2011 Virginia Form 502

Department of Taxation P.O. Box 1500 Richmond, VA 23218-1500

Pass-Through Entity Return of Income and Return of Nonresident Withholding Tax



Official Use Only

FISC	CAL or SHORT Year Filer: Beginning Date Ending D			
Prep	parer's FEIN, PTIN or SSN Check if VK			
Вус	hecking the box to the right, I (we) authorize the Department of Taxation to	discuss this return with the undersigned p	oreparer. →	
Che	eck if : 🔲 Initial return 🔲 Amended return 🔲 Final return 🔲 Nan	ne change 🔲 Address change 🔲 Ch	nange in fiscal year	
	•			
Fed	leral Employer ID Number	Date of Formation	Entity Type (See instructions)	
Ent	ity Name			
		Date Operations Began in Virginia	NAICS	
Nu	nber and Street			
Cit	y or Town, State and ZIP Code	State or Country Where Incorporated or Organized	Description of Business Activ	
	, 3. 13.11, 3.11. 3.11. 3.11. 3.11			
	mber And Types Of Owners			
	nt all owners that were issued a federal Schedule K-1 for the taxable year a			
	The total number of owners (Include individuals and any other entity types)			
	The total number of nonresident owners (see instructions)			
C.	Total amount withheld for nonresident owners (Total of Line e from all Sche	edules VK-1)	.00	
d.	If entity is exempt from withholding, enter exemption code (see instructions	s) d.		
Dis	tributive Or Pro Rata Income And Deductions - See instruct	tions.		
1.	Total of taxable income amounts			
2.	Total of deductions			
3.	Tax-exempt interest income		.00	
Alle	ocation And Apportionment - Check if electing manufacturer's alte	ernative weighted sales computation []	
4.	Income allocated to Virginia (from Schedule 502A, Section C, Line 2)		.00	
5.	Income allocated outside of Virginia (from Schedule 502A, Section C, Line			
6.	Apportionable income (from Schedule 502A, Section C, Line 4)	6.		
	Virginia apportionment percentage (from Schedule 502A, Section B, perce	·-·	%	
	ginia Additions - See Schedule 502ADJ For Other Addition			
8.	Fixed-date conformity - depreciation	8.	.00	
	Fixed-date conformity - other		.00	
	Net income tax or other tax used as a deduction in determining taxable inc			
11.	Interest on municipal or state obligations other than from Virginia		.00	
	Total additions from attached Schedule 502 ADJ, Section A , Line 5 \ldots .			
13.	Total additions (Add Lines 8-12)			
Vir	ginia Subtractions - See Schedule 502ADJ For Other Sul	otractions		
	Fixed-date conformity - depreciation			
	Fixed-date conformity - other			
	Income from obligations of the United States			
	Total subtractions from attached Schedule 502ADJ, Section B, Line 5 \ldots			
	Total subtractions (add Lines 14-17)		.00	
	ginia Tax Credits And Related Information From Schedul			
19.	Total nonrefundable credits (from attached Schedule 502ADJ, Section C, L	ine 34)	.00	
20	Total refundable credits (from attached Schedule 502ADJ Section C. Line	42) 20	00	

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Name			



Approved Vendor Code ___

Federal Employer ID Number _____

5 ec	ction 1:	Withholding Payment Reconciliation	
1.	Total wit	nholding tax due for nonresident owners	.00.
2.	Total wit	nholding tax paid	.00
3.	Overpay	ment (If Line 2 is greater than Line 1, subtract Line 1 from Line 2)	.00
4.	Balance	of tax due (If line 2 is less than Line 1, subtract Line 2 from Line 1)4.	.00.
Sed	ction 2:	Penalty and Interest Charges on Withholding Tax	
5.	Extensio	n penalty (will apply if Line 4 is more than 10% of Line 1 and return is filed within extension period) 5.	.00.
6.		g penalty (will apply if there is a balance due on Line 4 and Form 502 is being filed more months after the original due date). Enter 30% of the amount on Line 4 6.	
7.	Interest	may apply if there is a balance due on Line 4)	.00.
8.	Total per	alty and interest charges due (add Line 5 or Line 6 (whichever applies) to Line 7)	.00.
Sec	ction 3:	Penalty for Late Filing of Form 502	
9.		02 is being filed more than six months after the original due date, or more than 30 days federal extended due date, enter \$1,200	.00.
Sed	ction 4:	Disposition of Overpayment	
10.	If Line 9	payment. Compare Line 6 and Line 9. If Line 6 is greater than Line 9, subtract Line 8 from Line 3. is greater than Line 6, subtract Line 7 and Line 9 from Line 3. If Line 8 or Line 9 exceeds o to Line 13 below	.00
11	_	of overpayment to be credited to 2012	
		of overpayment to be refunded	
		Total Payment Due With Form 502	
		of tax due from Line 4 plus extension penalty on Line 5, if applicable	.00
		charges on withholding tax from Line 7	
		g penalty. Enter the greater of Line 6 or Line 9	
		rment due (Add Line 13, Line 14 and Line 15) or (net of Line 3 and Line 8 or Line 3 and Lines 7	
10.		hichever applies. If an overpayment, enclose in parentheses	.00
of m Con	rided by la ny knowle nmonwea	gned owner and authorized representative of the pass-through entity for which this return is made, declar with this return (including any accompanying schedules, statements and attachments) has been examined by and belief, a true, correct, and complete return, made in good faith, for the taxable year stated, pursuant of Virginia. A preparer other than the authorized representative declares the same, and such declaration is she has any knowledge.	by me and is, to the best nt to the tax laws of the
(Sigr	nature and	Phone Number of Owner or Authorized Representative) (Title)	(Date)
(Indi	vidual or Fi	rm, Signature of Preparer, Phone Number, and Address)	(Date)

Attach a copy of your federal return to Form 502.

If you filed a Schedule VK-1 for each owner online using Web Upload, you do not need to attach a copy to the Form 502.

Important: Please do not attach federal Schedules K-1 for each owner.

Do Not Attach Form 765 With This Return - Mail to Address On Form 765.