763-S Virginia Special Nonresident Claim 2006 For Individual Income Tax Withheld



| Please Print or Type | | | | | | | |
|--|---------------------------|--|--------------------------|-------------------|----------------|---------------------------------|---|
| First Name | MI | Last Name | | Suffix | Your Social Se | ecurity Number | |
| Present Home Address (Number And | Street, Including Apartme | nt Number, Or Rural Route) | | | Spouse's Soc | Spouse's Social Security Number | |
| City, Town or Post Office | | | | | State | ZIP Code | |
| Use PART I (Check One) | | y If You Qualify For C (Complete Both F | | | n Part I Be | elow |] |
| | | e year shown above: | | | | | |
| | 0 | al resident of Virginia a | at any time: | | | | |
| 2. I did not live i | | • | at any time, | | | | |
| | • | from my place of resid | ence in (Check (| One) [.] | | | |
| | ict of Columbia | Kentucky | | 0110). | | | |
| | of employment i | | | | | | |
| 4. That my only | income from so | ources within Virginia w (district) checked abov | | and salarie | es which w | ere subject to | |
| | | e year shown above: | | | | | |
| | 0 | esident of (Check One |): | | | | |
| | yland 🗌 Per | • | , st Virginia | | | | |
| | | of Virginia (an actual re an 183 days of the tax | | io has his | or her plac | e of abode in | |
| 3. That my only | | ources within Virginia w | • | and salarie | es which w | ere subject to | |
| Mar | yland 🗌 Per | nsylvania 🛛 🗌 Wes | st Virginia | | | | |
| | • | e year shown above: | | | | | |
| 1. I was not a d | omiciliary or leg | al resident of Virginia | at any time; | | | | |
| 2. I was a reside | ent of (state) | | | | | | |
| 3. I did not perfe | orm any service | s in Virginia; and | | | | | |
| 4. The Virginia | ax was erroneo | usly withheld from sala | ary and wages pa | aid me by | my employ | /er. | |
| PART II | | | | | | | |
| | | withheld, as evidence 2, be refunded to me. | | | : \$ | | • |
| | | im by May 1, 2007 , wi 498, Richmond, Virgi | | | | | |
| You M | | omplete Copy Of You A Resident Of A State | | | | Return | |
| I, the undersigned, do | o declare under | penalties provided by | law that this is a | true, corre | ect and cor | nplete return. | |
| Please Your Signat | ure | | Date | Your Business | Phone Number | Home Phone Number | |
| Here X | | | | () | | () | |
| Preparer's Preparer's Use Only X | Signature | | Date | Preparer's Pho | one Number | | |

NOTE: A separate Form 763-S must be completed for both husband and wife when both filers have Virginia income tax withheld.

Firm's Name (Or Yours If Self-employed) And Address

Staple Copy of W-2 here

Coding

Preparer's FEIN/PTIN/SSN

Code