## 763-S Virginia Special Nonresident Claim 2011 For Individual Income Tax Withheld



First Name		Last Name	Suffix	Your Social Security Number	
Present Home Address (Number and Street, Including Apartment Number or Rural Route)				Spouse's Soc	al Security Number
City, Town or Post Office			State	ZIP Code	
I (we) authorize the Department of Taxa	tion to c	liscuss my (our) return with my (our) preparer.		Amended C	laim
STEP I - Exemption Category					
Review categories 1 - 4 below and	d ente	er the category number for which you are	e clair	ning an ex	cemption
<b>1 Commuter State Exemption:</b> I declare that during the taxable year shown above I commuted on a daily basis from my place of residence to work in Virginia. My only income from sources within Virginia was from wages and salaries, which are subject to taxation by the state or district checked below. I did not live in nor was I a domiciliary or legal resident of Virginia at any time.					
Check One: 🗌 Disti	rict of	Columbia 🗌 Kentucky			
2 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: Aryland Pennsylvania West Virginia					alaries,
3 Military Spouse Exemption: Review and complete the back of this form before continuing. I declare that for the entire portion of the year I lived in Virginia I was married to a service member on active military duty who was in Virginia pursuant to military orders. While in Virginia I have not taken any action to abandon my domicile in another state or to become a domiciliary or legal resident of Virginia. To be exempt, you and your spouse must have the same domiciliary or legal state of residency. Enter the 2 letter state abbreviation for: 3(a) Your domiciliary or legal state of residency					nember a I have or legal
3(b) Your spouse's do	micili	ary or legal state of residency for militar	у рауі	oll purpos	es
Virginia at any time. I did not withheld from salary and wa	kable perfo iges p	year shown above I was not a domicili orm any services in Virginia and the Virgin	nia tax	was erro	neously
STEP II - Enter amount of Virginia Tax withheld requested to be refunded:					
STEP III - Avoid delays in the issuance of your refund. If you are a Resident of a State with an Individual Income Tax, you must attach a complete copy of your State of Residence Income Tax Return. Check the box to indicate that you are a Resident of a State with Income Tax and have attached a copy of your resident individual income tax return.					
Due by <b>May 1, 2012.</b> Mai	I to the	e Department of Taxation, P.O. Box 1498,	Richm	ond, Virgi	nia 23218-1498.

Both husband and wife must complete a separate Form 763-S when both filers have Virginia income tax withheld.

	I, the undersigned, do declare under penalties provided by law that this is a true, correct and complete return.					
Please Sign Here	Your Signature X	Date	Your Business Phone Number	Home Phone Number		
Preparer's Use Only	Preparer's Signature X	Date	Preparer's Phone Number	eparer's Phone Number		
	Firm's Name (or Yours if Self-employed) and Address		Preparer's FEIN/PTIN/SSN		Code	

Staple Copy of W-2 here

## **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. For information regarding why the provisions of the military spouse relief act apply only to spouses and not to dependents, see Public Document 10-55 at www.tax.virginia.gov.

To qualify for the income tax exemption for military spouses you must <u>have the same domicile as the military member</u> and meet all of the following qualifications:

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

1. Was your spouse in active military service for the tax year in question?

Yes	No

MM/DD/YYYY

- 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 tax year in question, provide his or her duty station(s) for the tax year. Additional rows are provided in case your spouse had more than one duty station during the year.

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?

3.	Attach a copy of your military ID card. This would be a military identification card issued to spouses	MM/DD/YYYY	
	of military personnel. If a military identification card has not been issued, check here.		

State \_

- - Leave & Earning Statement (LES) for the year in question
  - Current driver's license from the military service member's domicile state
  - DD Form 2058 (State of Legal Residence Certificate)
  - 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?		Yes	No No
	a.	If yes, please describe.				
<u>III. You</u>	maiı	ntain your domicile or legal residency in ar	nother state.			
6.	<ul> <li>6. Do you claim the same state of domicile reported under question 4 above?</li> <li>If you answered no, stop here. You do not qualify for tax relief. See Virginia Tax Bulletin 10-1 for details.</li> <li>If you answered yes, please respond to the remaining questions.</li> </ul>					
	a.	Attach a copy of your state income tax return does not have an income tax, check here.	n for the year in question. If your state of domic	ile		
	b.	When was the last period of time in which yo member physically resided in that State?	From	То		
	C.	What was the last physical address in that s	MIDD/YYYY tate?	I	MM/DD/YYYY	
		Street Address	City State		ZIP	
	d.	Was your name different when you last phys	sically resided in that state?		Yes	No No
		If Yes, what was your name				
7.	ΡI		It Name Middle Initial Middle Initial Wing documents showing your domicile or legal		Name NCC.	

- (Check the appropriate boxes to indicate which documents you are providing.)
  - Property tax bill from your domicile state
  - Current driver's license from your domicile state
  - Other

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