

**Pass-Through Entity
Return of Income and Return of
Nonresident Withholding Tax**



FISCAL or SHORT Year Filer: **Beginning Date** _____ ●

Check if :

Initial return Name change Address change Change in fiscal year

Ending Date _____ ●

| | | |
|---|-----------------------------------|--|
| Federal Employer ID Number | | Official Use Only |
| Entity Name | | |
| Number and Street | | |
| Address continued | | |
| City or Town, State and ZIP Code | | |
| Date of Formation | Date Operations Began in Virginia | State or Country Where Incorporated or Organized |
| Entity Type (Enter Code - See instructions) | NAICS | Description of Business Activity |

Amended return Final return Unified nonresident return filed
 Electing large partnership Subject to bank franchise tax

Number And Types Of Owners

Count all owners that were issued a federal Schedule K-1 for the taxable year and enter:

- a. The Total Number Of Owners (Include individuals and any other entity types) a. _____ ●
- b. The Total Number Of Nonresident Owners (See Instructions) b. _____ ●
- c. Total Amount Withheld for Nonresident Owners (Total of "line e" from all VK-1's with withholding amounts). c. _____ .00 ●
- d. If entity is exempt from withholding enter exemption code (see instructions) d. _____ ●

Distributive Or Pro Rata Income And Deductions

See instructions.

- 1. Total Of Taxable Income Amounts 1. _____ .00 ●
- 2. Total Of Deductions 2. _____ .00 ●
- 3. Tax-exempt Interest Income 3. _____ .00 ●

Allocation And Apportionment

- 4. Income Allocated To Virginia (From Schedule 502A, Part A, Line 2). 4. _____ .00 ●
- 5. Income Allocated Outside Of Virginia (From Schedule 502A, Part A, Line 3e). 5. _____ .00 ●
- 6. Apportionable Income (From Schedule 502A, Part A, Line 4). 6. _____ .00 ●
- 7. Virginia Apportionment Percentage (From Schedule 502 A, Part B or Part C or 100%). 7. _____ % ●

Virginia Additions - See Schedule 502 ADJ For Other Additions

- 8. Fixed-date Conformity - Depreciation 8. _____ .00 ●
- 9. Fixed-date Conformity - Other. 9. _____ .00 ●
- 10. Net Income Tax Or Other Tax Used As A Deduction In Determining Taxable Income (See Instructions) 10. _____ .00 ●
- 11. Interest On Municipal Or State Obligations Other Than From Virginia 11. _____ .00 ●
- 12. Total additions from attached Schedule 502 ADJ, Section A , line 5 12. _____ .00 ●
- 13. Total additions (Add lines 8-12). 13. _____ .00 ●

Virginia Subtractions - See Schedule 502ADJ For Other Subtractions

- 14. Fixed-date Conformity - Depreciation 14. _____ .00 ●
- 15. Fixed-date Conformity - Other 15. _____ .00 ●



| | | | |
|---|-----|-------|-------|
| 16. Income From Obligations Of The United States | 16. | _____ | .00 |
| 17. Total Subtractions from attached Schedule 502ADJ, Section B, line 5 | 17. | _____ | .00 ● |
| 18. Total Subtractions (Add lines 14-17) | 18. | _____ | .00 ● |

Virginia Tax Credits And Related Information From Schedule 502ADJ

| | | | |
|---|-----|-------|-------|
| 19. Total nonrefundable credits (From Section C, Line 26 from attached Schedule 502ADJ) | 19. | _____ | .00 ● |
| 20. Total refundable credits (From Section C, line 33 from attached Schedule 502ADJ) | 20. | _____ | .00 ● |

Reconciliation of Withholding, Penalties, Interest and Overpayment/Tax Due

Section 1: Withholding Payment Reconciliation

| | | | |
|--|----|-------|-------|
| 1. Total withholding tax due for nonresident owners | 1. | _____ | .00 ● |
| 2. Total withholding tax paid | 2. | _____ | .00 ● |
| 3. Overpayment (If line 2 is greater than line 1, subtract line 1 from line 2) | 3. | _____ | .00 ● |
| 4. Balance of tax due (If line 2 is less than line 1, subtract line 2 from line 1) | 4. | _____ | .00 ● |

Section 2: Penalty and Interest Charges on Withholding Tax

| | | | |
|--|----|-------|-------|
| 5. Extension penalty (may apply if the difference between line 1 and line 2 is more than 10 percent of line 1) | 5. | _____ | .00 ● |
| 6. Late filing penalty (will apply if there is a balance due on line 4 and Form 502 is being filed more than six months after the original due date) | 6. | _____ | .00 ● |
| 7. Interest (may apply if there is a balance due on line 4) | 7. | _____ | .00 ● |
| 8. Total penalty and interest charges due (add lines 5, 6, and 7) | 8. | _____ | .00 ● |

Section 3: Penalty for Late Filing of Form 502

| | | | |
|--|----|-------|-------|
| 9. If Form 502 is being filed more than six months after the original due date, or more than 30 days after the federal extended due date, enter \$1,200. | 9. | _____ | .00 ● |
|--|----|-------|-------|

Section 4: Disposition of Overpayment

| | | | |
|--|-----|-------|-------|
| 10. Net overpayment. Subtract lines 8 and 9 from line 3. If lines 8 and 9 exceed line 3, go to line 13 below | 10. | _____ | .00 ● |
| 11. Amount of overpayment to be credited to 2009 | 11. | _____ | .00 ● |
| 12. Amount of overpayment to be refunded | 12. | _____ | .00 ● |

Section 5: Total Payment Due With Form 502

| | | | |
|--|-----|-------|-------|
| 13. Balance of tax due from line 4, or total of lines 8 and 9 less line 3, whichever is applicable | 13. | _____ | .00 ● |
| 14. Penalty and interest charges on withholding tax from line 8 if not included on line 13 | 14. | _____ | .00 ● |
| 15. Late filing penalty from line 9 if not included on line 13 | 15. | _____ | .00 ● |
| 16. Total payment due (Add lines 13, 14, and 15) | 16. | _____ | .00 |

By checking the box to the right, I (we) authorize the Department of Taxation to discuss this return with the undersigned preparer. → ●

I, the undersigned owner and authorized representative of the pass-through entity for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules, statements and attachments) 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. A preparer other than the authorized representative declares the same, and such declaration is based on all information of which he or she has any knowledge.

 (Signature and Phone Number of Owner or Authorized Representative) (Title) (Date)

 (Individual or Firm, Signature of Preparer, Phone Number, and Address) (Date)

Preparer's FEIN, PTIN or SSN _____ ● Approved Vendor Code _____ ●

**Attach a copy of your Federal Return and Schedule VK-1 for each owner to the Form 502.
 Do Not Attach Form 765 With This Return - Mail to Address On Form 765**