763-S	Virginia Speci For Individual	al Nonresident Claim Income Tax Withheld	201	4					
First Name		MI Last Name			Suffix	Your Social Sec	curity Number		
Present Home Address (Number and Street, Including				Spouse's Social Security Number				
City, Town or Post Office				State		ZIP Code			
I (we) authorize th	ne Department of Taxatior	to discuss my (our) return with my (our)	preparer. Amended Claim						
	Your Birthday (MM-DD-YYYY)		 Primary Taxpayer Deceased (Include Federal Form 1310 if applicable) 						
STEP I - Exemp	tion Category								
Review	v categories 1 - 4 I	below and enter the category	number	for whic	ch you	are claim	ing an exemp	tion.	
daily basis was from did not live	 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 not live in nor was I a domiciliary or legal resident of Virginia at any time. Check One: District of Columbia Kentucky 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: Maryland Pennsylvania West Virginia Military Spouse Exemption: Complete the back 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 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								
or legal re wages an resident o Checl									
state or to									
3(b) Y	our spouse's dom	iciliary or legal state of resid	ency for r	nilitary p	bayrol	l purposes	; [
a domicilia the Virgini Enter the	4 Tax Withheld in Error by Employer: I declare that during the taxable year shown above I was not a domiciliary or legal resident of Virginia at any time. I did not perform any services in Virginia and the Virginia tax was erroneously withheld from salary and wages paid to me by my employer. Enter the 2 letter state abbreviation for your domiciliary or legal state of residency								
If ame on the	STEP II - Enter amount of Virginia Tax withheld requested to be refunded: If amended, enter the full refund amount as it should have been reported on the original return. You must provide copies of your withholding statements.								
	STEP III - Avoid delays: If you are a Resident of a State with an Individual Income Tax, attach 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 on a Debit Card.									
DIRECT BANK DEPO Domestic Accounts Or No International Depos	ly	Routing Transit Number	Account Nu	mber		Checkir	ng 🗌 Sav	rings	
		to the Department of Taxatio		v 1400	Diahra			<u> </u>	
				-					
Each sp			both filers have Virginia income tax withheld. by law that this is a true, correct and complete return.						
	Signature		Date		Your Phone		Office Use		
	arer's Name		Date		Prepare	r's Phone Numbe	ber		
Use Only Firm'	s Name (or Yours if Self-emple	oyed) and Address			Prepare	r's FEIN/PTIN/SS	5N	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 vo	our si	ouse	in activ	e militarv	service	for the	taxable	vear in c	uestion?
	vvas yt	Jui S	Jouse	in activ	e minitary	3011100		lanable	year mit	uconon:

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 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.

Locat	ion of Duty Station (i	nclude country if not USA)	Date Assignment Started MM/DD/YYYY		Date Assignment Ended MM/DD/YYYY			
				_				
2.	Where and when w	ere you and your spouse mar	ried? State	M	1/DD/YYYY			
3.			d be a military identification card issu ard has not been issued, check here.	ed to spouses				
4.	What is your spouse's state of domicile? (Enter here and on Line 3(b) on the front of this return)							
	Leave & Ea	rning Statement (LES) for the	year in question					
	Current driv	er's license from the military s	ervice member's domicile state					
	DD Form 20	58 (State of Legal Residence	Certificate)					
I. You a	re present in Virgir	nia solely to be with your sp	ouse.					
5.	Do you own a busir	ness or any income producing	property in Virginia?		Yes No			
	a. If yes, please d	lescribe.						
II. You	maintain your domi	cile or legal residency in ar	other state.					
6.	Do you claim the sa If you answered no.	me state of domicile reported	under question 4 above? for tax relief. See Virginia Tax Bullet	in 10-1 for details.	Yes No			
	a. Attach 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 I	ast physical address in that s	ate?	MM/	DD/YYYY			
		Street Address	City	State	ZIP			
	d. Was your name	e different when you last phys	ically resided in that state?		Yes No			
	If Yes, what wa	s your name?						
7.		py of one or more of the follo	Name Middle Initial Wing documents showing your domic documents you are providing).	Last Nar lile or legal residence				
	Property tax	bill from your domicile state						
	Current driv	er'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.