



## Domicile Determination

### Mark the domicile category that applies to you below

1. I am under age 24 and want to domicile under myself
2. I am age 24 or older and want to domicile under myself
3. I am age 24 or older and want to domicile under my spouse
4. I am under age 24 and want to domicile under my spouse
5. I am under age 24 and want to domicile under my parent
6. I am under age 24 and want to domicile under my legal guardian

You may be asked to provide  
"clear and convincing evidence"  
of your status.

If you selected category 1 or 2, fill out **Section A**.

If you selected category 3, 4, 5 or 6, fill out your name and Student ID number in Section A and then fill out **Section B**.

### Section A: Student's Information

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_

Are you a U.S. citizen? Yes No

If you are not, are you a permanent resident? Yes No

If you are a permanent resident, what is your "A number"? \_\_\_\_\_

If you are not a permanent resident, what is your immigration status? \_\_\_\_\_

Are you on active duty in the U.S. Armed Forces? Yes No

If you are active duty, is Virginia listed as the Tax State on your Leave and Earnings statement? Yes No

Date of Entry: \_\_\_\_\_

Official Duty Station: \_\_\_\_\_

Reporting Date: \_\_\_\_\_

Duration of Orders: \_\_\_\_\_

Are you retired from the U.S. Armed Forces? Yes No

Were you discharged from the U.S. Armed Forces? Yes No

**If you were discharged/retired, what is the date of discharge/retirement?** \_\_\_\_\_

**What was the Tax State listed on your LES prior to discharge/retirement?** \_\_\_\_\_

Are you the dependent of someone retired from the U.S. Armed Forces? Yes No

Are you the dependent of someone discharged from the U.S. Armed Forces? Yes No

**If you are, what is the date of discharge/retirement?** \_\_\_\_\_

**What was the Tax State listed on their LES prior to discharge/retirement?** \_\_\_\_\_

Have you lived in Virginia for the last 12 months? Yes No

If you have not lived in Virginia for the last 12 months, list address(es) for the last 24 months

Address: \_\_\_\_\_

Dates resided at this address: \_\_\_\_\_

Address: \_\_\_\_\_

Dates resided at this address: \_\_\_\_\_

## Section A: Student's Information (cont.)

**For the last 12 months, which of the following applies to you?**

Paid Virginia income taxes on all earned income	Yes	No
Filed as a resident in another state	Yes	No
<b>State filed in:</b>		
Filed as a resident in Virginia and as a non-resident in another state	Yes	No
<b>Additional state(s) filed in:</b>		
Was a resident in a state without income tax	Yes	No
<b>State:</b>		
Had no taxable income	Yes	No

For the past twelve months, have you lived out-of-state, worked in Virginia, and paid Virginia incomes taxes on at least \$14,500 of earned income?	Yes	No
<b>If yes, what state did you live in?</b>		

For the past twelve months, have you:		
Held a Virginia driver's license or Virginia DMV ID?	Yes	No
If not, have you held a driver's license or DMV ID to any other state?	Yes	No
<b>If so, which state?</b>		
Owned or operated a motor vehicle registered in Virginia?	Yes	No
If not, have you owned a vehicle registered in any other state?	Yes	No
<b>If so, which state?</b>		
Been registered to vote in Virginia?	Yes	No
If not, have you been registered in any other state?	Yes	No
<b>If so, which state?</b>		

\_\_\_\_\_  
Student's Printed Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## Section B: Parent, legal guardian, or spouse's information

Name of the person upon whom you are basing your domicile: _____		
Is the above person a U.S. citizen?	Yes	No
If they are not, are they a permanent resident?	Yes	No
If they are a permanent resident, what is their "A number"?		
If they are not a permanent resident, what is their immigration status?		
Are they on active duty in the U.S. Armed Forces?	Yes	No
If they are active duty, is Virginia listed as the Tax State on their Leave and Earnings statement?	Yes	No
Date of Entry:		
Official Duty Station:		
Reporting Date:		
Duration of Orders:		

## Section B: Parent, legal guardian, or spouse's information (cont.)

Are they retired from the U.S. Armed Forces?	Yes	No
Were they discharged from the U.S. Armed Forces?	Yes	No
<b>If they were discharged/retired, what is the date of discharge/retirement?</b>		
<b>What was the Tax State listed on their LES prior to discharge/retirement?</b>		
Are they the dependent of someone retired from the U.S. Armed Forces?	Yes	No
Are they the dependent of someone discharged from the U.S. Armed Forces?	Yes	No
<b>If they are, what is the date of discharge/retirement?</b>		
<b>What was the Tax State listed on their LES prior to discharge/retirement?</b>		
Have they lived in Virginia for the last 12 months?	Yes	No
If they have not lived in Virginia for the last 12 months, list address(es) for the last 24 months		
Address: _____		
Dates resided at this address: _____		
Address: _____		
Dates resided at this address: _____		
<b>For the last 12 months, which of the following applies to them?</b>		
Paid Virginia income taxes on all earned income	Yes	No
Filed as a resident in another state	Yes	No
<b>State filed in:</b>		
Filed as a resident in Virginia and as a non-resident in another state	Yes	No
<b>Additional state(s) filed in:</b>		
Was a resident in a state without income tax	Yes	No
<b>State:</b>		
Had no taxable income	Yes	No
For the past twelve months, have they lived out-of-state, worked in Virginia, and paid Virginia incomes taxes on at least \$14,500 of earned income?	Yes	No
<b>If yes, what state did they live in?</b>		
<b>For the past twelve months, have they:</b>		
Held a Virginia driver's license or Virginia DMV ID?	Yes	No
If not, have they held a driver's license or DMV ID to any other state?	Yes	No
<b>If so, which state?</b>		
Owned or operated a motor vehicle registered in Virginia?	Yes	No
If not, have they owned a vehicle registered in any other state?	Yes	No
<b>If so, which state?</b>		
Been registered to vote in Virginia?	Yes	No
If not, have they been registered in any other state?	Yes	No
<b>If so, which state?</b>		

\_\_\_\_\_  
Parent/Legal Guardian/Spouse's Printed Name

\_\_\_\_\_  
Parent/Legal Guardian/Spouse's Signature

\_\_\_\_\_  
Date