

Va. Dept. of Taxation 2601044 Rev. 06/20

For Local Use

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## 2020 Virginia Nonresident Income Tax Return Due May 1, 2021



	Enclose a complete copy of your	federal ta	x return and a	Il other required	l Virginia e	enclosure	s.				
First I	First Name N		Last Name		Suffix Your Social Security Nu		ımber		Check if deceased		
Spouse's First Name (Filing Status 2 Only) MI			Last Name		Suffix	Spouse's Social Securit		ty Number		Check if deceased	
Present Home Address (Number and Street or Rural Route) Your Birth Date (mm-dd-yyyy)						-					
City, Town or Post Office State ZIP Code Spouse's Birth Date (mm-dd-yyyy)						-					
State			of Virginia City c	or County in which p	principal plac	e of busine	ss, employme	ent, or inc	ome source	Locality Code	;
	is loca	ted.						City OR	County		
	Amended Ro Reasor			Name(s) or / than Shown			0	/erseas	on Due Date	)	
Cł	eck Applicable			Return	011 2010 1	· ·					
	Boxes Dependent of	on Anothei	r's Return	Qualifying Fa	armer, Fish	erman, or	EIC C	laimed	on federal re		
	Filing Status Enter Filing Status Code	- in hox he	Nole			<b>ptions</b> Ad	§ d Sections <sup>2</sup>	1 and 2.	Enter the su	.00 m on Line 12	2.
	<ul> <li>1 = Single. Federal head of h</li> </ul>		_		You	Spous Filing St	e if atus Depende			Total Section	
	<b>2</b> = Married, Filing Joint Retu	rn - both r	nust have Virgi		1	2 or :	3 .	=	X \$930 =	=	
	<b>3</b> = Married, Spouse Has No <b>4</b> = Married, Filing Separate		rom Any Sourc	e		5 Spouse 6	J L 5 You Spo	buse			
	If Filing Status 3 or 4, enter spouse's SSI		ouse's Social Se	ecurity Number	or ov			ind		Total Section	n 2
	box at top of form and enter Spouse's Na	ime				+	++	=	X \$800 =	=	
1	Adjusted Gross Income from federal r	eturn - No	t federal taxabi	le income				1		0	00
2	Additions from Schedule 763 ADJ, Lir	ie 3						2		0	00
3	Add Lines 1 and 2							3		0	00
4	Age Deduction (See instructions and			sheet)			You	4a		0	00
	Enter Birth Dates above. Enter Your A on Line 4a and Your Spouse's Age De	duction o	n Line 4b				Spouse	4b		0	00
5	Social Security Act and equivalent Tie	r 1 Railroa	ad Retirement A	Act benefits repo	rted on you	ır federal r	eturn	5		0	00
6	State income tax refund or overpayment credit reported as income on your federal return.							6		0	00
7	Subtractions from Schedule 763 ADJ, Line 7							7		0	00
8	Add Lines 4a, 4b, 5, 6, and 7							8		0	00
9	Virginia Adjusted Gross Income (V/	AGI). Sub	tract Line 8 fro	om Line 3				9		0	00
10	Itemized Deductions from Virginia Sch	nedule A, i	f applicable. Se	e instructions				10		0	00
11	If you do not claim itemized deduction	s on Line	10, enter stand	lard deduction.	See instruc	tions		11		0	00
12	Exemption amount. Enter the total am							12		0	00
13	Deductions from Schedule 763 ADJ, I							13		0	00
14	Add Lines 10, 11, 12 and 13							14		0	00
15	Virginia Taxable Income computed as							15			)0
16	Percentage from Nonresident Allocation							16			%
17	Nonresident Taxable Income. (Multiply							17			00
18	Income Tax from Tax Table or Tax Rat	e Schedu	e					18		0	00

## 2020 FORM 763 Page 2

2020	FORM 763 Page 2						
Your N	ame Your S	3SN					
19a	Your Virginia income tax withheld. Enclose Forms V		VK-1		. 19a		00
19b	Spouse's Virginia income tax withheld. Enclose For	ms W-2, W-2G, 1099,	and VK-1.		. 19b		00
20	2020 Estimated Tax Payments.				. 20		00
21	2019 overpayment credited to 2020 estimated tax				. 21		00
22	Extension Payment - submitted using Form 760IP				. 22		00
23	Credit for Low-Income Individuals or Virginia Earner	d Income Credit from S	Schedule 7	63 ADJ, Line 17	. 23		00
24	Total credits from Schedule OSC.				. 24		00
25	Credits from Schedule CR, Section 5, Line 1A				. 25		00
26	Total payments and credits. Add Lines 19a thro	ugh 25			. 26		00
27	If Line 18 is larger than Line 26, enter the difference	e. This is the INCOME	TAX YOU	OWE	. 27		00
28	If Line 26 is larger than Line 18, enter the difference	e. This is the OVERPA			. 28		00
29	Amount of overpayment on Line 28 to be CREDITED	TO 2021 ESTIMATED	INCOME .	ТАХ	. 29		00
30	Virginia529 and ABLEnow Contributions from Sche	dule VAC, Part I, Line	6		. 30		00
31	Other Voluntary Contributions from Schedule VAC,	Section II, Line 14			. 31		00
32	Addition to Tax, Penalty, and Interest from enclosed	-					00
33	Sales and Use Tax is due on Internet, mail order, and	d out-of-state purchase	es (Consum	er's Use Tax).	33		00
34	See instructions Check here				┘└		00
34 35	Add Lines 29 through 33 If you owe tax on Line 27, add Lines 27 and 34 - OI				. 34		00
55	Line 34 is larger than Line 28, enter the difference.	AMOUNT YOU OWE.	Enclose p	ayment or pay at	35		00
36	If Line 28 is larger than Line 34, subtract Line 34 from	Line 28. This is the am	ount to be <b>F</b>	REFUNDED TO YOU.	36		00
	Direct Deposit section below is not completed, your r	efund will be issued by	y check.				
	T BANK DEPOSIT Your Bank Routing Transit	Number	Your Bank /	Account Number Ch	ecking	Savings	
	ernational Deposits						
Non	resident Allocation Percentage			A - All Sources		B - Virginia Sour	ces
1.	Wages, salaries, tips, etc		1		00		00
2.	Interest income		2		00		00
3.	Dividends		3		00		00
4.	Alimony received		4		00		00
5.	Business income or loss		5		00		00
	Capital gain or loss/capital gain distributions				00		00
	Other gains or losses				00		00
	Taxable pensions, annuities and IRA distributions		-		00		
	Rents, royalties, partnerships, estates, trusts, S corp		-		00		00
	Farm income or loss Other income		-		00		00
	Interest on obligations of other states from Schedule				00		00
	Lump-sum and accumulation distributions included c	,			00		00

14. TOTAL - Add Lines 1 through 13 and enter each column total here.....

 $\hfill\square$  I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.

15. Nonresident allocation percentage - Divide Line 14 B, by Line 14 A. Compute percentage to one decimal place (e.g., 5.4%). Enter on Page 1, Line 16.....

I agree to obtain my Form 1099-G at www.tax.virginia.gov.

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I (We), the undersigned, declare under penalty provided by 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	Your Phone Number	Date						
Spouse's Signature (If a joint return, <b>both</b> must sign	)	Spouse's Phone Number	Preparer's PTIN	Vendor Code				
Preparer's Name	Firm's Name (or Yours if Self-Employed)	Preparer's Phone Number	Filing Election Code	ID Theft PIN				

14

15