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Your Name Your SSN			1 18811 8118811 1818 1811 18		
Additions to Adjusted Gross	Income		B Spouse Filing Status 4 ONLY	A You Include Spouse if Filing Status 2	
	esident on obligations of other states, but not from state tax	1	00	00	
2. Other additions to adjusted gross	income.				
2a Fixed date conformity addition. See instructions		2a	00	00	
2b - 2c Refer to Form 760PY Ins Addition Codes.	tructions for Other 2b	2b	00	00	
	2c	2c	00	00	
 Total Additions. Add Lines 1, 2a - Enter here and on Form 760PY, L 			00	00	
Subtractions from Adjusted (Gross Income		B Spouse	A You	
 Income (interest, dividends or gai obligations or securities of the U.S 	ns) received while a Virginia resident fro S. exempt from state income tax, but not		00	00	
(or payments in lieu of wages) on y subtraction you cannot also clai benefits you most.	Virginia resident and reported as wages your federal return. If claiming this m Age Deduction. Claim the one that				
5a Enter YOUR disability subtra	action on Line 5a, Column A	5a		00	
	subtraction on Line 5b, Column B if claim olumn A if claiming Filing Status 2		00	00	
6. Other subtractions as provided in	instructions.				
•	action	6a	00	00	
	ctions for Other Subtraction Codes. tification Number Code	_			
6b		6b	00	00	
		7	00	00	
6c		6c <u></u>	00	00	
7. Total subtractions. Add Lines 4, 5		☐ 6d ☐ 7	00	00	
Deductions from Virginia Adj	ine 8	'	P. C	A vo	
8. Deduction codes. See Form 760F	PY Instructions for Deduction Codes.		B Spouse	A You	
	Code	\neg	00	00	
	8a <u> </u>	8a			
	8b	8b	00	00	
	8c	8c	00	00	
9. Total Deductions. Add Lines 8a - Enter here and on 760PY, Line 14	8c. 4	9	00	00	
-	re claiming more additions, subtractions PY ADJ allows. Refer to the instructions				

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Your Name	Your SSN



Tax Credit for Low-Income Individuals or Virginia Earned Income Credit

- List below the name, Social Security Number (SSN) and Guideline Income for you, your spouse and each dependent.
- If more room is needed, enclose a schedule with the name, SSN and Guideline Income for each additional dependent.
- Failure to complete Lines 10 17 may result in this credit being reduced or disallowed.

F	Family VAGI Name Social Security Nur		Social Security Number (SSN)	Guideline Income
	You			00
	Spouse			00
	Dependent			00
	Dependent			00
10.	Total Family (applicable)	n enclosed schedule, if	00	
11.	Based on this	number of exemptions reported in the table above and on total, the total Family Guideline Income from Line 10 and ts, determine your eligibility	the poverty guidelines in	
12.		reported on your Form 12		
13.	3. Multiply Line 12 by \$300. Enter the result on Line 13 and proceed to Line 14			00
14.		urn. If you did not claim narried filing separately, 14	00	
15.	Multiply Line	15	00	
16.	Enter the grea	16	00	
17.		60PY, Line 18. Enter the our credit amount 17	00	
Add	lition to Tax, F	Penalty and Interest	_	
18.	Addition to tax		18	00
19.	Penalty	□ Late Filing Penalty	Extension Penalty 19	00
20.	Interest (accru	20	00	
21.		e and on Form 760PY, 21	00	