2008 VIRGINIA Form 765

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

Unified Nonresident Individual Income Tax Return



FISCAL or SHORT Year Filer: Beginning Date ___ For Qualified Owners Of A Pass-Through Entity **Ending Date**. Legal Name of Pass-Through Entity Official Use Only Check if -☐ Change In Address Number and Street ☐ Legal Name Change Address Continued FEIN ☐ Amended Return City or Town, State and ZIP Your Virginia Account Number ☐ 760 C Attached 00 00 2. 00 00 00 5. 00 6. 00 7. 00 8. 00 9 00 10. 00 Skip To Line 13. 00 13. Addition To Tax, Penalty And Interest 00 (b). Penalty - See Instructions. If Owed, Check Applicable Box and Enter Amount: 00 00 00 14. If You Owe Tax On Line 11, Add Lines 11 And 13(d) -or- If Line 12 Is An Overpayment And Line 13(d) 00 If Line 12 Is Greater Than Line 13(d), Subtract Line 13(d) From Line 12. 00 ← Staple Check Here Complete And Attach Schedule L I, the undersigned owner and authorized representative of the pass-through entity 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. 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 and that all owners who qualify to participate in this return are doing 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 the authority 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 Dept. of Taxation to discuss this return with my preparer. If yes, check here. Signature of Authorized Representative of the PTE - See Instructions Date Daytime Phone Number Χ Preparer's Signature Daytime Phone Number Date Χ Firm's Name (or Yours if self-employed) and Address Preparer's FEIN/PTIN/SSN Approved Vendor Code Code



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, please see instructions.

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1.	Apportionable Income (Aggregate Schedules \	/K-1, Line 6)				1.		00		
2.	Virginia Apportionment Percentage (Schedule VK-1, Line 7)								%		
3.	. Virginia Apportioned Income (Multiply Line 1 by Line 2)								00		
4.	4. Income Allocated To Virginia (Aggregate Schedules VK-1, Line 4)						4.		00		
5.	Add Lines 3 and 4						5.		00		
Vir	ginia Additions						Column Aggrega		Colum Apporti		
6.	Fixed-date Conformity - Depreciation (Aggrega	te Schedul	es VK-	1, Line (8)	6.		00		00]
7.	Fixed-date Conformity - Other (Aggregate Schedules VK-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 Not VA (Aggregate Schedules VK-1, Line 11)9.							00		00	•
10.	a-c Enter Addition Codes and Amounts for	10a.		•		10a.		00		00	•
	Individual Income Tax Only - (Aggregate	10b.		•		10b.		00		00	•
	Schedules VK-1, Line 12)	10c.		•		10c.		00		00	•
11.	11. Total Additions (Add Lines 8 Through 10c)11.							00		00	•
Vir	ginia Subtractions										
12.	2. Fixed-date Conformity - Depreciation (Aggregate Schedules VK-1, Line 14)12.							00		00]
13.	3. Fixed-date Conformity - Other (Aggregate Schedules VK-1, Line 15)13.							00		00	
14.	4. Total Fixed-date Conformity Subtractions (Add Line 12 And Line 13)14.							00		00	•
15.	i. Income From U.S. Obligations (Aggregate Schedules VK-1, Line 16)15.					15.		00		00	•
16.	a-e Enter Subtraction Codes and Amounts	16a.		•		16a		00		00	•
	For Individual Income Tax Only	16b.		•		16b.		00		00	•
	(Aggregate Schedules VK-1, Line 17)	16c.		•		16c.		00		00	•
		16d.		•		16d.		00		00	•
		16e.		•		16e.		00		00	•
17.	7. Total Subtractions (Add Lines 14 Through 16e)17.							00		00	•

^{*} Multiply amount in Column A by Virginia Apportionment Percentage, Form 765, Part II, Line 2.