

# 2019 Virginia Resident Form 760 Individual Income Tax Return

2601031  
Rev. 6/19

**File by May 1, 2020 — PLEASE USE BLACK INK**



Your first name	M.I.	Last name including suffix
Spouse's first name (joint returns only)	M.I.	Last name including suffix
Number and Street - If this is a change, you must fill in oval		
City, town, or post office	State	ZIP Code

Social Security Number		First 4 letters of last name	
You	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>
Birth Date (mm-dd-yyyy)		Deceased	Locality Code
You	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Fill in all ovals that apply:**

<input type="checkbox"/> Name or Filing Status changed	<input type="checkbox"/> Overseas on due date
<input type="checkbox"/> Virginia return not filed last year	<input type="checkbox"/> Federal Schedule C filed
<input type="checkbox"/> Dependent on another's return	<input type="checkbox"/> Earned Income Credit on federal return
<input type="checkbox"/> Qualifying farmer, fisherman or merchant seaman	Amount claimed: <input type="text"/>
<input type="checkbox"/> Amended Return - Result of NOL? YES <input type="checkbox"/>	

**VA Driver's License Information**

Customer ID		Issue Date	
You	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Exemptions** Add Sections A and B. Enter the sum on Line 12.

You	Spouse if Filing Status 2	Dependents	Total Section A	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
X \$930 =			<input type="text"/>	
You 65 or over	Spouse 65 or over	You Blind	Spouse Blind	Total Section B
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X \$800 =				<input type="text"/>

**Filing Status** Enter in box (1 = Single, 2 = Joint, and 3 = Married Filing Separately)

Code  Federal head of household? YES

If Filing Status 3, enter spouse's SSN in the Spouse's Social Security Number box at top of form and enter Spouse's Name \_\_\_\_\_

**--- Do you need to file? See Line 9 and Instructions ---**

1. Adjusted Gross Income from federal return - Not federal taxable income	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
2. Additions from enclosed Schedule ADJ, Line 3	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
3. Add Lines 1 and 2	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
4. Age Deduction. See Instructions. Be sure to provide date of birth above.		You <input type="text"/>	+ Spouse <input type="text"/>	=	<input type="text"/>	.00
5. Social Security and equivalent Tier 1 Railroad Retirement benefits if taxable on federal return	5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
6. State Income Tax refund or overpayment credit (reported as income on federal return)	6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
7. Subtractions from enclosed Schedule ADJ, Line 7	7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
8. Add Lines 4, 5, 6 and 7	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
9. Virginia Adjusted Gross Income (VAGI) - Subtract Line 8 from Line 3. Enter the result on this line. Note: If less than \$11,950 for Filing Status 1 or 3; or \$23,900 for Filing Status 2, your tax is \$0.00	9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
10. Itemized Deductions from Virginia Schedule A. See instructions	10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
11. If you do not claim itemized deductions on Line 10, enter standard deduction. See instructions	11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
12. Exemptions. Sum of total from Exemption Section A plus Exemption Section B	12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
13. Deductions from Schedule ADJ, Line 9	13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
14. Add Lines 10, 11, 12 and 13	14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00
15. Virginia Taxable Income - Subtract Line 14 from Line 9	15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	.00

LAR   
  DLAR   
  DTD   
  LTD   
 \$



Your SSN

16. Amount of Tax from Tax Table or Tax Rate Schedule (round to whole dollars) .....	16	<input type="text"/>	.00
17. Spouse Tax Adjustment (STA). Filing Status 2 only. Enter Spouse's VAGI in box here and STA amount on Line 17. →	17	<input type="text"/>	.00
18. Net Amount of Tax - Subtract Line 17 from Line 16 .....	18	<input type="text"/>	.00
19. Virginia income tax withheld for 2019. Enclose copies of Forms W-2, W-2G, 1099, and/or VK-1.			
19a. Your Virginia withholding .....	19a	<input type="text"/>	.00
19b. Spouse's Virginia withholding (Filing Status 2 only) .....	19b	<input type="text"/>	.00
20. Estimated tax payments for taxable year 2019 (from Form 760ES).....	20	<input type="text"/>	.00
21. Amount of 2018 overpayment applied toward 2019 estimated tax.....	21	<input type="text"/>	.00
22. Extension Payments (from Form 760IP) .....	22	<input type="text"/>	.00
23. Tax Credit for Low-Income Individuals or Earned Income Credit from Sch. ADJ, Line 17 .....	23	<input type="text"/>	.00
24. Credit for Tax Paid to Another State from Schedule OSC, Line 21. You must enclose Schedule OSC and a copy of all other state returns. ....	24	<input type="text"/>	.00
25. Credits from enclosed Schedule CR, Section 5, Part 1, Line 1A .....	25	<input type="text"/>	.00
26. Add Lines 19a through 25.....	26	<input type="text"/>	.00
27. If Line 26 is less than Line 18, subtract Line 26 from Line 18. This is the Tax You Owe .....	27	<input type="text"/>	.00
28. If Line 18 is less than Line 26, subtract Line 18 from Line 26. This is Your Tax Overpayment.....	28	<input type="text"/>	.00
29. Amount of overpayment you want credited to next year's estimated tax .....	29	<input type="text"/>	.00
30. Virginia529 and ABLEnow Contributions from Schedule VAC, Section I, Line 6.....	30	<input type="text"/>	.00
31. Other Voluntary Contributions from Schedule VAC, Section II, Line 14 .....	31	<input type="text"/>	.00
32. Addition to Tax, Penalty, and Interest from enclosed Schedule ADJ, Line 21. ....	32	<input type="text"/>	.00
33. Sales and Use Tax is due on Internet, mail order, and out-of-state purchases (Consumer's Use Tax). See instructions. .... FILL IN OVAL IF NO SALES AND USE TAX IS DUE. ....	33	<input type="text"/>	.00
34. Add Lines 29 through 33.....	34	<input type="text"/>	.00
35. If you owe tax on Line 27, add Lines 27 and 34. OR If Line 28 is less than Line 34, subtract Line 28 from Line 34. Enclose payment or pay at <a href="http://www.tax.virginia.gov">www.tax.virginia.gov</a> ..... AMOUNT YOU OWE .....	35	<input type="text"/>	.00
FILL IN OVAL IF PAYING BY CREDIT OR DEBIT CARD - SEE INSTRUCTIONS			
36. If Line 28 is greater than Line 34, subtract Line 34 from Line 28. .... YOUR REFUND .....	36	<input type="text"/>	.00
If the Direct Deposit section below is not completed, your refund will be issued by check.			

**DIRECT BANK DEPOSIT** Domestic Accounts Only. No International Deposits.

Bank Routing Transit Number

Bank Account Number

Checking  Savings

I (We) authorize the Dept. of Taxation to discuss this return with my (our) preparer.  I agree to obtain my Form 1099-G at [www.tax.virginia.gov](http://www.tax.virginia.gov).

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.

Your Signature  Date

Spouse's Signature  Date

Your Phone  Spouse's Phone  ID Theft PIN

Preparer's Name  Firm Name  Phone Number  Filing Election  Preparer's PTIN