763-8			onresident Claim	201	5					
First Name	For Individua		me Tax Withheld			Suffix	Your Social Se	ecurity Number		
Present Home Add	ress (Number and Street, Includir	g Apartment	t Number or Rural Route)			<u> </u>	Spouse's Soci	al Security Num	ber	
City, Town or Post	Office					State	I	ZIP Code		
I (we) author	ize the Department of Taxation	on to discu	ss my (our) return with my (our) p	oreparer.	Ame	nded Cl	aim	I		
Date of Birth	Your Birthday (MM-DD-YYYY)				Primar] Primar		iyer Decease	ed (Include F	ederal Form	1310 if
 STEP I - Select Exemption Category Review categories 1 - 4 below and enter the category number for which you are claiming an exemption. Commuter State Exemption: 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 no	t live in nor was I a d	omicilia	ary or legal resident of \ Columbia	/irginia a						
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: D Maryland Pennsylvania West Virginia										
3 Military Spouse Exemption: Complete the second page of this form first. 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. 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										
3(b) Your spouse's domiciliary or legal state of residency for military payroll purposes										
If amended, enter the full refund amount as it should have been reported \$\$										
STEP III - Avoid delays: If you are a Resident of a State with an Individual Income Tax, enclose a complete copy of your State of Residence Income Tax Return and check this box.										
If the Direct Deposit section below is not completed, your refund will be issued by check.										
DIRECT BANK D Domestic Accoun No International D	ts Only	Routing	Transit Number A	ccount Nur	nber		Checki	ing	Savings	
Due by May 2, 2016. Mail to the Department of Taxation, P.O. Box 1498, Richmond, Virginia 23218-1498.										
Both spouses must complete a separate Form 763-S when both filers have Virginia income tax withheld.										
		do decla	re under penalties provided b	· · · · · · · · · · · · · · · · · · ·	this is a t			<u> </u>		
Please Sign Here	Your Signature			Date		Your Ph	one	Office	Use	
Preparer's Use Only	Preparer's Name			Date		Prepare	r's Phone Numb	ber		
	Firm's Name (or Yours if Self-em	bloyed) and	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. For information regarding why the provisions of the Military Spouses Residency 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 militar	v service for the	taxahle vear	in question?
1.	vvas your spouse	= in active minitar	y service for the	laxable year	III question?

Yes No

MM/DD/YYY)

- 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.

			· · · · · ·					
Location of Duty Station (include country if not USA)			Date Assignment Started MM/DD/YYYY	Date Assignment Ended MM/DD/YYYY				
2.	Wh	ere and when were you and your spouse ma	rried? State	MM/DD/YYYY				
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.	End	What is your spouse's state of domicile? (Enter here and on Line 3(b) on the first page of this return)						
	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						
	aro r	present in Virginia solely to be with your sp						
<u>II. TOU (</u>	-							
5.	5. Do you own a business or any income producing property in Virginia?							
	а.	If yes, please describe.						
<u>III. You</u>	maiı	<u>ntain your domicile or legal residency in ar</u>	nother state.					
6.	6. Do you claim the same state of domicile reported under question 4 above? Yes Yes No If you answered no, stop here. You do not qualify for tax relief. See Virginia Tax Bulletin 10-1 for details. If you answered yes, please respond to the remaining questions.							
	a.	. Enclose a copy of your state income tax return for the year in question. If your state of domicile does not have an income tax, check here.						
	 b. When was the last period of time in which you and your service member physically resided in that State? From To 							
	C.	What was the last physical address in that s	tate?	MM/DD/YYYY				
		Street Address	City	State ZIP				
	d.	Was your name different when you last phys	sically resided in that state?	🗌 Yes 📃 No				
		If Yes, what was your name?						
7.	 First Name Please enclose a copy of one or more of the following documents showing your domicile or legal residence (check the appropriate boxes to indicate which documents you are providing). 							
	Property tax bill from your domicile state							
		Current driver's license from your domicil	e state					
		Other						

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