

**Detach at
dotted line below.**

**DO NOT SEND
ENTIRE
PAGE**

FORM 760CH

VIRGINIA INCOME TAX CORRECTION FORM FOR INDIVIDUALS, ESTATES AND TRUSTS

Check the Item(s) Which Have Been Corrected:

_____ Social Security Number(s) / Federal Employer Identification Number (FEIN)

_____ Name(s)

_____ Address

_____ Daytime Phone Number

SUBMIT FORM TO: VIRGINIA DEPARTMENT OF TAXATION
P.O. BOX 1478
RICHMOND VA 23218-1478

INFORMATION AS CURRENTLY SHOWN ON RECORDS		CORRECT INFORMATION	
Your Social Security Number or FEIN	Spouse's Social Security Number	Your Social Security Number or FEIN	Spouse's Social Security Number
First Name, Middle Initial and Last Name (of Both if Joint) OR Name of Estate or Trust		First Name, Middle Initial and Last Name (of Both if Joint) OR Name of Estate or Trust	
If Estate or Trust, Name and Title of Fiduciary		If Estate or Trust, Name and Title of Fiduciary	
Address (Number and Street) of Taxpayer or Fiduciary		Address (Number and Street) of Taxpayer or Fiduciary	
City, State and ZIP Code		City, State and ZIP Code	
Name of CITY <input type="checkbox"/> or COUNTY <input type="checkbox"/> in which you reside	Daytime Phone Number ()	Name of CITY <input type="checkbox"/> or COUNTY <input type="checkbox"/> in which you reside	Daytime Phone Number ()