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	st Office					State		ZIP Code	
I (we) authorize the Department of Taxation to discuss my (our) return with my (our) preparer.									
Date of Birth Your Birthday (MM-DD-YYYY) Primary Taxpayer Deceased (Include Federal Form 1310 if applicable)								1310 if	
STEP I - Se	elect Exemption Cate	gory							$\neg \neg$
	eview categories 1 - 4		_	•		•			
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									
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, enclose a complete copy of your State of Residence Income Tax Return and check this box.									
	If the Direct De	posit s	ection below is not com	oleted, your	refund v	vill be	issued by o	check.	
DIRECT BANK DEPOSIT Your Bank Routing Transit Number Account Number Checking Savings									
No International	, , , , ,								
Due by May 1, 2019. 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.									
	I, the undersigned, o	lo decla	re under penalties provided	d by law that	this is a t	rue, co	rrect and co	mplete return.	
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-emple	oyed) and A	Address	<u> </u>		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 <u>have the same domicile as the military member</u> and meet all of the following qualifications:

	spouse is a member of the armed forces presen	•							
1.	, ,	•	Yes No						
	a. If your spouse was discharged from full-time the date your spouse left the service?	military service, what was	·MM/DD/YYYY						
	 If your spouse was in the military at any time for year. Additional rows are provided in case you 		his or her duty station(s) for the taxa						
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 marr	ied? State	MM/DD/YYYY						
3.	Enclose a copy of your military ID card. This would be a military identification card issued to spouses of military personnel. If a military identification card has not been issued, check here.								
4.	What is your spouse's state of domicile? (Enter here and on Line 3(b) on the first page of this return)								
	Leave & Earning Statement (LES) for the	year in question							
	Current driver's license from the military se	ervice member's domicile state							
	DD Form 2058 (State of Legal Residence	Certificate)							
	Other								
ou a	are present in Virginia solely to be with your spo	ouse.							
5.	Do you own a business or any income producing		☐ Yes ☐ No						
	a. If yes, please describe.	Fraginal							
You	maintain your domicile or legal residency in an	other state.							
6.	Do you claim the same state of domicile reported	under question 4 above?	☐ Yes ☐ No						
0.	If you answered no, stop here. You do not qualify If you answered yes, please respond to the remai	for tax relief. See Virginia Tax Bulletin 1							
	Enclose a copy of your state income tax retuing	• .	of domicile						
	does not have an income tax, check here.	The the year in queetion. If year state							
	b. When was the last period of time in which you		_						
	member physically resided in that State?	From	То						
	c. What was the last physical address in that sta	ate?							
	Street Address	City	State ZIP Code						
	d. Was your name different when you last physi	cally resided in that state?	Yes No						
	If Yes, what was your name?	Name Middle Initial	Last Name						
7.	Please enclose a copy of one or more of the follo	owing documents showing your domicil	e or legal residence						
	(check the appropriate boxes to indicate which documents you are providing). Property tax bill from your domicile state								
	Current driver's license from your domicile	etata							
	Other	date							

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