763-S Virginia Special Nonresident Claim For Individual Income Tax Withheld



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First Name		MI	Last Name			Suffix	Your Social Se	ecurity Number	
Present Home Address (Number and Street, Including Apartment Number or Rural Route) Spouse's Social Security Number									
City, Town or Pos	et Office					State	•	ZIP Code	
☐ I (we) authorize the Department of Taxation to discuss my (our) return with my (our) preparer. ☐ Amended Claim									
Date of Birth Your Birthday Primary Taxpayer Deceased (Include Federal Form 1310 if applicable)									
STEP I - Se	lect Exemption Cate	gory	•						$\neg \neg$
Re	eview categories 1 - 4 l	pelow	and enter the category			•			
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 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									
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									
			x withheld requested to						
If amended, enter the full refund amount as it should have been reported son 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, 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.									
DIDECT DANK		•	•			VIII DC			
DIRECT BANK DEPOSIT Your Bank Routing Transit Number Account Number Checking Savings									
No International	·								
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.									
		lo decl	are under penalties provided b	y law that	this is a t				
Please Sign Here	Your Signature X			Date		Your Ph	one	Office Use	
Preparer's Use Only	Preparer's Name			Date		Prepare	r's Phone Numb	per	
,	Firm's Name (or Yours if Self-emplo	oyed) and	1 Address			Prepare	er's FEIN/PTIN/S	SSN	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 have the same domicile as the military member and meet all of the following qualifications:

. Your	spouse is a member of the armed forces pres	<u>ent in Virginia in compliance with mil</u>	itary orders.						
1.	Was your spouse in active military service for th	e taxable year in question?	Yes No						
	a. If your spouse was discharged from full-tim the date your spouse left the service?								
	b. If your spouse was in the military at any time year. Additional rows are provided in case y								
Loca	tion 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 ma	ere and when were you and your spouse married? State							
3.	close a copy of your military ID card. This would be a military identification card issued to spouses military personnel. If a military identification card has not been issued, check here.								
4.	Enclose a copy of one or more of the following of	nat is your spouse's state of domicile? (Enter here and on Line 3(b) on the first page of this return) close a copy of one or more of the following documents showing the military service member's domicile or legal residence neck the appropriate boxes to indicate which documents you are providing).							
	Leave & Earning Statement (LES) for the	e year in question							
	Current driver's license from the military	service member's domicile state							
	☐ DD Form 2058 (State of Legal Residence☐ Other	ee Certificate)							
II. You a	are present in Virginia solely to be with your s	pouse.							
5.	Do you own a business or any income producin		☐ Yes ☐ No						
	a. If yes, please describe.								
II. You	maintain your domicile or legal residency in a	nother state.							
6.	Do you claim the same state of domicile reporter lf you answered no, stop here. You do not qualif If you answered yes, please respond to the rem	fy for tax relief. See Virginia Tax Bulletin	Yes No						
	a. Enclose a copy of your state income tax red does not have an income tax, check here.	turn for the year in question. If your stat	e of domicile						
	b. When was the last period of time in which y member physically resided in that State?	From	То						
	c. What was the last physical address in that	MM/DD/YYYY state?	MM/DD/YYYY						
	Street Address	City	State ZIP						
	d. Was your name different when you last phy	vsically resided in that state?	Yes No						
	If Yes, what was your name?	rst Name Middle Initial	Last Name						
7.	Please enclose a copy of one or more of the for (check the appropriate boxes to indicate which	ollowing documents showing your domic							
	Property tax bill from your domicile state	•							
	Current driver's license from your domic	ile state							
	Other								

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