Enclose copies of your withholding statements.

First Name	For Ind		MI	Last Name	•					Suffix	Your	Social S	Security	Number			
Present Home Ac	ddress (Number and S	Street, Includir	ng Apartme	I ent Number o	or Rural Route)					1	Spor	use's So	cial Se	curity Num	ber		
City, Town or Pos	t Office									State	<u> </u>		ZIP	Code			
I authorize	the Department of	Taxation to	discuss	my return v	vith my prepa	arer.			Ame	ended	Claim						
Date of Birth	Your Birth	- 1		-	-				Primai		payer I	Deceas	sed (lı	nclude F	edera	al Form	131
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	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 Phone	Office Use					
Preparer's Jse Only	Preparer's Name	Date	Preparer's Phone Number						
·	Firm's Name (or Yours if Self-employed) and Address	Preparer's FEIN/PTIN/SSN							

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. **This** exemption applies only to spouses of military servicemembers and does not apply to dependents.

I. Yo	<u>our spouse is a servicemember serving in co</u>	ompliance with military orders.							
1.	. Was your spouse in active military service for	the taxable year in question?	Yes No						
	If your spouse was discharged from full-ti the date your spouse left the service?								
	 b. If your spouse was in the military at any t for the taxable year. Additional rows are the taxable year. 								
Loca	ation 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	MM/DD/YYYY						
3.	Enclose a copy of your military ID card. This of military personnel. If a military identificatio		ard issued to spouses						
4.	Under federal law, you may elect to use any of the following as your residence for tax purposes: (1) The residence or domicile of your servicemember spouse, (2) your residence or domicile, or (3) The permanent duty station of your servicemember spouse. Please enter the 2 letter state abbreviation for the state you are electing (Enter here and on Line 3 on the first page of this return)								
	Enclose a copy of one or more of the followin (check the appropriate boxes to indicate which								
	Leave & Earning Statement (LES) for	the year in question							
	Current driver's license from the milital servicemember's domicile state or from								
	☐ DD Form 2058 (State of Legal Reside	nce Certificate)							
	Other								
II. Yo	ou have Virginia income other than for servi	ces performed in Virginia.							
5.	. Do you own a business or any income produc	cing property in Virginia?	Yes No						
	a. If yes, please describe.								
III. If	required, you filed a state income tax return	with the residence that you have	e elected for tax purposes.						
6.	Did you file a state income tax return for the year in question with the state reported under question 4 above?								
	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 do	es not have an income tax. check h	nere.						

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