

# 2018 Virginia Resident Form 760 Individual Income Tax Return

2601031  
Rev. 10/18

**File by May 1, 2019 - PLEASE USE BLACK INK**



Your first name	M.I.	Last name including suffix
Spouse's first name (joint returns only)	M.I.	Last name including suffix
Number and Street - If this is a change, you must fill in oval		
City, town or post office	State	ZIP Code

	Social Security Number	First 4 letters of last name
You	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>
	Birth Date (mm-dd-yyyy)	Deceased <input type="checkbox"/> Locality Code <input type="text"/>
You	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>

**Fill in all ovals that apply:**

<input type="checkbox"/> Name or Filing Status changed	<input type="checkbox"/> Overseas on due date
<input type="checkbox"/> Virginia return not filed last year	<input type="checkbox"/> Federal Schedule C filed
<input type="checkbox"/> Dependent on another's return	<input type="checkbox"/> Earned Income Credit on federal return
<input type="checkbox"/> Qualifying farmer, fisherman or merchant seaman	Amount claimed: <input type="text"/>
<input type="checkbox"/> Amended Return - Result of NOL? YES <input type="checkbox"/>	

**VA Driver's License Information**

Customer ID	Issue Date
You <input type="text"/>	<input type="text"/>
Spouse <input type="text"/>	<input type="text"/>

**Filing Status** Enter in box (1 = Single, 2 = Joint, and 3 = Married Filing Separately)  
Code  Federal head of household? YES   
If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name \_\_\_\_\_

**Exemptions** Add Sections A and B. Enter the sum on Line 13.

You	Spouse if Filing Status 2	Dependents	Total Section A
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X \$930 =			<input type="text"/>
You 65 or over	Spouse 65 or over	You Blind Spouse Blind	Total Section B
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X \$800 =			<input type="text"/>

--- Do you need to file? See Line 9 and Instructions ---

- Adjusted Gross Income from federal return - Not federal taxable income ..... 1
- Additions from enclosed Schedule ADJ, Line 3..... 2
- Add Lines 1 and 2..... 3
- Age Deduction. See Instructions. Be sure to provide date of birth above.  
You .00 + Spouse .00 = 4
- Social Security and equivalent Tier 1 Railroad Retirement benefits if taxable on federal return ..... 5
- State Income Tax refund or overpayment credit (reported as income on federal return) ..... 6
- Subtractions from enclosed Schedule ADJ, Line 7 ..... 7
- Add Lines 4, 5, 6 and 7..... 8
- Virginia Adjusted Gross Income (VAGI) - Subtract Line 8 from Line 3. Enter the result on this line.  
**Note:** If less than \$11,950 for Filing Status 1 or 3; or \$23,900 for Filing Status 2, your tax is \$0.00 ..... 9
- Itemized Deductions from Virginia Schedule A..... 10
- State and Local Income Taxes claimed on Virginia Schedule A..... 11
- Subtract Line 11 from Line 10 if claiming itemized deductions. Otherwise, enter standard deduction. See instructions. .... 12
- Exemptions. Sum of total from Exemption Section A plus Exemption Section B..... 13
- Deductions from Schedule ADJ, Line 9..... 14
- Add Lines 12, 13 and 14..... 15
- Virginia Taxable Income - Subtract Line 15 from Line 9 ..... 16

LOSS <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
LOSS <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
LOSS <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
LOSS <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
LOSS <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00

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Your SSN

17. Amount of Tax from Tax Table or Tax Rate Schedule (round to whole dollars) .....	17	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
18. Spouse Tax Adjustment (STA). Filing Status 2 only. Enter Spouse's VAGI in box here and STA amount on Line 18. →	18	LOSS <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
19. <b>Net Amount of Tax - Subtract Line 18 from Line 17</b> .....	19	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
20. Virginia income tax withheld for 2018. Enclose copies of Forms W-2, W-2G, 1099 and/or VK-1.			
20a. Your Virginia withholding .....	20a	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
20b. Spouse's Virginia withholding (Filing Status 2 only) .....	20b	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
21. Estimated tax payments for taxable year 2018 (from Form 760ES).....	21	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
22. Amount of 2017 overpayment applied toward 2018 estimated tax.....	22	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
23. Extension Payments (from Form 760IP) .....	23	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
24. Tax Credit for Low-Income Individuals or Earned Income Credit from Sch. ADJ, Line 17 .....	24	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
25. Credit for Tax Paid to Another State from Schedule OSC, Line 21. You must enclose Schedule OSC and a copy of all other state returns .....	25	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
26. Reserved for future use .....	26		
27. Credits from enclosed Schedule CR, Section 5, Part 1, Line 1A .....	27	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
28. <b>Add Lines 20a through 27</b> .....	28	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
29. If Line 28 is less than Line 19, subtract Line 28 from Line 19. This is the Tax You Owe .....	29	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
30. If Line 19 is less than Line 28, subtract Line 19 from Line 28. This is Your Tax Overpayment.....	30	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
31. Amount of overpayment you want credited to next year's estimated tax .....	31	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
32. Virginia529 and ABLEnow Contributions from Schedule VAC, Section I, Line 6.....	32	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
33. Other Voluntary Contributions from Schedule VAC, Section II, Line 14 .....	33	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
34. Addition to Tax, Penalty and Interest from enclosed Schedule ADJ, Line 21 .....	34	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
35. Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. FILL IN OVAL IF NO SALES AND USE TAX IS DUE. ....	35	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
36. <b>Add Lines 31 through 35</b> .....	36	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
37. If you owe tax on Line 29, add Lines 29 and 36. <b>OR</b> If Line 30 is less than Line 36, subtract Line 30 from Line 36. Enclose payment or pay at <b>www.tax.virginia.gov</b> . <b>AMOUNT YOU OWE</b> ..... FILL IN OVAL IF PAYING BY CREDIT OR DEBIT CARD - SEE INSTRUCTIONS	37	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00
38. If Line 30 is greater than Line 36, subtract Line 36 from Line 30. <b>YOUR REFUND</b> ..... If the Direct Deposit section below is not completed, your refund will be issued by check.	38	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	.00

**DIRECT BANK DEPOSIT** Bank Routing Transit Number   
 Bank Account Number   
 Domestic Accounts Only.  Checking  Savings  
 No International Deposits.

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at **www.tax.virginia.gov**.  
 I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Phone  Spouse's Phone  ID Theft PIN

Preparer's Name \_\_\_\_\_ Firm Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Filing Election \_\_\_\_\_ Preparer's PTIN