2021 Virginia Form 765

Virginia Department of Taxation P.O. Box 760 Richmond, VA 23218-0760

Unified Nonresident Individual Income Tax Return (Composite Return)



FISCAL or SHORT Year Filer: Beginning Date: _

For Qualified Owners of	Ending Date	Ending Date:									
Check if –	Legal Name of Pass-Through Entity										
Change in Address	Number and Street										
Legal Name Change											
Amended Return	FEIN										
Enter Reason Code	e City or Town State and ZID Code										
760C Enclosed	City or Town, State, and ZIP Code Virginia Acco										
Part I – Participants	' Combined Income										
1. Virginia income (from Par	t II, Line 5)	1.		00							
2. Total additions (from Part	II, Line 11, Column B)	2.		00							
3. Subtotal. Add Line 1 and	3. Subtotal. Add Line 1 and Line 2										
4. Total subtractions (from P	4. Total subtractions (from Part II, Line 17, Column B)4.										
5. Virginia taxable income. S	5. Virginia taxable income. Subtract Line 4 from Line 3										
6. Amount of tax	6.		00								
7. Estimated tax paid for 202	7. Estimated tax paid for 2021 taxable year										
8. Extension payment (from		00									
9. Total credits (from enclose	9. Total credits (from enclosed Schedule CR)9.										
10. Total payments and credit	0. Total payments and credits. Add Lines 7, 8, and 910.										
11. If Line 6 is greater than Lin	the 10, enter the difference and skip to Line 15. This is the income tax you owe. \dots	11.		00							
12. If Line 10 is greater than I	12.		00								
13. Amount of overpayment y	13.		00								
14. Subtract Line 13 from Line	e 12. This is the overpayment amount	14.		00							
15. Addition to tax, penalty, a	nd interest										
(a) Addition to tax. Ente	r amount from Form 760C, if applicable 15(a).		00								
(b) Penalty – See instru	ctions. If owed, check applicable box and enter amount:										
Late Filing Pen	alty or Extension Penalty 15(b) .		00								
(c) Interest – Compute of	on amount from Line 11 15(c).		00								
(d) Add Lines 15(a)–15(c)15(d).		00								
	add Lines 11 and 15(d) –or– If Line 14 is an overpayment and Line 14, enter the difference. This is the AMOUNT YOU OWE . Enclose paymer	nt 16.		00							
	Line 15(d), Subtract Line 15(d) from Line 14. This is YOUR REFUND			00							
	Occurrent to a section of the shall be										

Complete and enclose Schedule L

I, the undersigned owner or authorized representative of the pass-through entity declare under the penalties provided by law that this return (including any accompanying schedules, statements, and enclosures) has been examined by me and is, to the best of my knowledge and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant to the tax laws of the Commonwealth of Virginia. I declare that the pass-through entity has made a diligent effort to ensure that the owners who are participating in this return are qualified to do so. I further declare that the pass-through entity has in its possession a signed statement from each owner participating in the return that grants the pass-through entity to act on the owners' behalf in the matter of the return and that indicates the owners' understanding and acceptance of all the terms and conditions for the filing of such a return.

I authorize the Department	of Taxation to discuss this return v	with my preparer. If	yes, check he	ere. — — — — —
Signature of Owner or Authorized Representative	Title		Date	
Printed Name of Owner or Authorized Representative		Phone Number		
Individual or Firm, Signature of Preparer	Phone Number	Preparer's FEIN, PTI	N, or SSN	Date
Address				Approved Vendor Code



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Part II – Summary of Participants' Income and Virginia Modifications from Schedules VK-1

Aggregate means the sum of the participants' amounts from the Schedules VK-1 for the referenced line item. Before completing the lines below, see the instructions.

Virginia Income

5.	Add Lines 3 and 45.	0	0
4.	Income allocated to Virginia (aggregate Schedules VK-1, Page 1, Line 4)4.	0	0
3.	Virginia apportioned income (multiply Line 1 by Line 2)	0	0
2.	Virginia apportionment percentage (Schedule VK-1, Page 1, Line 7)2.	%	6
1.	Apportionable income (aggregate Schedules VK-1, Page 1, Line 6)1.	0	0

Vi	rginia Additions	Column A Aggregate	Column B * Apportioned
6.	Fixed date conformity – depreciation (aggregate Schedules VK-1, Page 1, Line 8)6.	00	00
7.	Fixed date conformity – other (aggregate Schedules VK-1, Page 1, Line 9)7.	00	00
8.	Total fixed date conformity additions (add Line 6 and Line 7)8.	00	00
9.	Interest on municipal or state obligations other than from Virginia (Aggregate Schedules VK-1, Page 1, Line 11)9.	00	00
10.	a-b. Enter addition codes and amounts for individual income tax only (aggregate Schedules VK-1, Page 1, Line 12).		
	Code		
	10a 10a.	00	00
	10b	00	00
11.	Total Additions. (Add Lines 8 through 10b.)		
	If claiming more than 2 additions, use the Schedule ADJS to report additions in excess of 2. Include the total of all additions on this line and check the box.	00	00

Virginia Subtractions

12.	Fixed date conformity – depreciation (aggregate Schedules VK-1, Page 1, Line 14)12.												00		
13.	Fixed date conformity – other (aggregate Schedules VK-1, Page 1, Line 15)13.									00		00			
14.	•. Total fixed date conformity subtractions (add Line 12 and Line 13)14.									00		00			
15.	Incor	ne fro	m U.S	S. oblig	gations	s (agg	regate	Schedu	les VK-1	1, Page 1, I	_ine 16) 15.		00		00
16.	16. a-c. Enter subtraction codes and amounts for individual income tax only (aggregate Schedules VK-1, Page 1, Line 17). Certification Number (if applicable) Code														
	16a.										16a.		00		00
	16b.										16b.		00		00
	16c.										16c.		00		00
17.	 7. Total Subtractions. (Add Lines 14 through 16c.) If claiming more than 3 subtractions, use the Schedule ADJS to report subtractions in excess of 3. Include the total of all subtractions on this line and check the box									00		00			

* Multiply amount in Column A by the Virginia apportionment percentage from Form 765, Part II, Line 2.