763

2023 Virginia Nonresident Income Tax Return Due May 1, 2024



Page 1

| First N | nclose a complete copy of your fo ame | MI | Last Name | iii otiloi required | | iffix | | I Security N | umber | | Check if deceased |
|---------|----------------------------------------------------------------------------------------------|--------------------------|--------------------|------------------------------|----------------|--------|---------------------------------|--------------|---------------------|-------------------|-------------------|
| Spous | Spouse's First Name (Filing Status 2 Only) MI | | | Last Name | | ıffix | Spouse's Social Security Number | | | | Check if |
| Prese | nt Home Address (Number and Street or Rura | I Route) | | | | Vour | Birth Date | | | | deceased |
| | 2 . 20 | | I a | T=== . | | | n-dd-yyyy) | | | | |
| City, I | own or Post Office | | State | ZIP Code | Sp | | Birth Date n-dd-yyyy) | | | | |
| State | of Residence Importal is located | | irginia City or Co | unty in which principal | place of busin | | | r income so | urce | | _ocality Code |
| | 13 locates | J. | | | | | | | City C | R County | |
| ٥. | | | | | | | | Overse | as on Due Date | | |
| Cned | Boxes Dependent or | | | | | EIC | | IC Claimed | d on federal return | | |
| | | Merchant Seaman | | | \$ | | | | | 00 | |
| F | ling Status Enter Filing Status Co | | | | | Exe | mptions | Add Sec | tions 1 a | nd 2. Enter the s | um on Line 12 |
| | 1 = Single. Federal head of 2 = Married, Filing Joint Re | | | irginia income | | You | Spous Filing S 2 or | tatus Depe | endents | | Total Section 1 |
| | 3 = Married, Spouse Has N | | From Any Sc | ource | | 1 | _ | Ĭ. ſ | | x \$930 : | |
| | ■ 4 = Married, Filing Separat | e Retums | | | | You 65 | Spouse 6 | You | Spouse | Α ψ330 . | Total Section 2 |
| | Filing Status 3 or 4, enter spouse's | | e Spouse's S | Social Security Nu | mber | or ove | r or over | | Blind | x \$800 : | |
| b | ox at top of form and enter Spouse' | s Name | | | | | T | <u> </u> | <u> </u> | - X \$000 : | - |
| 1 | Adjusted Gross Income from feder | ral return - | Not federal t | taxable income . | | | | | 1 | | 00 |
| 2 | Additions from Schedule 763 ADJ, | Line3 . | | | | | | | 2 | | 00 |
| 3 | Add Lines 1 and 2 | | | | | | | | 3 | | 00 |
| 4 | Age Deduction (See instructions a | | | | | | | Y | ou 4a | | 00 |
| | Enter Birth Dates above. Enter You and Your Spouse's Age Deduction | ur Age Ded on Line 4b | luction on Lin | ie 4a • • • • • • • • • • | | | | . Spot | use 4b | | 00 |
| 5 | Social Security Act and equivalent | Tier 1 Rail | road Retirem | nent Act benefits r | eported on | your | federal re | etum | 5 | | 00 |
| 6 | State income tax refund or overpay | ment cred | it reported as | s income on your | federal retu | ım . | | | 6 | | 00 |
| 7 | Subtractions from Schedule 763 Al | DJ, Line 7 | | | · • • • • | | | | 7 | | 00 |
| 8 | Add Lines 4a, 4b, 5, 6 and 7 . | | | | . . | | | | 8 | | 00 |
| 9 | Virginia Adjusted Gross Income | (VAGI). Sı | ubtract Line | 8 from Line 3 . | | | | | 9 | | 00 |
| 10 | Itemized Deductions from Virginia | Schedule / | A, if applicabl | e. See instructions | s | | | | 10 | | 00 |
| 11 | If you do not claim itemized deduct | ions on Lir | ie 10, enter s | tandard deductior | n. See instru | uction | ıs | | 11 | | 00 |
| 12 | Exemption amount. Enter the total | amount fro | m the Exemp | tion Sections 1 a | nd 2 above | | | | 12 | | 00 |
| 13 | Deductions from Schedule 763 AD | J, Line 9 | | | | | | | 13 | | 00 |
| 14 | Add Lines 10, 11, 12 and 13 | | | | | | | | 14 | | 00 |
| 15 | Virginia Taxable Income computed | l as a resid | lent. Subtract | t Line 14 from Line | e9 | | | | 15 | | 00 |
| 16 | 6 Percentage from Nonresident Allocation Section on Page 2 (Enter to one decimal place only) | | | | | | | | 16 | | % |
| 17 | 17 Nonresident Taxable Income. (Multiply Line 15 by percentage on Line 16) | | | | | | | | | | 00 |
| | Income Tax from Tax Table or Tax | Rate Sche | edule | | | | | | 18 | | 00 |
| 18 | | | | | | | | | i | | |
| | Your Virginia Income tax withheld. | Enclose F | orms W-2, W | -2G, 1099, and V | K-1 | | | | 19a | | 00 |