Enclose copies of your withholding statements.

763-S			onresident Claim	2024		
First Name		MI	Last Name		Suffix	Your Social Security Number
Present Home Address	(Number and Street, Including	Apartme	ent Number or Rural Route)	,		Spouse's Social Security Number

							-		
Present Home Address (Number and Street, Including Apartment Number or Rural Route)						Spouse's Social Security Number			
City, Town or Post	t Office				State		ZIP Code		
☐ I authorize the Department of Taxation to discuss my return with my preparer. ☐ Amended Claim									
Date of Birth Your Birthday (MM-DD-YYYY) Primary Taxpayer Deceased (Include Federal Fo						ederal Form	1310 if		
STEP I - Se	elect Exemption Cate	gory							$\overline{}$
Re	view categories 1 - 4	below and enter the category r	number f	or whic	h you	ı are clain	ning an ex	emption.	
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.									
	heck One: \square Mar	yland \square Pennsylvania \square	West \	/irginia					
Military Spouse Exemption: Complete the second page of this form first to provide information regarding your eligibility for this exemption. I declare that, for at least one day of the taxable year, I was married to a servicemember spouse serving in compliance with military orders, and my income from Virginia was solely income for service performed in Virginia. You may elect to use any of the following as your residence for tax purposes: (1) The residence or domicile of your servicemember spouse, (2) your residence or domicile, or (3) The permanent duty station of your servicemember spouse. If you are claiming this exemption, enter the 2 letter state abbreviation for the state you are electing									
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 - E	nter amount of Virgii	nia Tax withheld requested to	be refu	unded:					
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.									
		· · · · · ·					NSE 3		$\overline{}$
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.									
DIRECT BANK I Domestic Account	nts Only	Routing Transit Number Acc	count Num	nber		Check	ing	Savings	
Due by May 1, 2025. 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, do declare under penalties provided by law that this is a true, correct and complete return.									
		do declare under penalties provided by		his is a tr					
Please Sign Here	Your Signature		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 Address			Prepare	r's FEIN/PTIN/S	SSN		Code

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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. **This** exemption applies only to spouses of military servicemembers and does not apply to dependents.

I. Yo	Your spouse is a servicemember serving in comp	liance with military orders.									
1.	1. Was your spouse in active military service for the	taxable year in question?	Yes No								
	If your spouse was discharged from full-time the date your spouse left the service?										
	 b. If your spouse was in the military at any time for the taxable year. Additional rows are prov the taxable year. 										
Loca	ocation 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 man	ried? State	MM/DD/YYYY								
3.	 Enclose a copy of your military ID card. This wou of military personnel. If a military identification ca 		ard issued to spouses								
4.	Under federal law, you may elect to use any of the following as your residence for tax purposes: (1) The resider or domicile of your servicemember spouse, (2) your residence or domicile, or (3) The permanent duty station of your servicemember spouse. Please enter the 2 letter state abbreviation for the state you are electing (Enter he and on Line 3 on the first page of this return)										
	Enclose a copy of one or more of the following do (check the appropriate boxes to indicate which do										
	Leave & Earning Statement (LES) for the	year in question									
	 Current driver's license from the military se servicemember's domicile state or from yo 										
	☐ DD Form 2058 (State of Legal Residence	Certificate)									
	Other										
II. Yo	You have Virginia income other than for services	performed in Virginia.									
5.	5. Do you own a business or any income producing	property in Virginia?	Yes No								
	a. If yes, please describe.										
III. If	If required, you filed a state income tax return wit	h the residence that you have	e elected for tax purposes.								
6.	Did you file a state income tax return for the year in question with the state reported under question 4 above? Yes No										
	If you answered yes, enclose a copy of your state	If you answered yes, enclose a copy of your state income tax return for the year in question.									
	If your state of residency for tax purposes does n	ot have an income tax, check h	nere.								

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