2010 VIRGINIA **Form 765**

Unified Nonresident Individual Income Tax Return



Department of Taxation P. O. Box 760 Richmond, VA 23218-0760 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 Federal Employer ID Number ☐ Amended Return City or Town, State and ZIP Virginia Account Number ☐ 760C Attached 00 00 00 00 00 00 6. 00 7. 00 8. 00 00 10. 00 Skip To Line 15. 00 00 00 15. Addition To Tax, Penalty And Interest 00 (b). Penalty - See Instructions. If Owed, Check Applicable Box and Enter Amount: 00 00 00 (d). Add Lines 15(a) - 15(c) If You Owe Tax On Line 11, Add Lines 11 And 15(d) -or- If Line 14 Is An Overpayment And Line 15(d) 00 If Line 14 Is Greater Than Line 15(d), Subtract Line 15(d) From Line 14. 00 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. Daytime Phone Number Authorized Representative of the PTE - See Instructions Date

Signature of X
Preparer's S

Staple Check Here **→**

Daytime Phone Number Date ignature Firm's Name (or Yours if self-employed) and Address Approved Vendor Preparer's FEIN/PTIN/SSN Code Code

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PTE FEIN	
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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.

Virginia Income						
Apportionable Income (Aggregate Schedules	1.		00			
Virginia Apportionment Percentage (Schedule VK-1, Line 7)					%	
3. Virginia Apportioned Income (Multiply Line 1 b	3.		00			
Income Allocated To Virginia (Aggregate Sched	4.		00			
5. Add Lines 3 and 4	5.		00			
Virginia Additions	Column Aggrega		Column Apportion	_		
6. Fixed-date Conformity - Depreciation (Aggregation)		00		00		
7. Fixed-date Conformity - Other (Aggregate Sch		00		00		
8. Total Fixed-date Conformity Additions (Add Lir		00		00		
9. Interest on Municipal or State Obligations Not VA		00		00		
10. a-c Enter Addition Codes and Amounts for 10a10a.				00		00
Individual Income Tax Only - (Aggregate	10b.	10b.		00		00
Schedules VK-1, Line 12)	10c.	10c.		00		00
11. Total Additions (Add Lines 8 Through 10c)		11.		00		00
Virginia Subtractions						
12. Fixed-date Conformity - Depreciation (Aggrega		00		00		
13. Fixed-date Conformity - Other (Aggregate School		00		00		
14. Total Fixed-date Conformity Subtractions (Add		00		00		
15. Income From U.S. Obligations (Aggregate Scho		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. Total Subtractions (Add Lines 14 Through 16e)......17.

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