## **DRAFT FORM — NOT FOR FILING**

This draft form has been updated to include the most recent changes effective for Tax Year 2025 Virginia returns. If legislative changes or issues arise, we will post a new version of this draft form.

Please continue to monitor <u>tax.virginia.gov/early-release-forms</u> for future drafts of this form. Once forms are final, we will post them on our website at <u>tax.virginia.gov/forms</u>.



## **Form 760PY**

## 2025 Virginia Part-Year Resident Income Tax Return



Page 1

Due May 1, 2026

See instructions before completing line items.  Enclose a complete copy of your federal tax return and all other required Virginia enclosures.									Dates of VA Residence (mm-dd-yyyy)		
YOUR Fi	rst Name	me MI Your Last Name Check if deceased Suffix A Your Social Security Number					r	You - From	You - To		
SPOUSE	E'S First Name (filing status 2 or 4)	Spouse's Last Name Check if deceased		Suffix <b>B</b> Spouse		s Social Security Number		Spouse - From	Spouse - To	ō	
Present H	ome Address (Number and Street, or	Rural	Route)					VA Driver's	icense Informat	ion	
								(	Customer ID		
City, Town	or Post Office						You Spouse				-
							Issue [	Issue Date (mm-dd-yyyy)			
State			ZIP Code Locality Code			/ Code	You				
							Spouse	0	:		-
Check Applicable  Dependent on Another's Return  Amended Return  Qualifying Farmer, Fisherman, of Check  Earned Income Credit Claimed on						Spouse reported as taxable income of federal return					
Во	Xes Overseas on	Due [	Date	\$		00		\$		00	
	authorize the sharing of certain										
	SS), and the Virginia Health Ber ing Status Enter Filing Stat			determine eligibility	or medic	_	services or nealth				
	1 = Single (Column A) -			hold? YES		LACIN	Dilons Enter the	You/ Spouse	Dependents 6	· ·	
	2 = Married, Filing Joint	retur	n (Column A)				A - You		Берепаста		
	3 = Married, Filing Sepa 4 = Married, Filing Sepa		*	· .	A and I	and Sp	e numbers for both Youse if Filing Status	ou 2			
If Fi	ling Status 3, enter spouse's S		•	,			3 - Spouse				
box	at top of form and, enter Spot		•			Fil	ing Status 4 Only				
DATE	E OF BIRTH Your Birth Date (n	ım-do	d-vvvv)	7-7			Spou			You	
	Spouse's Birth Da				-		B Filing Sta			ide Spouse ifing Status 2	
	<del>.</del>			vald is wide you	. Farm	760DV					
Con 1	<b>nplete the Schedule of I</b> FEDERAL ADJUSTED G			-							
'	Line 7, Column 1							0	0		00
2	Additions from Schedule 7	60PY	ADJ, Line 3			2		0	0		00
3	Add Lines 1 and 2							0	0		00
4	Qualifying Age Deduction. Worksheet in instructions.	Ente	er Birth Dates abo er Spouse's Age D	ove. Complete Ago Deduction on Line	ge Dedu 4b, Co	ction lumn 4a					00
	B when using Filing Statu Line 4a, Column A and Spe	s 4 (	ONLY. Otherwise,	claim Your Age	Deductio	n on		0	0		00
5	Social Security Act and						,				
	reported as taxable incom residence in Virginia							0	0		00
6	State income tax refund federal return and received	d whi	le a Virginia reside	ent. Claim in the	same co	lumn _		0	0		00
7	you reported adjusted gros Income attributable to your	perio	od of residence out	tside Virginia fron	Sched	ule of		0	0		00
8	Income, Part 1, Line 9, Co Subtractions from Schedul							0			00
9			T ADJ, LINE 7				0			00	
10			ne (VAGI). Subtract Line 9 from Line 3			T		0			00
11	Itemized Deductions from										
	See Instructions  If you do not claim itemize from Standard Doductions							0			00
	Trom Standard Deductions	VVOI	ksheet in instruction	ons		12		_   0	<b>u</b>		00
/a. Dept. of 2601039 F		е	LTD	\$							

## **2025 Form 760PY** Page 2

Your Name	Your SSN



		E	Filing Status 4		Α '	Filing Stat			
13	Prorated exemption amount from Schedule of Income, Part 2, Line 11. See instructions	13		00			00		
14	Deductions from Schedule 760PY ADJ, Line 9.	14		00			00		
15	Add Lines 11, 12, 13, and 14	15		00			00		
16	Virginia Taxable Income. Subtract Line 15 from Line 10.	16		00			00		
17	Tax amount from Tax Table or Tax Rate Schedule.	17		00			00		
18	Total Tax. Add Line 17, Column A and Line 17, Column B			18			00		
19a	Your Virginia income tax withheld. Enclose copies of Forms W-2, W-2G, 10	19a			00				
19b	Spouse's Virginia income tax withheld. Enclose copies of Forms W-2, W-2	19b			00				
20	Combined 2025 Estimated Tax Payments			20			00		
21	2024 overpayment credited to 2025 estimated taxes	21			00				
22	Extension Payment - Enter amount paid on Form 760IP	22			00				
23	Tax Credit for Low-Income Individuals or Virginia Earned Income Credit fro	23			00				
24	Total credit for taxes paid to another state from Schedule OSC			24			00		
25	Credits from Schedule CR, Section 5, Line 1A.			25			00		
26	Total payments and credits. Add Lines 19a through 25.	26			00				
27	If Line 18 is larger than Line 26, enter the difference. This is the <b>INCOME</b> 1	TAX YOU OWE		27			00		
28	If Line 26 is larger than Line 18, enter the difference. This is the <b>OVERPAY</b>	MENT AMOUN	IT	28			00		
29	Amount of overpayment on Line 28 to be <b>CREDITED TO 2026 ESTIMATED</b>	INCOME TAX.		29			00		
30	Commonwealth Savers (formerly Virginia529 and ABLE) Contributions from	m Schedule VA	C, Section I, Line 6.	30			00		
31	Other Voluntary Contributions from Schedule VAC, Section II, Line 14			31			00		
32	Addition to Tax, Penalty, and Interest from <b>enclosed</b> Schedule 760PY ADJ See instructions Enclose 760C or 760F and check he	32			00				
33	Sales and Use Tax is due on Internet, mail order, and out-of-state purchases See instructions	33			00				
34	Add Lines 29 through 33						00		
35	If you owe tax on Line 27, add Lines 27 and 34 - <b>OR</b> - If Line 28 is an overpayment and Line 34 is larger that Line 28, enter the difference. Enclose payment or pay at <b>www.tax.virginia.govAMOUNT YOU OWE</b> Check here if paying by credit or debit card - See instructions.						00		
36	If Line 28 is larger than Line 34, subtract Line 34 from Line 28	Y	OUR REFUND	36	 				
VDE0	If the Direct Deposit section below is not completed, your refund will be issued by	-					00		
	T BANK DEPOSIT Your Bank Routing Transit Number Y tic Accounts Only.	our Bank Accou	ınt Number Che	cking	S	Savings			
lo Inte	rnational Deposits.								
I (We)	We) authorize the Department of Taxation to discuss this return with my (our) preparation, the undersigned, declare under penalty of law that I (we) have examined this return		agree to obtain my Fo st of my (our) knowle			•	•		
	eturn.  Your Signature Your Phone Number					Date			
			nhor	Date					
Spouse's Signature (If a joint return, <b>both</b> must sign)  Spouse's Phone Number				Date					
Preparer's Name Preparer			Preparer's Phone Number			Date			
Firm's	Name (or Yours if Self-Employed)	Preparer's PTIN	Vendor Code	Filing Elec	tion Code	ID Theft PII	N		