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2601031 8/09

# 2009 Virginia Resident Form 760
## Individual Income Tax Return
**File by May 3, 2010 - PLEASE USE BLACK INK**

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Fast. Easy. Secure.

| 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 | | | |
| 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
- Return adjusted for fixed date conformity
- Dependent on another's return
- Amended Return - Fill in oval if result of NOL
- Pass-Through-Entity Withholding included on this return (Attach Schedule VK-1)

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

**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 + Dependents = Total x $930 = _____

B: You 65 or over + Spouse 65 or over + You Blind + Spouse Blind = Total x $800 = _____

Add the Dollar Amounts and Enter Total on Line 11

1. **Federal Adjusted Gross Income** (*from federal return - **NOT FEDERAL TAXABLE INCOME***) ..... 1 — LOSS ___,___,___ .00
2. Total Additions from **attached** Schedule ADJ, Line 3 (You must attach Schedule ADJ) ..... 2 — ___,___,___ .00
3. **Add Lines 1 and 2** ..... 3 — LOSS ___,___,___ .00
4. Deduction for age on January 1, 2010. See Instructions.
   You ___,___ .00 + Spouse ___,___ .00 = 4 — ___,___ .00
   Your Birthday (mm-dd-yy) - - | Spouse's Birthday (mm-dd-yy) - -
5. Social Security Act and equivalent Tier 1 Railroad Retirement Act benefits (reported as taxable on federal return) ..... 5 — ___,___,___ .00
6. State Income Tax refund or overpayment credit (reported as income on federal return) ..... 6 — ___,___,___ .00
7. Subtractions from **attached** Schedule ADJ, Line 7 (You must attach Schedule ADJ) ..... 7 — ___,___,___ .00
8. **Add Lines 4, 5, 6 and 7** ..... 8 — ___,___,___ .00
9. **Virginia Adjusted Gross Income (VAGI) - Subtract Line 8 from Line 3** ..... 9 — LOSS ___,___,___ .00
10. Deductions-**Enter Standard: Filing Status 1** = $3,000; **2** = $6,000; **3** = $3,000 **OR Itemized**:
    (YOU MUST USE ITEMIZED DEDUCTIONS IF YOU ITEMIZED ON YOUR FEDERAL RETURN)
    10a. Total Itemized Deductions ___,___,___ .00 MINUS 10b. State and Local Income Taxes claimed on Sch. A ___,___,___ .00 = 10 — ___,___,___ .00
11. Exemptions. Sum of total from Exemption Section A multiplied by $930 plus sum of total from Exemption Section B multiplied by $800 ..... 11 — ___,___ .00
12. Deductions from Virginia Adjusted Gross Income Schedule ADJ, Line 9 ..... 12 — LOSS ___,___,___ .00
13. **Add Lines 10, 11 and 12** ..... 13 — LOSS ___,___,___ .00
14. **Virginia Taxable Income - Subtract Line 13 from Line 9** ..... 14 — LOSS ___,___,___ .00

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

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Office Use

Your SSN

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 LOSS .00 16b - Enter Spouse's VAGI below LOSS .00 16

17. **Net Amount of Tax - Subtract Line 16 from Line 15** ..... 17

18. Virginia tax withheld for 2009.
18a. Your Virginia withholding ..... 18a

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

19. Estimated Tax Paid for tax year 2009 (from Form 760ES) ..... 19
(include overpayment credited from tax year 2008)

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

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

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)

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

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

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

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

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

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

29. Add Lines 27 and 28 ..... 29

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

**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

**Direct Deposit Information**

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

Account Type Checking Savings

Your bank routing transit numbers

Your bank account numbers

Fill in all ovals that apply:

Qualifying farmer, fisherman or merchant seaman

Federal Schedule C filed with your federal return

Coalfield credit earned

Overseas on due date

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

Your business phone number | Home phone number | Spouse's business phone number

I authorize the Dept. of Taxation to discuss my return with my preparer.

Preparer's Signature | Preparer's Name, Address & Phone Number (please print) | Code | Preparer's FEIN/PTIN/SSN