

2013 Virginia
Form 502
Department of Taxation
P.O. Box 1500
Richmond, VA 23218-1500

Pass-Through Entity
Return of Income and Return of
Nonresident Withholding Tax



FISCAL or
SHORT Year Filer: Beginning Date _____, 2013; Ending Date _____, 20____

Check if VK-1s filed by Web Upload ☐

By checking the box to the right, I (we) authorize the Department to discuss this return with the undersigned tax preparer. _____ ☐

Check if: ☐ Initial return ☐ Amended return ☐ Final return ☐ Name change ☐ Address change ☐ Change in fiscal year

☐ Unified nonresident return filed ☐ Electing large partnership ☐ Subject to Bank Franchise Tax

Official Use Only

Federal Employer ID Number	Date of Formation	Entity Type (See instructions)
Entity Name	Date Operations Began in Virginia	NAICS
Number and Street	State or Country Where Incorporated or Organized	Description of Business Activity
City or Town, State and ZIP Code		

Number and Types of Owners

Count all of the owners that were issued a federal Schedule K-1 for the taxable year and enter:

- a. The total number of owners (Include individuals and any other entity types) a. _____
- b. The total number of nonresident owners (See instructions) b. _____
- c. Total amount withheld for nonresident owners (Total of Line e from all Schedules VK-1). c. _____ .00
- d. If the entity is exempt from withholding, enter the exemption code (See instructions) d. _____

Distributive or Pro Rata Income and Deductions - See instructions.

1. Total of taxable income amounts 1. _____ .00
2. Total of deductions 2. _____ .00
3. Tax-exempt interest income 3. _____ .00

Allocation and Apportionment - Check if electing the manufacturer's alternative method of apportionment ☐

4. Income allocated to Virginia (From Schedule 502A, Section C, Line 2) 4. _____ .00
5. Income allocated outside of Virginia (From Schedule 502A, Section C, Line 3(e)) 5. _____ .00
6. Apportionable income (from Schedule 502A, Section C, Line 4) 6. _____ .00
7. Virginia apportionment percentage (From Schedule 502A, Section B, percent from Line 1 or Line 2(h) or 100%) . 7. _____ %

Virginia Additions - See Schedule 502ADJ for Other Additions

8. Fixed-date conformity - depreciation 8. _____ .00
9. Fixed-date conformity - other 9. _____ .00
10. Net income tax or other tax used as a deduction in determining taxable income (See instructions) 10. _____ .00
11. Interest on municipal or state obligations other than from Virginia 11. _____ .00
12. Total additions from attached Schedule 502 ADJ, Section A, Line 5 12. _____ .00
13. Total additions (Add Lines 8-12) 13. _____ .00

Virginia Subtractions - See Schedule 502ADJ for Other Subtractions

14. Fixed-date conformity - depreciation 14. _____ .00
15. Fixed-date conformity - other 15. _____ .00
16. Income from obligations of the United States 16. _____ .00
17. Total subtractions from attached Schedule 502ADJ, Section B, Line 5 17. _____ .00
18. Total subtractions (Add Lines 14-17) 18. _____ .00

Virginia Tax Credits and Related Information From Schedule 502ADJ

19. Total nonrefundable credits (From attached Schedule 502ADJ, Section C, Line 35) 19. _____ .00
20. Total refundable credits (From attached Schedule 502ADJ, Section C, Line 43) 20. _____ .00

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Name _____

Federal Employer ID Number _____



Section 1: Withholding Payment Reconciliation

1. Total withholding tax due for nonresident owners 1. _____ .00
2. Total withholding tax paid (Entity's own payments only – see instructions) 2. _____ .00
3. Overpayment (If Line 2 is greater than Line 1, subtract Line 1 from Line 2) 3. _____ .00
4. Balance of tax due (If Line 2 is less than Line 1, subtract Line 2 from Line 1) 4. _____ .00

Section 2: Penalty and Interest Charges on Withholding Tax

5. Extension penalty (will apply if Line 4 is more than 10% of Line 1 and return is filed within extension period) 5. _____ .00
6. Late filing penalty (will apply if there is a balance due on Line 4 and Form 502 is being filed more than six months after the original due date). Enter 30% of the amount on Line 4. 6. _____ .00
7. Interest (may apply if there is a balance due on Line 4) 7. _____ .00
8. Total penalty and interest charges due (add Line 5 or Line 6 (whichever applies) to Line 7) 8. _____ .00

Section 3: Penalty for Late Filing of Form 502

9. If Form 502 is being filed more than six months after the original due date, or more than 30 days after the federal extended due date, enter \$1,200. 9. _____ .00

Section 4: Disposition of Overpayment

10. Net overpayment. Compare Line 6 and Line 9. If Line 6 is greater than Line 9, subtract Line 8 from Line 3. If Line 9 is greater than Line 6, subtract Line 7 and Line 9 from Line 3. If Line 8 or Line 9 exceeds Line 3, go to Line 13 below 10. _____ .00
11. Amount of overpayment to be credited to 2014 11. _____ .00
12. Amount of overpayment to be refunded 12. _____ .00

Section 5: Total Payment Due with Form 502

13. Balance of tax due from Line 4 plus the extension penalty on Line 5, if applicable 13. _____ .00
14. Interest charges on withholding tax from Line 7 14. _____ .00
15. Late filing penalty. Enter the greater of Line 6 or Line 9 15. _____ .00
16. Total payment due (Add Line 13, Line 14 and Line 15) or (net of Line 3 and Line 8 or Line 3 and Lines 7 and 9) whichever applies. If an overpayment, enclose in parentheses. 16. _____ .00

I, the undersigned owner and authorized representative of the pass-through entity for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules, statements and attachments) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the tax laws of the Commonwealth of Virginia. A preparer other than the authorized representative declares the same, and such declaration is based on all information of which he or she has any knowledge.

(Signature and Phone Number of Owner or Authorized Representative) (Title) ~~XXXXXXXXXX~~(Date)

(Printed Name of Owner or Authorized Representative) (Phone)

(Individual or Firm, Signature of Preparer, Phone Number, and Address) (Date)

(Printed Name of Individual or Firm) (Preparer's FEIN, PTIN or SSN)

Approved Vendor Code _____

Attach a copy of your federal return to Form 502.

**If you filed a Schedule VK-1 for each owner online using Web Upload,
do not attach a copy to the Form 502.**

Important: Please do not attach a federal Schedule K-1 for each owner.

Do not attach Form 765 to this return - Mail it to the address on Form 765.