| o1031 File by May 1, 2021 —   | PLEAS   |  |   |  |   |   |                |                           |                  |
|---|---|--|---|--|---|---|----------------|---------------------------|------------------|
| 6/20<br>our first name M.I. Last name including suffix  |   |  |   | ٦  | Social Secu                                       | urity Number  |                | st 4 letters<br>last name |                  |
|   |   |  |   | Y  | You   | - ¢ -   | ÷              |                           |                  |
| pouse's first name (joint returns only)   | M.I.  | Last name includi  | ng suffix   | Sp   | ouse  | l è l   | 4              |                           |                  |
| lumber and Street - If this is a change   | you must fill in oval   |  |   | 0  |   | Birth Date (mn  | n-dd-yyyy)     | Deceased                  | Locality<br>Code |
| tity, town, or post office  | (   | State  | ZIP Code  | Y  | You   | 9 9   |                |                           | Code             |
| ity, town, or post onice  | ,   | Slale  | ZIF COUE  | Sp   | ouse  | <u> </u>  |                |                           |                  |
| Fill in all ovals that apply:   |   |  |   |  | Cus   | VA Driver's<br>stomer ID                                  | License Inform | nation<br>Issue Date      | e                |
| <ul> <li><u>Name</u> or <u>Filing Status</u> changed</li> <li>Virginia return not filed last year</li> </ul>  | 00  | Overseas on du<br>Federal Schedu   | Vou   |  |   |   |                | <b>\$</b>                 |                  |
| Dependent on another's return   |   | Earned Income<br>on federal return   | Crows   |  |   |   | ПП             | 4 4                       |                  |
| Qualifying farmer, fisherman or merchant seaman   | ' _   | Amount claimed   |   | E  | xemptio   | <b>ons</b> Add Sections<br>Spouse if<br>Filing Status 2 D |                | the sum on Line           |                  |
| Amended Return - Reason Code<br>ng Status Enter in box (1 = Single, 2   |   | and 3 = Married Filing   |   |  | You F   | + Hing Status 2 D   | ependents<br>= | X \$930 =                 | Total Sect       |
| ode Federal head of household?  |   |  |   |  | You 65<br>or over                                 | Spouse 65 You<br>or over Blin                             |                |                           | Total Sect       |
| If Filing Status 3, enter spou<br>box at top of form and enter  |   | •  | ocial Security Nu   | Imber  | +   | · +   | + =            | X \$800 =                 |                  |
| 3. Add Lines 1 and 2  |   | , Line 3   |   |  |   | <b>2</b>  |                |                           |                  |
| <ol> <li>Add Lines 1 and 2</li> <li>Age Deduction. See Instructions</li> <li>You</li> <li>Social Security and equivalent T</li> </ol>   | s. Be sur<br>. 00<br>Tier 1 Ra  | , Line 3<br>re to provide date of<br>+ Spouse  | birth above.  | D. O<br>on federal   | 0 ÷<br>return                                     | 2<br>3  |                |                           |                  |
| <ol> <li>Add Lines 1 and 2</li> <li>Age Deduction. See Instructions</li> <li>You</li> <li>Social Security and equivalent T</li> </ol>   | s. Be sur<br>. 00<br>Tier 1 Ra  | , Line 3<br>re to provide date of<br>+ Spouse  | birth above.  | D. O<br>on federal   | 0 ÷<br>return                                     | 2<br>3  |                |                           |                  |
| <ol> <li>Add Lines 1 and 2</li> <li>Age Deduction. See Instructions<br/>You</li> <li>Social Security and equivalent T</li> <li>State Income Tax refund or over</li> </ol>   | . Be sur<br>. 00<br>Tier 1 Ra   | , Line 3<br>re to provide date of<br>+ Spouse<br>ailroad Retirement be   | birth above.<br>enefits if taxable<br>income on fede  | on federal ral return).                                    | 0 <sup>:</sup><br>return                          | 2<br>   |                |                           |                  |
| <ol> <li>Add Lines 1 and 2</li> <li>Age Deduction. See Instructions</li> <li>You</li> <li>Social Security and equivalent T</li> <li>State Income Tax refund or over</li> <li>Subtractions from enclosed Sci</li> </ol>  | s. Be sur<br>00<br>Tier 1 Ra<br>rpaymer<br>nedule A   | , Line 3<br>re to provide date of<br>+ Spouse<br>ailroad Retirement be<br>at credit (reported as<br>ADJ, Line 7  | birth above.<br>enefits if taxable<br>income on fede  | on federal<br>ral return).                                 | 0 <sup>:</sup>                                    | 2<br>3<br>4<br>5<br>6<br>7                                |                |                           |                  |
| <ol> <li>Add Lines 1 and 2</li> <li>Age Deduction. See Instructions<br/>You</li> <li>Social Security and equivalent T</li> <li>State Income Tax refund or over</li> <li>Subtractions from enclosed Sci</li> <li>Add Lines 4, 5, 6 and 7</li> </ol>  | . Be sur<br>. 00<br>Tier 1 Ra<br>rpaymer<br>nedule A<br>ne (VAG   | , Line 3<br>re to provide date of<br>+ Spouse<br>ailroad Retirement be<br>at credit (reported as<br>ADJ, Line 7  | birth above.<br>enefits if taxable<br>income on fede  | on federal<br>ral return) .                                | 0 *<br>return                                     | 2<br>   |                |                           |                  |
| <ol> <li>Add Lines 1 and 2</li> <li>Age Deduction. See Instructions<br/>You</li> <li>Social Security and equivalent T</li> <li>State Income Tax refund or over</li> <li>Subtractions from enclosed Sci</li> <li>Add Lines 4, 5, 6 and 7</li> <li>Virginia Adjusted Gross Incor<br/>Note: If less than \$11,950 for Fi</li> </ol>  | . Be sur<br>. 00<br>Tier 1 Ra<br>paymer<br>nedule A<br>ne (VAG  | , Line 3<br>re to provide date of<br>+ Spouse<br>ailroad Retirement be<br>at credit (reported as<br>ADJ, Line 7<br>GI) - Subtract Line 8 f<br>tus 1 or 3; or \$23,900  | birth above.<br>enefits if taxable<br>income on fede<br>from Line 3. Ent<br>0 for Filing Statu  | on federal<br>ral return) .<br>er the resu<br>s 2, your ta | 0 return<br>ult on this<br>ax is \$0.0            | 2<br>   |                |                           |                  |
| <ol> <li>Add Lines 1 and 2</li> <li>Age Deduction. See Instructions<br/>You</li> <li>Social Security and equivalent T</li> <li>State Income Tax refund or over</li> <li>Subtractions from enclosed Sci</li> <li>Add Lines 4, 5, 6 and 7</li> <li>Virginia Adjusted Gross Incor<br/>Note: If less than \$11,950 for Fi</li> <li>Itemized Deductions from Virgin</li> </ol>   | . Be sur<br>. 00<br>Fier 1 Ra<br>paymer<br>hedule A<br>he (VAG<br>ling Stat   | , Line 3<br>re to provide date of  | birth above.<br>enefits if taxable<br>income on fede<br>from Line 3. Ent<br>0 for Filing Statu<br>ons.                                      | on federal<br>ral return) .<br>er the resu<br>s 2, your ta | 0 return<br>It on this<br>ax is \$0.0             | 2<br>   |                |                           |                  |
| <ol> <li>Add Lines 1 and 2</li> <li>Age Deduction. See Instructions<br/>You</li> <li>Social Security and equivalent T</li> <li>State Income Tax refund or over</li> <li>Subtractions from enclosed Sci</li> <li>Add Lines 4, 5, 6 and 7</li> <li>Virginia Adjusted Gross Incor<br/>Note: If less than \$11,950 for Fi</li> <li>Itemized Deductions from Virgin</li> <li>If you do not claim itemized deduction</li> </ol>                                     | s. Be sur<br><b>0</b><br>Tier 1 Ra<br>Tier 1 | , Line 3<br>re to provide date of  | birth above.<br>enefits if taxable<br>income on fede<br>from Line 3. Ent<br>0 for Filing Statu<br>ons.                                      | on federal<br>ral return) .<br>er the resu<br>s 2, your ta | 0 return<br>It on this<br>ax is \$0.0             | 2<br>   |                |                           |                  |
| <ol> <li>Add Lines 1 and 2</li> <li>Age Deduction. See Instructions<br/>You</li> <li>Social Security and equivalent T</li> <li>State Income Tax refund or over</li> <li>Subtractions from enclosed Sci</li> <li>Add Lines 4, 5, 6 and 7</li> <li>Virginia Adjusted Gross Incor</li> </ol>   | E. Be sur<br>. 00<br>Tier 1 Ra<br>rpaymer<br>hedule A<br>he (VAC<br>ling Stat<br>ia Scher<br>uctions of<br>Exemptic   | , Line 3<br>re to provide date of<br>+ Spouse<br>ailroad Retirement be<br>at credit (reported as<br>ADJ, Line 7<br><b>GI) -</b> Subtract Line 8 f<br>tus 1 or 3; or \$23,900<br>dule A. See instruction<br>on Line 10, enter sta | birth above.<br>enefits if taxable<br>income on fede<br>from Line 3. Ent<br>0 for Filing Statu<br>ons.                                      | on federal<br>ral return) .<br>er the resu<br>s 2, your ta | 0 return<br>It on this<br>ax is \$0.0<br>ructions | 2<br>   |                |                           |                  |
| <ol> <li>Add Lines 1 and 2</li> <li>Age Deduction. See Instructions<br/>You</li> <li>Social Security and equivalent T</li> <li>State Income Tax refund or over</li> <li>Subtractions from enclosed Sci</li> <li>Add Lines 4, 5, 6 and 7</li> <li>Virginia Adjusted Gross Incor<br/>Note: If less than \$11,950 for Fi</li> <li>Itemized Deductions from Virgin</li> <li>If you do not claim itemized dedu</li> <li>Exemptions. Sum of total from E</li> </ol> | . Be sur<br>. 00<br>Fier 1 Ra<br>paymer<br>hedule A<br>ne (VAC<br>ling Stat<br>ia Scher<br>uctions o<br>Exemptic<br>Line 9.   | , Line 3<br>re to provide date of  | birth above.<br>enefits if taxable<br>income on fede<br>from Line 3. Ent<br>0 for Filing Statu<br>ons<br>ndard deduction<br>emption Section | on federal<br>ral return) .<br>er the resu<br>s 2, your ta | 0 return<br>It on this<br>ax is \$0.0             | 2<br>   |                |                           |                  |

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| DTD | LTD | \$ |

| WE<br>202                              |  | Page 2<br>Form 7          |  |                  |   |                    |            |                 |                          | Your   | SSN          |               |         | ę.         |            |                | ٦       |
|--|--|---------------------------|--|------------------|---|--------------------|------------|-----------------|--------------------------|--------|--------------|---------------|---------|------------|------------|----------------|---------|
| 16.                                    | Amoı   | unt of Tax fr             | om Tax Table or  | Tax Rate Sch     | nedule (round to  | whole dol          | lars)      |                 |                          | . 16   |              |               |         |            |            |                | . 00    |
| (                                      | only.  | Enter Spou                | stment (STA). F<br>se's <b>VAGI in bo</b><br>t on Line 17. |                  | LOSS  |                    |            |                 | . 00                     | 17     |              |               |         |            |            |                | . 00    |
|  |  |                           |  |                  |   |                    |            |                 |                          |        |              |               |         |            |            |                | . 00    |
|  |  |                           | Tax - Subtract I   |                  |   |                    |            |                 |                          | . 18   |              |               |         |            |            |                | . 00    |
|  |  |                           | tax withheld for 2<br>ia withholding                       |                  |   |                    |            |                 |                          | 19a    |              |               |         |            |            |                | . 00    |
| Γ                                      | 19b.   | Spouse's \                | /irginia withhold  | ing (Filing Sta  | tus 2 only)   |                    |            |                 | ······                   | 19b    |              |               |         |            |            |                | . 00    |
| 20.                                    | Estim  | nated tax pa              | ayments for taxa   | ble year 2020    | (from Form 76   | 0ES)               |            |                 |                          | . 20   |              |               |         | ,          |            | 붜              | . 00    |
| 21.                                    | Amoı   | unt of 2019               | overpayment ap   | oplied toward    | 2020 estimated  | tax                |            |                 |                          | .21    |              |               |         |            |            |                | . 00    |
| 22.                                    | Exter  | nsion Paym                | ents (from Form  | 1 760IP)         |   |                    |            |                 |                          | . 22   |              |               |         |            |            |                | . 00    |
| 23.                                    | Tax C  | credit for Lov            | v-Income Individu  | uals or Earned   | Income Credit fi  | rom Sch. AE        | DJ, Line 1 | 17              |                          | . 23   |              |               |         |            |            |                | . 00    |
|  |  |                           | aid to Another St<br>e Schedule OS                         |                  |   |                    |            |                 |                          | . 24   |              |               |         | ,<br>,     |            |                | . 00    |
| 25.                                    | Credi  | its from <b>enc</b>       | closed Schedul   | e CR, Sectio     | n 5, Part 1, Lin  | e 1A               |            |                 |                          | .25    |              |               |         |            |            |                | . 00    |
| 26. /                                  | Add  | Lines 19a t               | through 25   |                  |   |                    |            |                 |                          | .26    |              |               |         | ,          |            |                | . 00    |
| 27.                                    | lf Lin   | e 26 is less              | than Line 18, su   | ubtract Line 2   | 6 from Line 18.   | This is the        | Tax You    | Owe             |                          | . 27   |              |               |         | ,          |            |                | . 00    |
| 28.                                    | lf Lin   | e 18 is less              | than Line 26, si   | ubtract Line 1   | 3 from Line 26.   | This is You        | ur Tax Ov  | verpaym         | ent                      | . 28   |              |               |         | ,          |            |                | . 00    |
| 29                                     | Amoı   | unt of overp              | ayment you wa  | nt credited to   | next year's esti  | mated tax.         |            |                 |                          | . 29   |              |               |         |            |            |                | . 00    |
| 30.                                    | Virgir   | nia529 and a              | ABLEnow Contr  | ibutions from    | Schedule VAC,   | Section I,         | Line 6     |                 |                          | . 30   |              |               |         |            |            |                | . 00    |
| 31.                                    | 31. Other Voluntary Contributions from Schedule VAC, Section II, Line 14   |                           |  |                  |   |                    |            |                 |                          | . 31   |              |               |         |            |            |                | . 00    |
| 32.                                    | Addit  | ion to Tax, I             | Penalty, and Inte  | erest from end   | losed Schedule  | e ADJ, Line        | 21         |                 |                          | . 32   |              |               |         |            |            |                | . 00    |
|  |  |                           | ax is due on Inte  |                  | •   |                    | · ·        |                 | ,                        | . 33   | $\circ$      |               |         |            |            |                | . 00    |
| 34.                                    | Add  | Lines 29 th               | nrough 33  |                  |   |                    |            |                 |                          | . 34   |              |               |         |            |            |                | . 00    |
|  | <ol> <li>If you owe tax on Line 27, add Lines 27 and 34. OR If Line 28 is less than Line 34, subtract Line 28 from Line 34. Enclose payment or pay at www.tax.virginia.gov AMOUNT YOU OWE</li> </ol> |                           |  |                  |   |                    |            | .35             | οĒ                       |        |              |               |         |            | . 00       |                |         |
|  |  |                           | iter than Line 34  | , subtract Lin   |   | 28                 | YOUR       | REFUN           | )                        | . 36   |              |               |         |            |            |                | . 00    |
|  |  | Direct Dep<br>BANK DEP    | osit section belo  | •                | leted, your refunction in the refunction of the |                    |            |                 | nk Accou                 | nt Nun | nber         | Checkir       | ηα      | Se         | vings      | 0              |         |
| Dom                                    | estic  | Accounts C<br>ational Dep | Only.  |                  |   |                    |            |                 |                          |        |              |               |         |            | i i i i go | Ĭ              |         |
| 0                                      |  | ,                         | ize the Dept. of   |                  |   | • •                | ,          |                 |                          | -      | o obtain my  |               |         |            |            | -              | -       |
|  |  | e undersigne<br>nature    | ed, declare unde   | r penalty of lav | v that I (we) hav   | e examined<br>Date | this retu  |                 | o the best<br>'s Signatu |        | (our) knowle | dge, it is a  | a true, | correct, a |            | nplete<br>Date | return. |
| 100                                    | , orgi   |                           |  |                  |   | Duio               |            | opouse          | o orginall               |        |              |               |         |            |            |                |         |
| Yo<br>Pho                              |  |                           | •  |                  |   | ione               |            | k I             | ł                        |        |              | ID The<br>PIN | eft     |            |            |                |         |
| Preparer's Name Firm Name Phone Number |  |                           |  |                  |   | Number             |            | Filing Election | on                       |        | Prepare      | er's PT       | IN      |            |            |                |         |
|  |  |                           |  |                  |   |                    |            |                 |                          |        |              |               |         |            |            |                |         |