

**2009 Virginia Corporation
 Income Tax Return**



FISCAL or
 SHORT Year Filer: Beginning Date _____, 2009; Ending Date _____, 20__

Short Year Return
 Change in Accounting Period

Federal Employer ID Number		Check if: <input type="checkbox"/> Initial Filer <input type="checkbox"/> Name Change <input type="checkbox"/> Mailing Address Change <input type="checkbox"/> Physical Address Change	
Name			
Mailing Address			
City Or Town	State	ZIP Code	
Physical Address		Entity Type Code	
Physical City or Town	State	ZIP Code	NAICS
Date Incorporated	State or Country of Incorporation	Description of Business Activity	

<p>Check Applicable Boxes</p> <input type="checkbox"/> Multistate Sch 500A Attached <input type="checkbox"/> Consolidated - Sch 500AC Attached <input type="checkbox"/> Combined - Sch 500AC Attached <input type="checkbox"/> Change in Filing Status <input type="checkbox"/> Schedule 500AB Attached	<p>Final Return</p> <input type="checkbox"/> Final Return - Check here and other applicable boxes below. <input type="checkbox"/> Withdrawn <input type="checkbox"/> Dissolved-No longer liable for tax Dissolved Date _____ <input type="checkbox"/> Merged Merged Date _____ Merged FEIN # _____ <input type="checkbox"/> S Corp Election	<p>Telecommunications Company</p> Enter amount from Form 500T, Line 7: _____ .00 Noncorporate Telecommunications Company: Check box and enter amount from Form 500T, Line 10 <input type="checkbox"/> _____ .00 <p>Electric Supplier Company</p> Enter amount from Sch 500EL, Line 7 or 14: _____ .00
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<p>Amended Return</p> Complete Form 500 and Schedule 500ADJ. Attach an explanation of changes to income and modifications. DO NOT FILE THIS FORM TO CARRYBACK A NET OPERATING LOSS. File Form 500NOLD.	<input type="checkbox"/> Amended Return - Check here and other applicable boxes. <input type="checkbox"/> Federal Audit - Attach copy of IRS final determination <input type="checkbox"/> Schedule 500A Changes <input type="checkbox"/> Schedule 500ADJ Changes	<input type="checkbox"/> Nonrefundable or Refundable Credit Change <input type="checkbox"/> Schedule 500AB Changes <input type="checkbox"/> Capital Loss Carryback <input type="checkbox"/> Other-Attach Explanation
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Questions and Related Information

A Have you made any payments to an affiliated corporation or a related individual or other related entity for interest, royalties or other expenses related to intangible property (patents, trademarks, copyrights and similar intangible property)? If yes, complete and attach Schedule 500AB.
 Enter Exception amount from Schedule 500AB, Line 8 _____ .00

B Coalfield Employment Enhancement Tax Credit earned from Form 306, Line 11 _____ .00

C If a net operating loss deduction was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, provide the requested information. If NOL results from merger, enter below the FEIN of company generating NOL prior to merger date.
 FEIN _____
 (If there are NOL's for more than one year, attach a schedule)

(1) Year of loss _____
 (2) Federal NOL _____
 (3) Percent of federal NOL used this year _____ %

D If Pass-Through Entity Withholding is claimed, enter the number of Schedule VK-1's and complete and attach Schedule 500ADJ, Page 2. _____

E Has your federal income tax liability been redetermined with the IRS and finalized for any prior year(s) that has not previously been reported to the Virginia Department of Taxation? If Yes, provide the years. Year(s) _____

F Location of the Corporation's books _____
 Contact for Corporation's books _____ Contact Telephone Number _____

2009 Virginia Form 500

Federal Employer ID Number _____

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INCOME

1	Federal taxable income (from attached federal return)	1	_____	.00
2	Total Additions from Schedule 500ADJ, Section A, Line 7	2	_____	.00
3	Total (add Lines 1 and 2)	3	_____	.00
4	Total Subtractions from Schedule 500ADJ, Section B, Line 10	4	_____	.00
5	Balance (subtract Line 4 from Line 3)	5	_____	.00
6	Savings and Loan Association's Bad Debt Deduction (see Instructions)	6	_____	.00
7	Virginia Taxable Income (subtract Line 6 from Line 5)	7	_____	.00

TAX COMPUTATION

8	Multistate Corporation - If business conducted within and without VA (Multistate Corporation), attach Schedule 500A and complete Lines 8(a) through 8(d). If entire business conducted in VA, skip to Line 9.			
	(a) Income subject to Virginia tax (from Schedule 500A, Line 16)	8(a)	_____	.00
	(b) Apportionment factor from Schedule 500A, Line 2, 3, 4, 5 or 10	8(b)	_____	%
	(c) Nonapportionable investment function income from Schedule 500A, Line 12(b)	8(c)	_____	.00
	(d) Nonapportionable investment function loss from Schedule 500A, Line 12(d)	8(d)	_____	.00
9	Income tax [6% of Line 7 or 6% of Line 8(a)]	9	_____	.00

PAYMENTS AND CREDITS

10	Nonrefundable Tax Credits: Enter the amount from Schedule 500CR, Line 91	10	_____	.00
11	Adjusted Corporate Tax (subtract Line 10 from Line 9)	11	_____	.00
12	2009 estimated Virginia income tax payments and overpayment credit from 2008	12	_____	.00
13	Extension payment	13	_____	.00
14	Refundable Tax Credits (Schedule 500CR, Line 99)	14	_____	.00
15	Pass-Through Entity withholding from Schedule 500ADJ, Section D	15	_____	.00
16	Total payments and credits (add Lines 12 through 15)	16	_____	.00

REFUND OR TAX DUE

17	Tax owed (if Line 11 is greater than Line 16, subtract Line 16 from Line 11)	17	_____	.00
18	Penalty (see Instructions)	18	_____	.00
19	Interest (see Instructions)	19	_____	.00
20	Additional charge from Form 500C, Line 17 (attach Form 500C)	20	_____	.00
21	Total due (add Lines 17 through 20). Attach Form 500V with payment or if paid by EFT, check this box: <input type="checkbox"/>	21	_____	.00
22	Overpayment (if Line 16 is greater than Line 11, subtract Line 11 from Line 16)	22	_____	.00
23	Amount to be credited to 2010 estimated tax	23	_____	.00
24	Amount to be refunded (subtract Line 23 from Line 22)	24	_____	.00

Mail this return to the Virginia Department of Taxation, P. O. Box 1500, Richmond, Virginia 23218-1500 on or before the fifteenth day of the fourth month (15th day of the sixth month for nonprofit corporations) following the close of the taxable year. Make checks payable to the Virginia Department of Taxation.

I, the undersigned president, vice-president, treasurer, assistant treasurer, chief accounting officer, or other officer duly authorized to act, of the corporation for which this return is made, declare under the penalties provided by law that this return (including any accompanying schedules and statements) 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 income tax laws of the Commonwealth of Virginia. If prepared by a person other than taxpayer, their declaration is based on all information of which they have any knowledge.

_____	_____	_____
(Date)	(Signature of officer)	(Title)
_____	_____	_____
(Date)	(Individual or firm, signature of preparer, and phone number)	(Address)
	Preparer's FEIN, PTIN or SSN _____	Approved Vendor Code _____

IMPORTANT: ATTACH A COPY OF YOUR FEDERAL RETURN TO THIS RETURN IF NONPROFIT CORPORATION, ATTACH FORM 990 OR 990-T