| | P Corr 760-ADJ Schedule ADJ Your Social Security Number Form 760-ADJ | |
|----|--|---------------|
| Na | ne(s) as shown on Virginia return | Dollar Amount |
| A | dditions to Federal Adjusted Gross Income | |
| 1. | Interest on obligations of other states, exempt from federal income tax but not from state tax | . 00 |
| 2. | Other additions to federal adjusted gross income. | |
| | 2a. FIXED DATE CONFORMITY ADDITION - SEE INSTRUCTIONS. | . 00 |
| | 2b - 2c. Refer to the Form 760 instructions for Other Addition Codes. | |
| | | |
| | 2b | |
| | 2c | . 00 |
| 3. | Total Additions. Add Lines 1 and 2a - 2c. Enter here and on Form 760, Line 2 | . 00 |
| S | ubtractions from Federal Adjusted Gross Income | |
| 4. | Income (interest, dividends, or gains) from obligations or securities of the U.S. exempt | |
| 5 | from state income tax, but not from federal tax | |
| 5. | Disability income reported as wages (or payments in lieu of wages) on your federal return. | |
| | 5a. Enter YOUR disability subtraction | |
| | 5b. Enter SPOUSE's disability subtraction | . 00 |
| 6. | Other subtractions as provided in instructions. 6a. FIXED DATE CONFORMITY SUBTRACTION - SEE INSTRUCTIONS. 6b - 6d. Refer to the Form 760 instructions for Other Subtraction Codes. | . 00 |
| | Certification Number Code | |
| | 6b | . 00 |
| | 6c | . 00 |
| | 6d | |
| | | |
| 7. | Total Subtractions. Add Lines 4, 5a, 5b, and 6a - 6d. Enter here and on Form 760, Line 7 | |
| D | eductions from Virginia Adjusted Gross Income Code | |
| 8. | Refer to the Form 760 instructions for Deduction Codes. | |
| | 8a | |
| | 8b | |
| | 8c | Loss . 00 |
| | | |
| 9. | Total Deductions. Add Lines 8a - 8c. Enter here and on Form 760, Line 13 | |
| | Schedule ADJS if you are claiming more additions, subtractions or deductions than the Schedule AD ws. Refer to the Form 760 Instructions for Other Codes. Fill in this oval | 0 |

Continue with Line 10 on Page 2.

WEB 2021 Virginia Schedule ADJ Page 2

| Your Social Security Number | | | | | | |
|-----------------------------|-----------|--|--|--|--|--|
| - ¢ | \$ | | | | | |



| | | - | | | |
|-----|--|---|---------------------------|---------------------------------------|--|
| | Family VAGI | Name | Social Security Number | Virginia Adjusted Gross Income (VAGI) | |
| | You | | | | |
| | Spouse | | | | |
| | Dependent | | | | |
| | Dependent | | | | |
| 10. | Total | If more than 4 exemptions, attach schedule listi Enter total Family VAGI here. | ng the name, SSN, & VAGI. | LOSS . 00 | |
| 11. | Enter the total number of exemptions reported in the table above. Next, refer to the Poverty Guidelines Table in the Form 760 instructions to see if you qualify for this credit | | | | |
| 12. | If you qualify for this credit, enter the number of personal and dependent exemptions reported on your Form 760 (see instructions)12 | | | | |
| 13. | Multiply Line 12 by \$300. Enter the result on Line 13. If you do not qualify for the Tax Credit for Low-Income Individuals but claimed the Earned Income Credit on your federal return, enter \$0 | | | | |
| 14. | Enter the amount of Earned Income Credit claimed on your federal return. If you did not claim the Earned Income Credit on your federal return, enter \$0 | | | | |
| 15. | Multiply Line 14 by 20% (| (.20) | | 15 | |
| 16. | Enter the greater of Line 13 or Line 15 above | | | 16 | |
| 17. | | Line 16 above to the amount of tax on Line 18 of s here and on Line 23 of Form 760. This is your o | | | |
| A | ddition to Tax, Penal | ty, and Interest | r | | |
| 18. | Addition to tax. Fill in ova | l if addition came from: O Form 760C C | Form 760F 18 | . 00 | |
| 19. | Penalty O | ate Filing Penalty C Extension Penal | ty 19 | . 00 | |
| 20. | Interest (accrued on the t | ax you owe) | | . 00 | |
| 21. | | alty, and Interest (add Lines 18 through 20). 2 of Form 760 | | . 00 | |

Health Care Coverage Contact Information

If you marked the oval on the front of Form 760 to authorize the sharing of information from this return with DMAS and have a preferred contact method, please provide the information below.

22. Indicate your preferred method of contact by filling in the appropriate oval below and providing your information.

| Email | Email address | | | | | | |
|------------------------|---|-------|----------|--|--|--|--|
| O Phone Daytime number | | | | | | | |
| Mail | Mail Provide address if different from the information you provided on page one of your Virginia income tax return. | | | | | | |
| Number and Street | | | | | | | |
| City, town, or p | oost office | State | ZIP Code | | | | |