

2601031 8/10
STAPLE

2010 Virginia Resident Form 760

Individual Income Tax Return

File by May 2, 2011 - PLEASE USE BLACK INK



Your first name	M.I.	Last name	Suffix
Spouse's first name (joint returns only)	M.I.	Last name	Suffix
Number and Street - If this is a change you must fill in oval <input type="checkbox"/>			
City, town or post office and state		ZIP Code	

- Fill in all ovals that apply:
- Name or filing status has changed since last filing
 - Virginia return was not filed last year
 - Dependent on another's return
 - Amended Return - Fill in oval if result of NOL
 - I (We) authorize the Dept. of Taxation to discuss my (our) return with my (our) preparer.

Your Social Security Number	First 4 letters of your last name	Spouse's Social Security Number	First 4 letters of spouse's last name	Locality Code See instructions
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Filing Status Fill in oval to indicate status

- (1) Single. Did you claim federal head of household? Yes
- (2) Married filing joint return (Enter spouse's SSN above)
- (3) Married filing separate return (Enter spouse's SSN above)
Spouse's Name _____

Exemptions

A	You	Spouse	Total		} Add the Dollar Amounts and Enter Total on Line 11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
B	You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	Total
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

SIXTEEN Forms W-2, W-2G, 1099 and VK-1 reporting VA withholding here.
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Staple payment here

1. Federal Adjusted Gross Income (from federal return - NOT FEDERAL TAXABLE INCOME)	1	LOSS	<input type="text"/>	.00
2. Total Additions from attached Schedule ADJ, Line 3 (You must attach Schedule ADJ)	2		<input type="text"/>	.00
3. Add Lines 1 and 2	3	LOSS	<input type="text"/>	.00
4. Deduction for age on January 1, 2011. See Instructions.	4		<input type="text"/>	.00
You <input type="text"/> .00 + Spouse <input type="text"/> .00 = <input type="text"/> .00				
Your Birthday (mm-dd-yy) <input type="text"/> Spouse's Birthday (mm-dd-yy) <input type="text"/>				
5. Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits (reported as taxable on federal return)	5		<input type="text"/>	.00
6. State Income Tax refund or overpayment credit (reported as income on federal return)	6		<input type="text"/>	.00
7. Subtractions from attached Schedule ADJ, Line 7 (You must attach Schedule ADJ)	7		<input type="text"/>	.00
8. Add Lines 4, 5, 6 and 7	8		<input type="text"/>	.00
9. Virginia Adjusted Gross Income (VAGI) - Subtract Line 8 from Line 3	9	LOSS	<input type="text"/>	.00
10. Deductions-Enter Standard: Filing Status 1 = \$3,000; 2 = \$6,000; 3 = \$3,000 OR Itemized:				
10a. Total Itemized Deductions			<input type="text"/>	.00
10b. State and Local Income Taxes claimed on Sch. A			<input type="text"/>	.00
	10			
11. Exemptions. Sum of total from Exemption Section A multiplied by \$930 plus sum of total from Exemption Section B multiplied by \$800	11		<input type="text"/>	.00
12. Deductions from Virginia Adjusted Gross Income Schedule ADJ, Line 9	12	LOSS	<input type="text"/>	.00
13. Add Lines 10, 11 and 12	13	LOSS	<input type="text"/>	.00
14. Virginia Taxable Income - Subtract Line 13 from Line 9	14	LOSS	<input type="text"/>	.00

(YOU MUST USE ITEMIZED DEDUCTIONS IF YOU ITEMIZED ON YOUR FEDERAL RETURN)

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Office Use



Your SSN

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- 15. Amount of Tax from Tax Table or Tax Rate Schedule (round to whole dollars) 15
- 16. Spouse Tax Adjustment. For Filing Status 2 only. Enter **VAGI** in whole dollars below. See instructions.

16a - Enter Your VAGI below										16b - Enter Spouse's VAGI below									
LOSS <input type="checkbox"/>										LOSS <input type="checkbox"/>									
.00										.00									

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- 17. **Net Amount of Tax - Subtract Line 16 from Line 15** 17
- 18. Virginia tax withheld for 2010.
- 18a. Your Virginia withholding 18a

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- 18b. Spouse's Virginia withholding (filing status 2 only) 18b

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- 19. Estimated Tax Paid for tax year 2010 (from Form 760ES) 19
(include overpayment credited from tax year 2009)

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- 20. Extension Payments (from Form 760IP) 20

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- 21. Tax Credit for Low Income Individuals or Earned Income Credit from **attached** Sch. ADJ, Line 17 21

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- 22. Credit for Tax Paid to Another State from **attached** Sch. OSC, Line 21 22
(You must attach Sch. OSC and a copy of all other state returns)

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- 23. Other Credits from **attached Schedule CR** 23
(If claiming **Political Contribution Credit** only - fill in oval - see instructions)

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- 24. **Add Lines 18a, 18b and 19 through 23** 24

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- 25. If Line 24 is less than Line 17, subtract Line 24 from Line 17. This is the Tax You Owe 25
Skip to Line 28

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- 26. If Line 17 is less than Line 24, subtract Line 17 from Line 24. This is Your Tax Overpayment ... 26

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- 27. Amount of overpayment you want credited to next year's estimated tax 27

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- 28. Adjustments and Voluntary Contributions from **attached** Schedule ADJ, Line 24 28
(You must attach Schedule ADJ)

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- 29. Add Lines 27 and 28 29

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- 30. If you owe tax on Line 25, add Lines 25 and 29. **OR**
If Line 26 is less than Line 29, subtract Line 26 from Line 29. **AMOUNT YOU OWE** 30

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CREDIT CARD FILL IN OVAL IF PAYING BY CREDIT OR DEBIT CARD - SEE INSTRUCTIONS

- 31. If Line 26 is greater than Line 29, subtract Line 29 from Line 26. **YOUR REFUND** 31

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Direct Deposit Information

Account Type Checking Savings

Do not use direct deposit to transfer funds outside the United States. See instructions.

Your bank routing transit numbers

Your bank account numbers

Fill in all ovals that apply:

Qualifying farmer, fisherman or merchant seaman

Overseas on due date

Federal Schedule C filed with your federal return

Earned Income Credit claimed on your federal return. Amount claimed:

Primary Taxpayer Deceased Spouse Deceased

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
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Your business phone number	Home phone number	Spouse's business phone number
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Preparer's Signature	Preparer's Name, Address & Phone Number (please print)	Filing Election	Preparer's FEIN/PTIN/SSN
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