

STAPLE HERE

FORM 760PY

Virginia Part-Year Resident Income Tax Return

2007

Due May 1, 2008

Check Applicable Boxes:

- Amended Return - Check if Result of NOL
Fixed Date Conformity Modifications
Qualifying Farmer, Fisherman or Merchant Seaman
Overseas on Due Date

Form header section containing personal information: Your First Name, Last Name, Social Security Number, Spouse's Social Security Number, Present Home Address, City/Town/Post Office, State, ZIP Code, Name of Virginia City or County, and Locality Code.

Dates of Residence in Virginia in 2007:

YOU - From / /2007 To / /2007
SPOUSE - From / /2007 To / /2007

Staple Forms W-2, W-2G and 1099-R here.

Staple check or money order here.

STEP 1: FILING STATUS (CHECK ONLY ONE) and EXEMPTIONS (Enter Number). Includes options for Single, Married (Joint, Separate, Separately), and Dependent status with exemption calculations.

Table for income and deductions: Line 6 ADJUSTED GROSS INCOME, Line 7 Additions, Line 8 Subtotal, Line 9 Subtractions, Line 10 VIRGINIA ADJUSTED GROSS INCOME, Line 11 Deductions, Line 12 Prorated Exemption Amount, Line 13 Deductions, Line 14 Subtotal, Line 15 Virginia Taxable Income, Line 16 Income Tax, Line 17 TOTAL TAX.

Table for payments and credits: Line 18 Payments (Virginia Income Tax Withheld, Spouse's Virginia Income Tax Withheld, Combined 2007 Estimated Tax Payments, Extension Payment), Line 19 Credits (Tax Credit for Low Income Individuals, Credit for Tax Paid to Another State, Credits from attached Schedule CR, Coalfield Employment Enhancement Tax Credit), Line 19 TOTAL PAYMENTS AND CREDITS.

Table for tax calculation: Line 20 Income Tax Owed, Line 21 Overpayment Amount, Line 22 Addition to tax, penalty and interest, Line 23 Amount of overpayment to be credited, Line 24 Contributions and Consumer's Use Tax, Line 25 Total tax calculation, Line 26 Amount Owed, Line 27 Refunded to You.

**PART I - SCHEDULE OF INCOME AND ADJUSTMENTS** (See instructions)

**—ALL FILERS MUST COMPLETE THIS SCHEDULE—**

**ENTER SPOUSE'S INCOME WHEN FILING STATUS 4 IS USED**

**FOR USE BY ALL OTHER FILERS**

	ENTER SPOUSE'S INCOME WHEN FILING STATUS 4 IS USED			FOR USE BY ALL OTHER FILERS		
	Column A1 Income on Federal Return	Column A2 Income While Virginia Resident	Column A3 Income While NOT Virginia Resident	Column B1 Income on Federal Return	Column B2 Income While Virginia Resident	Column B3 Income While NOT Virginia Resident
28 Income:						
(a) Wages, salaries, tips and other compensation.....28(a)	00	00	00	00	00	00
(b) Interest and dividends .....(b)	00	00	00	00	00	00
(c) Pension and other income (attach explanation) .....(c)	00	00	00	00	00	00
29 Gross income [add Lines 28 (a), (b) and (c)] .....29	00	00	00	00	00	00
30 Adjustments to income: moving expenses .....30	00	00	00	00	00	00
31 Other income adjustments (attach explanation) .....31	00	00	00	00	00	00
32 Adjusted gross income (Line 29 less Lines 30 and 31)* .....32	00	00	00	00	00	00
(a) Net fixed date conformity modifications.....(a)	00	00	00	00	00	00
(b) Fixed date conformity FAGI [add Lines 32 and 32(a)].(b)	00	00	00	00	00	00

\*Enter the amount on Line 32, Col. A1 on page 1, Line 6 Col. A. Enter the amount on Line 32, Col. B1 on page 1, Line 6, Col. B.

**PART II - ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME**

**A Spouse** -USE ONLY  
when Filing Status 4  
is checked

**B Yourself**  
For use by all  
other filers

33 Special fixed date conformity addition .....33	00	00
34 Interest earned while a Virginia resident on obligations of other states exempt from federal tax.....34	00	00
35 Other additions to federal adjusted gross income as provided in instructions - Attach explanation .....35	00	00
36 TOTAL ADDITIONS (add Lines 33 through 35) Enter here and on Line 7 on Page 1 .....36	00	00

**PART III - SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME**

37 Special fixed date conformity subtraction .....37	00	00		
38 Age deduction from Sch. NPY, Part I, Line 4 .....38	00	00		
39 State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. (Claim in the same column you reported the income on Line 6.).....39	00	00		
40 Income attributable to your period of residence outside Virginia from Part I, columns A3 and B3, Line 32(b) .....40	00	00		
41 Income (interest, dividends or gains) received while a Virginia resident on obligations or securities of the U.S. exempt from state income tax, but not from federal tax .....41	00	00		
42 Social Security and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on your federal return and <i>attributable to your period of residence in Virginia</i> .....42	00	00		
43 Disability income received while a Virginia resident and reported as wages (or payment in lieu of wages) on account of permanent and total disability You cannot claim an Age Deduction on Line 38 and the disability subtraction. See instructions. <input type="checkbox"/> Spouse <input type="checkbox"/> You.....43	00	00		
44 Other subtractions - refer to the instruction book for Other Subtraction Codes				
(a) Enter 2 digit code in box <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td></tr></table> ..... 44(a)			00	00
(b) Enter 2 digit code in box <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td></tr></table> ..... (b)			00	00
(c) Enter 2 digit code in box <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td></tr></table> .....(c)			00	00
45 TOTAL SUBTRACTIONS - (add Lines 37 through 44c). Enter here and on Line 9 on Page 1 .....45	00	00		

**PART IV - STANDARD DEDUCTION** (The standard deduction must be claimed unless itemized deductions were claimed on your federal return - see instructions.)

46 (a) Fixed date conformity Federal ADJUSTED GROSS INCOME (total of Line 32(b), columns A1 + B1 from Part I above).....46(a)	00
(b) Fixed date conformity income <i>attributable to Virginia residence</i> (total of Line 32(b), columns A2 + B2 from Part I above) ..... (b)	00
(c) Percentage of full standard deduction allowable [amount shown on Line 46(b) divided by amount shown on Line 46(a)]. Enter to only one decimal place (Ex.: 12.2%) ..... (c)	%
(d) Filing Status 1: Enter \$3,000; Filing Status 2 or 4: Enter \$6,000; Filing Status 3: Enter \$3,000 .....(d)	00
(e) Multiply Line 46(c) by Line 46(d). Enter here and on Line 11 (a) on front. If using Filing Status 4, you may allocate this amount between husband and wife, as mutually agreed.....(e)	00

**PART V - ITEMIZED DEDUCTIONS** (If you itemized deductions on your federal return, YOU MUST claim itemized deductions on your Virginia return.)

47 (a) Itemized deductions from Schedule A Worksheet paid while a Virginia resident.....47(a)	00
(b) State and local income taxes claimed on Schedule A and <i>included on Line 47(a)</i> .....(b)	00
(c) Allowable Virginia itemized deductions: Subtract Line 47(b) from Line 47(a). Enter here and on Line 11 (b) on Page 1. If using Filing Status 4, you may allocate this amount between husband and wife, as mutually agreed ..... (c)	00

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer.

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. We agree that filing separately on this combined return makes us jointly and severally liable for the amount of tax shown to be due on this return and any refunds will be made payable to us jointly.

Please Sign Here	Your Signature x	Date	<input type="checkbox"/> Check if Deceased	Your Business Phone Number ●	Home Phone Number ●
	Spouse's Signature (if filing status 2 or 4 both must sign) x	Date	<input type="checkbox"/> Check if Deceased	Spouse's Business Phone Number ●	
Preparer's Use Only	Preparer's Signature x	Date	Preparer's Phone Number	Preparer's FEIN/PTIN/SSN ●	
	Firm's Name (or Yours if Self-Employed)			Code ●	