		Du Dieting line	ue May ′ items.	ent Income			closures			A Residence	
YOUR Fi		1 1	st Name	Check if deceased	Suffix	-	ocial Security Number	ər	You - From	You - To	_
SPOUSE	'S First Name (filing status 2 or 4)	MI Spouse	s Last Name	Check if deceased	Suffix	B Spouse	's Social Security N	umber s	Spouse - From	Spouse - To	_
Present H	ome Address (Number and Street, or	r Rural Route)							icense Informat	ion	
City, Town	or Post Office						You	Issue D	ate (mm-dd-yyyy		
State		ZIP Cod	e		Locality	Code	You Spouse				
Appl	eck Amended Reasor cable Season cable Opependent o Overseas on	n Code	turn	Seaman	,		or Merchant	Spous		curity for You and axable income on	
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 Spou	Federal head return (Colur rate returns (rately on this SSN in the Spo	l of housel nn A) Column A <u>)</u> combined) I return (Columns A	A and B)	Enter the and Sp	A - You e numbers for both ouse if Filing Status B - Spouse ing Status 4 Only	You/ Spouse You	f exemptions Dependents	being claimed. 65 or Over Blind	
DATE	OF BIRTH Your Birth Date (n	nm-dd-yyyy)			•		B Filing S			You ude Spouse if	
	Spouse's Birth Da						ON	LY	Fili	ing Status 2	
1	FEDERAL ADJUSTED C Line 7, Column 1.	GROSS INC	OME from	Schedule of Inco	ome, Par	rt 1,		0		00)
2	Additions from Schedule 7					. 2		0)	00	
3	Add Lines 1 and 2							0	0	00)
4	4 Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduct Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Colu B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction Line 4a, Column A and Spouse's on Line 4b, Column A				umn 1 on		0	0	00	-	
5	Social Security Act and reported as taxable incom residence in Virginia	ne on federal	return and	d attributable to yo	our perio	d of _		0)	00)
6	State income tax refund federal return and receiver you reported adjusted gros	d while a Virg	ginia reside	ent. Claim in the sa	ame coli	umn e		0(0	00)
7	Income attributable to your Income, Part 1, Line 9, Co							0	D	00)
8	Subtractions from Schedu	le 760PY AD	J, Line 7			. 8		0	D	00)
9	Add Lines 4a, 4b, 5, 6, 7,	and 8				. 9		0	b	00)
10	10 Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3				. 10		0	D	00)	
11	Itemized Deductions from See Instructions		•	•		. 11		0	b	00)
12	If you do not claim itemiz from Standard Deductions	ed deduction Worksheet in	is on Line n instructio	11, enter standar	d deduc	tion 12		0	ו	00)

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2020 Form 760PY Page 2

2020	Form 760PY Page 2								
Your N	ame Your SSN								
	I		B Spous Filing Status 4		A Y	OU Include			
13	Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions	13	Filing Status 4	ONLY 00		Filing Sta	tus 2		
14	Deductions from Schedule 760PY ADJ, Line 9.			00			00		
15	Add Lines 11, 12, 13 and 14	4.5		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.	10			00				
19a	Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G,			10			00		
19b	Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W			101			00		
20	Combined 2020 Estimated Tax Payments			20			00		
21	2019 overpayment credited to 2020 estimated taxes			04			00		
22	Extension Payment - Enter amount paid on Form 760IP						00		
23	Tax Credit for Low-Income Individuals or Virginia Earned Income Credit			00			00		
24	Total credit for taxes paid to another state from Schedule OSC						00		
25	Credits from Schedule CR, Section 5, Line 1A.						00		
26	Total payments and credits. Add Lines 19a through 25.						00		
27	If Line 18 is larger than Line 26, enter the difference. This is the INCOME TAX YOU OWE.						00		
28	If Line 26 is larger than Line 18, enter the difference. This is the OVERPAYMENT AMOUNT .						00		
29	Amount of overpayment on Line 28 to be CREDITED TO 2021 ESTIMATED INCOME TAX.						00		
30	Virginia529 and ABLEnow Contributions from Schedule VAC, Section I, Line 6						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 AL	OJ, Line 21		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.virgi Check here if paying by credit or debit card - See instructions	nia.govAMC		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	l by check.							
	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 (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 Si	gnature	Your Phone Numb	Date						
Spouse	s'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 Election Code ID Theft PII						N			