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STAPLE

2006 Virginia Resident Form 760 WEB Individual Income Tax Return

File by May 1, 2007 - PLEASE USE BLACK INK

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Your first name	M.I.	Last name	Suffix
Spouse's first name (joint returns only)	M.I.	Last name	Suffix
Present home address (number and street)			
City, town or post office and state			Zip Code

- Fill in all ovals that apply:
- Name or filing status has **changed** since last filing
 - Address has **changed** since last filing
 - Virginia return was not filed last year
 - Return adjusted for fixed date conformity
 - Dependent on another's return
 - Amended Return - Fill in oval if result of NOL

Your Social Security Number	First 4 letters of your last name	Spouse's Social Security Number	First 4 letters of spouse's last name	Locality Code See instructions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Filing Status Fill in oval to indicate status

- (1) Single. Did you claim federal head of household? Yes
- (2) Married filing joint return (Enter spouse's SSN above)
- (3) Married filing separate return (Enter spouse's SSN above)
Spouse's Name _____

Exemptions

Dependents Total

A You + Spouse = x \$900 = _____

B You 65 or over + Spouse 65 or over + You Blind + Spouse Blind = x \$800 = _____

Add the Dollar Amounts and Enter Total on Line 11

Forms W-2, W-2G, and 1099 reporting VA withholding here.

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Staple payment here

1. Federal Adjusted Gross Income (from federal return - NOT FEDERAL TAXABLE INCOME)	1	LOSS	<input type="text"/>	<input type="text"/>
2. Total Additions from attached Schedule ADJ, Line 3 (You must attach Schedule ADJ)	2		<input type="text"/>	<input type="text"/>
3. Add Lines 1 and 2	3	LOSS	<input type="text"/>	<input type="text"/>
4. Deduction for age on Jan. 1, 2007. See Instructions. You <input type="text"/> .00 + Spouse <input type="text"/> .00 = <input type="text"/> .00 Your Birthday (mm-dd-yy) <input type="text"/> Spouse's Birthday (mm-dd-yy) <input type="text"/>	4		<input type="text"/>	<input type="text"/>
5. Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits (reported as taxable on federal return)	5		<input type="text"/>	<input type="text"/>
6. State Income Tax refund or overpayment credit (reported as income on federal return)	6		<input type="text"/>	<input type="text"/>
7. Subtractions from attached Schedule ADJ, Line 7 (You must attach Schedule ADJ)	7		<input type="text"/>	<input type="text"/>
8. Add Lines 4, 5, 6 and 7	8		<input type="text"/>	<input type="text"/>
9. Virginia Adjusted Gross Income (VAGI) - Subtract Line 8 from Line 3	9	LOSS	<input type="text"/>	<input type="text"/>
10. Deductions-Enter Standard: Filing Status 1 = \$3,000; 2 = \$6,000; 3 = \$3,000 OR Itemized:				
10a. Total Itemized Deductions			<input type="text"/>	<input type="text"/>
10b. State and Local Income Taxes claimed on Sch. A			<input type="text"/>	<input type="text"/>
MINUS			<input type="text"/>	<input type="text"/>
11. Exemptions. Sum of total from Exemption Section A multiplied by \$900 plus sum of total from Exemption Section B multiplied by \$800	11		<input type="text"/>	<input type="text"/>
12. Child and Dependent Care Expenses. See Instructions	12		<input type="text"/>	<input type="text"/>
13. Add Lines 10, 11 and 12	13		<input type="text"/>	<input type="text"/>
14. Virginia Taxable Income - Subtract Line 13 from Line 9	14	LOSS	<input type="text"/>	<input type="text"/>

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Office Use
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- 15. Amount of Tax from Tax Table or Tax Rate Schedule (round to whole dollars) 15
- 16. Spouse Tax Adjustment. For Filing Status 2 only. Enter VAGI in whole dollars below. See instructions.
 16a - Enter Your VAGI below .00 .00 16b - Enter Spouse's VAGI below .00 .00
- 17. Net Amount of Tax - Subtract Line 16 from Line 15 17
- 18. Virginia tax withheld for 2006.
 - 18a. Your Virginia withholding 18a
 - 18b. Spouse's Virginia withholding (filing status 2 only) 18b
- 19. Estimated Tax Paid for tax year 2006 (from Form 760ES) 19
 (include overpayment credited from tax year 2005)
- 20. Extension Payments (from Form 760IP) 20
- 21. Tax Credit for Low Income Individuals or Earned Income Credit from attached Sch. ADJ, Line 12 21
- 22. Credit for Tax Paid to Another State from attached Sch. ADJ, Line 19 or Sch. OSC, Line 41 22
 (You must attach Sch. ADJ or Sch. OSC and a copy of all other state returns)
- 23. Other Credits from attached Schedule CR 23
 (If claiming Political Contribution Credit only - fill in oval - see instructions)
- 24. Add Lines 18a, 18b and 19 through 23 24
 If you are filing an Amended Return, stop here and GO TO Line 27 of Schedule ADJ
- 25. If Line 24 is less than Line 17, subtract Line 24 from Line 17. This is the Tax You Owe 25
 Skip to Line 28
- 26. If Line 17 is less than Line 24, subtract Line 17 from Line 24. This is Your Tax Overpayment ... 26
- 27. Amount of overpayment you want credited to next year's estimated tax 27
- 28. Adjustments and Voluntary Contributions from attached Schedule ADJ, Line 26 28
 (You must attach Schedule ADJ)
- 29. Add Lines 27 and 28 29
- 30. If you owe tax on Line 25, add Lines 25 and 29. OR
 If Line 26 is less than Line 29, subtract Line 26 from Line 29. **AMOUNT YOU OWE** 30
- 31. If Line 26 is greater than Line 29, subtract Line 29 from Line 26. **YOUR REFUND** 31

Your SSN

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Direct Deposit Information

Please indicate type of account
 Checking Savings

Your bank's routing transit number

Your bank account number

Fill in all ovals that apply:

- Qualifying farmer, fisherman or merchant seaman
- Federal Schedule C filed with your federal return
- Coalfield credit earned
- Overseas on due date
- Earned Income Credit claimed on your federal return. Amount claimed:

Primary Taxpayer Deceased

Spouse Deceased

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 Signature	Date	Spouse's Signature	Date
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Your business phone number

Home phone number

Spouse's business phone number

I authorize the Dept. of Taxation to discuss my return with my preparer.

Preparer's Signature	Preparer's Name, Address & Phone Number (please print)	Code	Preparer's FEIN/PTIN/SSN
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