 16b - I | GI in <u>whole</u> <u>dollar</u> Enter Spouse's VA | | | | |
| LOSS | | .00 Loss | | .0016 | | | . 00 |
| | | Line 16 from Line 15 | | 17 | | | . 00 |
| | a tax withheld for 2011. 'our Virginia withholding | | | 18a | | | . 00 |
| 18b. S | Spouse's Virginia withhold | ing (filing status 2 only) | | 18b | | | . 00 |
| | ited Tax Paid for tax year include overpayment cred | 2011 (from Form 760ES) ited from tax year 2010) | | 19 | | | . 00 |
| 20. Extens | ion Payments (from Form | 760IP) | | 20 | | | . 00 |
| 21. Tax Cre | edit for Low Income Individu | uals or Earned Income Credi | it from attached S | ch. ADJ, Line 17 21 | | | . 00 |
| 22. Credit (| for Tax Paid to Another St You must attach Sch. OS | ate from attached Sch. OS C and a copy of all other st | SC, Line 21 ate returns) | 22 | | ЩЦ | . 00 |
| | | hedule CRution Credit only - fill in | | | | | . 00 |
| • | • | ough 23 | | | | | . 00 |
| | 24 is less than Line 17, so Skip to Line 28 | ubtract Line 24 from Line 1 | 7. This is the Tax | You Owe25 | | | . 00 |
| 26. If Line | 17 is less than Line 24, so | ubtract Line 17 from Line 2 | 4. This is Your Ta | ax Overpayment26 | | | . 00 |
| 27. Amour | nt of overpayment you wan | nt credited to next year's e | stimated tax | 27 | | | . 00 |
| 28. Adjustments and Voluntary Contributions from attached Schedule ADJ, Line 24 | | | | | | | |
| 29. Add Li | nes 27 and 28 | | | 29 | | | . 00 |
| If Line | | ines 25 and 29. OR ubtract Line 26 from Line 2 | 9. AMOUNT YO | U OWE30 | | | . 00 |
| | CREDIT FILL IN OVAL IF | PAYING BY CREDIT OR DEBIT CA | ARD - SEE INSTRUCTI | ONS O | | | 00 |
| | 26 is greater than Line 29 Deposit Information | , subtract Line 29 from Lin Account Type | e 26. YOUR REF Checking | UND31 Savings | | | . 00 |
| For dome: | stic direct deposit | | ПП | | | ттп | TTTT |
| refunds o | nly. See instructions. | Your bank routing | transit number | | Your bank accou | nt number | |
| | , , | ner, fisherman or merchant | t seaman | Federal Schedule C fi | • | | |
| | Overseas on o | due date | | Earned Income Credit | | leral return. int claimed: | |
| Primary Taxpayer Deceased Spouse Deceased | | | | | | | |
| | | penalty of law that I (we) h | | return and to the best of my (| our) knowledge, it is | a true, correct and | I = · |
| Your Sig | nature | | Date | Spouse's Signature | | | Date |
| | Your business phone | number | Home ph | one number | Spouse's busir | ess phone numbe | er |
| L | 1 1 1 1 1 | | | | | | LL I |
| Pre | eparer's Signature | Preparer's Name, Addre | ess & Phone Nur | mber (please print) | Filing Election | Preparer' | s PTIN |

Your SSN