763-S	Virginia Spec	ial N	onresident Claim	202	21					
First Name	For Individual		Last Name			Suffix	Your Social Se	ecurity Numb	er	
Present Home Add	ress (Number and Street, Includin	g Apartme	I nt Number or Rural Route)				Spouse's Soci	al Security N	lumber	
City, Town or Post	Office		· · · · · · · · · · · · · · · · · · ·			State	<u> </u>	ZIP Code		
I (we) author	ize the Department of Taxatic	on to disc	cuss my (our) return with my (our) pr	eparer.	Ame	I ended Cl	aim			
Date of Birth	Your Birthday (MM-DD-YYYY)						yer Decease	ed (Includ	e Federal Fo	orm 1310 i
1 Comm daily b was fro did not	STEP I - Select Exemption Category         Review categories 1 - 4 below and enter the category number for which you are claiming an exemption.									
<ul> <li>Check One: District of Columbia Kentucky</li> <li>Domiciliary State Exemption: I declare that during the taxable year shown above I was a domiciliary or legal resident of the state checked below. My only income from sources within Virginia was from wages and salaries, which are subject to taxation by the state checked below. I am not an actual resident of Virginia and I did not maintain a place of abode in Virginia for a total of more than 183 days. Check One: Maryland Pennsylvania West Virginia</li> </ul>										
<b>3 Military Spouse Exemption:</b> <i>Complete the second page of this form first to provide information regarding your eligibility for this exemption.</i> I declare that, for the entire portion of the taxable year I lived in Virginia, I was present in the state solely to be with my servicemember spouse who was on active military duty and in Virginia pursuant to military orders. To be exempt, either (1) you and your servicemember spouse must have the same non-Virginia domiciliary or legal state of residency or (2) you must elect to use the same residence for purposes of taxation as that of your servicemember spouse. If you are claiming this exemption, enter the 2 letter state abbreviation for the domiciliary or										
<ul> <li>Iegal state of residency of your servicemember spouse</li></ul>										
STEP II - Enter amount of Virginia Tax withheld requested to be refunded:         If amended, enter the full refund amount as it should have been reported         on the original return. You must provide copies of your withholding statements.										
			Resident of a State with a te of Residence Income							
	If the Direct D	eposit	section below is not complet	ed, your	refund	will be	issued by o	check.		
DIRECT BANK D		Routin	g Transit Number Ac	count Nu	nber	,	Checki	ng 🗌	Saving	s 🗌
Domestic Account No International D										
D	ue by <b>May 1, 2022.</b> Ma	il to the	e Department of Taxation,	P.O. Bo	x 1498,	Richm	ond, Virgi	nia 232′	18-1498.	
			a separate Form 763-S wh							
_	I, the undersigned,	do decl	are under penalties provided by	law that	this is a t	rue, co	rrect and co	mplete re	turn.	
	Your Signature <b>X</b>			Date		Your Ph	one	Of	fice Use	
Preparer's Use Only	Preparer's Name <b>X</b>			Date		Prepare	r's Phone Numb	per		
	Firm's Name (or Yours if Self-emp	loyed) and	d Address			Prepare	r's FEIN/PTIN/S	SN		Code

## **Military Spouse Qualification**

Complete each question below and provide copies of the requested documentation before claiming **Exemption Category 3** on the front of this form. Incomplete responses or missing documentation could cause your refund to be delayed. The provisions of the Servicemember Civil Relief Act apply only to spouses of military servicemembers and do not apply to dependents.

## I. Your spouse is a member of the armed forces present in Virginia in compliance with military orders.

Was vour	spouse in a	active military	v service for the tax	xable vear in o	uestion?	

- a. If your spouse was discharged from full-time military service, what was the date your spouse left the service?.....
- b. If your spouse was in the military at any time for the taxable year in question, provide his or her duty station(s) for the taxable year. Additional rows are provided in case your spouse had more than one duty station during the taxable year.

Yes

MM/DD/YYYY

Yes

No

No

Location of Duty Station (include country if not USA)	Date Assignment Started MM/DD/YYYY	Date Assignment Ended MM/DD/YYYY
2 Where and when were you and your spouse	married? State	

Where and when were you and your spouse married? . . . . . . State \_\_\_\_\_

- 3. Enclose a copy of your military ID card. This would be a military identification card issued to spouses of military personnel. If a military identification card has not been issued, check here.
- 4. What is your spouse's state of domicile or legal state of residency? (Enter here and on Line 3 on the first page of this return).

Enclose a copy of one or more of the following documents showing the military servicemember's domicile or legal state of residency

(check the appropriate boxes to indicate which documents you are providing).

Leave & Earning	Statement (	LES	) for the	year in o	question

Current driver's license from the military servicemember's domicile state

DD Form 2058 (State of Legal Resider	nce Certificate)
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Other \_\_\_\_\_

## II. You are present in Virginia solely to be with your spouse.

- 5. Do you own a business or any income producing property in Virginia?
  - a. If yes, please describe.

## III. You have the same non-Virginia domiciliary or legal state of residency as that of your servicemember spouse, or you elect to use the same non-Virginia state of residency as that of your servicemember spouse.

Did you file a state income tax return for the year in question with the state reported under question 4 above?
 Yes No

If you answered yes, enclose a copy of your state income tax return for the year in question.

If your state of residency for tax purposes does not have an income tax, check here.

Note: A copy of documents requested above will assist the Department in speeding up the issuance of the refund.