

Form 760PY Virginia Part-Year Resident Income Tax Return
2016
Page 1 Due May 1, 2017



See instructions before completing line items.

Enclose a complete copy of your federal tax return and all other required Virginia enclosures.

| Dates of VA Residence (mm/dd/yyyy) | |
|---------------------------------------|-------------|
| You - From | You - To |
| Spouse - From | Spouse - To |

| | | | | | | | |
|---|----|--------------------|--|--------|--|---------------|-------------|
| YOUR First Name | MI | Your Last Name | Check if deceased <input type="checkbox"/> | Suffix | A Your Social Security Number | | |
| SPOUSE'S First Name (filing status 2 or 4) | MI | Spouse's Last Name | Check if deceased <input type="checkbox"/> | Suffix | B Spouse's Social Security Number | Spouse - From | Spouse - To |

| | | | | |
|--|--|---------------|---------------------------------|--|
| Present Home Address (Number and Street, or Rural Route) | | | VA Driver's License Information | |
| City, Town or Post Office | | | Customer ID | |
| State | | | Issue Date (mm/dd/yyyy) | |
| ZIP Code | | Locality Code | You _____ | |
| | | | Spouse _____ | |

| | | | |
|-------------------------------|--|--|--|
| Check Applicable Boxes | <input type="checkbox"/> Amended Return | <input type="checkbox"/> Qualifying Farmer, Fisherman or Merchant Seaman | Combined Social Security for You and Spouse reported as taxable income on Federal Return |
| | <input type="checkbox"/> Check if Result of NOL <input type="checkbox"/> | <input type="checkbox"/> Earned Income Credit Claimed on federal return | \$ _____ .00 |
| | <input type="checkbox"/> Dependent on Another's Return | \$ _____ .00 | \$ _____ .00 |
| | <input type="checkbox"/> Overseas on Due Date | | |

Filing Status Enter Filing Status Code in box below.

1 = Single (Column A) - Federal head of household? YES

2 = Married, Filing Joint return (Column A)

3 = Married, Filing Separate returns (Column A)

4 = Married, Filing Separately on this combined return (Columns A and B)

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and, enter Spouse's Name _____

Exemptions Enter the number of exemptions being claimed.

| | You/ Spouse | Dependents | 65 or Over | Blind |
|--|----------------------|----------------------|----------------------|----------------------|
| A - You Enter the numbers for both You and Spouse if Filing Status 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| B - Spouse Filing Status 4 Only | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

DATE OF BIRTH

| | | |
|----------------------------------|---|---|
| Your Birth Date (mm-dd-yyyy) | - | - |
| Spouse's Birth Date (mm-dd-yyyy) | - | - |

| | |
|---|---|
| B Spouse Filing Status 4 ONLY | A You Include Spouse if Filing Status 2 |
|---|---|

Complete the Schedule of Income first and submit it with your Form 760PY.

| | | | |
|---|----|----|----|
| 1 FEDERAL ADJUSTED GROSS INCOME from Sch. of Income, Part 1, Line 7, Column 1. | 1 | 00 | 00 |
| 2 Additions from Schedule 760PY ADJ, Line 3. | 2 | 00 | 00 |
| 3 Add Lines 1 and 2. | 3 | 00 | 00 |
| 4 Qualifying Age Deduction. Enter Birth Dates above. Complete Age Deduction Worksheet in instructions. Enter Spouse's Age Deduction on Line 4b, Column B when using Filing Status 4 ONLY. Otherwise, claim Your Age Deduction on Line 4a, Column A and Spouse's on Line 4b, Column A. | 4a | | 00 |
| | 4b | 00 | 00 |
| 5 Social Security Act and equivalent Tier 1 Railroad retirement Act benefits reported as taxable income on federal return and attributable to your period of residence in Virginia. | 5 | 00 | 00 |
| 6 State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. Claim in the same column you reported adjusted gross income on Line 1. | 6 | 00 | 00 |
| 7 Income attributable to your period of residence outside Virginia from Schedule of Income, Part 1, Line 9, Column 3. | 7 | 00 | 00 |
| 8 Subtractions from Schedule 760PY ADJ, Line 7. | 8 | 00 | 00 |
| 9 Add Lines 4a, 4b, 5, 6, 7 and 8. | 9 | 00 | 00 |
| 10 Virginia Adjusted Gross Income (VAGI). Subtract Line 9 from Line 3. | 10 | 00 | 00 |
| 11 Itemized Deductions paid while a Virginia resident | 11 | 00 | 00 |
| 12 State and local income taxes on Federal Schedule A and included on Line 11. | 12 | 00 | 00 |
| 13 Subtract Line 12 from Line 11 if claiming itemized deductions. Otherwise, enter standard deduction from Standard Deductions Worksheet in instructions. | 13 | 00 | 00 |



| | |
|-----------|----------|
| Your Name | Your SSN |
|-----------|----------|

| | | B Spouse Filing Status 4 ONLY | | A You Include Spouse if Filing Status 2 |
|---|-----|--|--|--|
| 14 Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions..... | 14 | 00 | | 00 |
| 15 Deductions from Schedule 760PY ADJ, Line 9..... | 15 | 00 | | 00 |
| 16 Add Lines 13, 14 and 15. | 16 | 00 | | 00 |
| 17 Virginia Taxable Income. Subtract Line 16 from Line 10. | 17 | 00 | | 00 |
| 18 Tax amount from Tax Table or Tax Rate Schedule..... | 18 | 00 | | 00 |
| 19 Total Tax. Add Line 18, Column A and Line 18, Column B. | 19 | | | 00 |
| 20a Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1..... | 20a | | | 00 |
| 20b Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 1099 and VK-1..... | 20b | | | 00 |
| 21 Combined 2016 Estimated Tax Payments..... | 21 | | | 00 |
| 22 2015 overpayment credited to 2016 estimated taxes..... | 22 | | | 00 |
| 23 Extension Payment - Enter amount paid on Form 760IP..... | 23 | | | 00 |
| 24 Tax Credit for Low-Income Individuals or Virginia Earned Income Credit from Schedule 760PY ADJ, Line 17... | 24 | | | 00 |
| 25 Total credit for taxes paid to another state from Schedule OSC..... | 25 | | | 00 |
| 26 Credit for Political Contributions . | 26 | | | 00 |
| 27 Credits from Schedule CR, Section 5, Line 1A..... | 27 | | | 00 |
| 28 Total payments and credits. Add Lines 20a, 20b, 21, 22, 23, 24, 25, 26 and 27. | 28 | | | 00 |
| 29 If Line 19 is larger than Line 28, enter the difference. This is the INCOME TAX YOU OWE. | 29 | | | 00 |
| 30 If Line 28 is larger than Line 19, enter the difference. This is the OVERPAYMENT AMOUNT. | 30 | | | 00 |
| 31 Amount of overpayment on Line 30 to be CREDITED TO 2017 ESTIMATED INCOME TAX. | 31 | | | 00 |
| 32 Virginia College Savings Plan Contributions from Schedule VAC, Section I, Line 6..... | 32 | | | 00 |
| 33 Other Voluntary Contributions from Schedule VAC, Section II, Line 14..... | 33 | | | 00 |
| 34 Addition to Tax, Penalty and Interest from enclosed Schedule 760PY ADJ, Line 21..... | 34 | | | 00 |
| 35 Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. Do not leave blank. If you owe no sales and use tax, enter 00. | 35 | | | 00 |
| 36 Add Lines 31 through 35. | 36 | | | 00 |
| 37 If you owe tax on Line 29, add Lines 29 and 36 - OR - If Line 30 is an overpayment and Line 36 is larger than Line 30, enter the difference. Enclose payment or pay at www.tax.virginia.gov AMOUNT YOU OWE ... Check here if paying by credit or debit card - See instructions. <input type="checkbox"/> | 37 | | | 00 |
| 38 If Line 30 is larger than Line 36, subtract Line 36 from Line 30. YOUR REFUND. If the Direct Deposit section below is not completed, your refund will be issued by check. | 38 | | | 00 |

DIRECT BANK DEPOSIT Domestic Accounts Only. No International Deposits.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------|-----------------------------------|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | Your Bank Routing Transit Number | Your Bank Account Number | Checking <input type="checkbox"/> | Savings <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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I (We) authorize the Department of Taxation to discuss this return with my (our) preparer. I agree to obtain my Form 1099-G at www.tax.virginia.gov.
 I (We), the undersigned, declare under penalty of 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, both must sign) | Spouse's Phone Number | Date | |
| Preparer's Name | Preparer's Phone Number | Date | |
| Firm's Name (or Yours if Self-Employed) | Preparer's PTIN | Vendor Code | Filing Election Code Office Use Only |