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 DvdUfha Ybh' cZ' HUI Uh]cb
 DC' 6c1' %)\$
 FJW\ a cbX' J5' &' % , 1%)\$\$

&\$\$* J]f []b]U' 7 cfdcfUh]cb
'=bWc a Y' HUI' FYh i fb

: & (473 f' \$\$\$

:-G75@ year filer or G<CFH year filer: ENTER beginning date, _____ and ending date _____, and CHECK HERE

IMPORTANT 7 \ YW _]Z' I <input type="checkbox"/> 5 Change in Address <input type="checkbox"/> 6 Consolidated Return <input type="checkbox"/> 7 Combined Return <input type="checkbox"/> D Multistate Schedule <input type="checkbox"/> E Final Return (No longer liable for tax) <input type="checkbox"/> : Nonprofit Corporation (See Instructions) <input type="checkbox"/> G Schedule 500 AB Attached	Name		CZUWU' I gY' Cb'm
	Number and Street		
	Address continued		Federal ID Number
	City Or Town, State and ZIP Code		Virginia Corporation Account Number
	Date Incorporated	State or Country	Check Box If Filing Computer Generated Forms. <input type="checkbox"/>
	Principal Business Activity Code	Description of Business Activity	
	Location of the Corporation's books		Contact for Corporation's books

%	Federal taxable income (from attached federal return)	***** %		\$\$\$	W
&	(a) Fixed Date Conformity Addition (Depreciation -see Instructions)	***** &flUL		\$\$\$	W
	(b) Fixed Date Conformity Additions (Other- see Instructions)	***** &flVL		\$\$\$	W
	(c) Exception amount from Schedule 500AB, Line 8 (see Part III, # 38)	&flWL		\$\$\$	W
	(d) Taxable addition from Schedule 500AB, Line 10 (see Part III, # 38)	***** 2(d)		\$\$\$	W
	(e) Additions (from line 28)	***** &flYL		\$\$\$	W
3	Total [add lines 1 and 2 (a), (b), (d) & (e)]	*****		\$\$\$	W
4	(a) Fixed Date Conformity Subtraction (Depreciation - see Instructions)	***** (flUL		\$\$\$	W
	(b) Fixed Date Conformity Subtractions (Other - see Instructions)	***** (flVL		\$\$\$	W
	(c) Subtractions (from line 37)	***** (flWL		\$\$\$	W
5	Total [subtract lines 4 (a), (b) & (c) from line 3]	*****)		\$\$\$	W
6	Savings and Loan Association's Bad Debt Deduction (see Instructions)	***** *		\$\$\$	W
7	Virginia Taxable Income (subtract line 6 from line 5)	***** +		\$\$\$	W

If entire business conducted in VA, skip to line 9

If business conducted within and without VA (Multistate Corporation), attach Schedule 500A and complete lines 8(a) through 8(d)

8 A i' h]ghUhY' 7 cfdcfUh]cb

(a)	Income subject to Virginia tax (from Schedule 500A, line 16)	, flUL		\$\$\$	W
(b)	Apportionment factor from Schedule 500A, line 2, 3, 4, 5 or 10	, flVL		%	W
(c)	Nonapportionable investment function income	, flWL		\$\$\$	W
(d)	Nonapportionable investment function loss	, flXL		\$\$\$	W
-	Income tax [6% of line 7 or of line 8(a)]	***** -		\$\$\$	W
%%	Nonrefundable Tax Credits: Enter the amount from Form 500CR, line 100	***** %		\$\$\$	W
%%	Adjusted Corporate Tax (subtract line 10 from line 9)	***** %		\$\$\$	W
%&	Payments: (a) 2006 estimated Virginia income tax payments	***** %&flUL		\$\$\$	W
	(b) Prior year's overpayment	***** %&flVL		\$\$\$	
	(c) Payment with extension request and other payments	***** %&flWL		\$\$\$	
	(d) Total Refundable Credits from Form 500CR, line 108	***** %&flXL		\$\$\$	
HchU' dUm a Ybh' WfYX]hg' 0UXX']bYg' flUL' flVL' flWL' UbX' flXLQ		***** %&		\$\$\$	W
%	Tax due (subtract line 12 from line 11)	***** %		\$\$\$	W
% (Penalty (see Instructions)	***** % (\$\$\$	W
%)	Interest (see Instructions)	***** %)		\$\$\$	W
%*	Additional charge (attach Form 500C)	***** %*		\$\$\$	W
%+	Total due (add lines 13 through 16). 5hhUW\ : cf a')\$\$J with payment or if paid by EFT, check this box: <input type="checkbox"/>	***** %+		\$\$\$	W
%,	Overpayment (if line 12 is larger than line 11, enter overpayment)	***** %,		\$\$\$	W
%-	Amount to be credited to 2007 estimated tax	***** %-		\$\$\$	W
&\$	Amount to be refunded (subtract line 19 from line 18)	***** &\$		\$\$\$	W
&%	Coalfield Employment Enhancement Tax Credit earned	***** &%		\$\$\$	W

D5 FH = ' 5XX[h]cbg'hc' : XYfU' HU UV' Y' = bWc a Y' flUhhUW\ 'gW\ YX i' Ygl'

Table with 2 columns: Description and Amount. Rows include Net income taxes, Interest on state obligations, Savings and Loan Association's federal bad debt deduction, Unrelated business taxable income, ESOP Credit carryover, and Total.

D5 FH = ' G i VhfUWh]cbg'Zfc a' : XYfU' HU UV' Y' = bWc a Y' flUhhUW\ 'gW\ YX i' Ygl'

Table with 2 columns: Description and Amount. Rows include Income from obligations or securities of the United States, Foreign dividend gross-up, Refund or credit of income taxes, Subpart F income, Salaries and wages not deducted, Foreign source income, Dividends received, and Total.

D5 FH = ' E i Ygh]cbg

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, check here, complete and attach Schedule 500AB and enter appropriate amounts on lines 2 (c) and (d). [] W

Check the corresponding box if the corporation is:

- flU A farmers' purchasing cooperative. []
flV A consumers' cooperative association. []
flW Other cooperative association. []

If a net operating loss deduction (NOL) was claimed in computing federal taxable income on the U.S. Corporation Income Tax Return, complete the following:

Table with 2 columns: Description and Amount. Rows include Year of loss, Federal NOL, Net Va. Modifications for year of NOL, and Percent of federal NOL used this year.

If there are NOL's for more than one year, attach a schedule.

Has your federal income tax liability been redetermined for any prior year(s) which has not previously been reported to the Virginia Department of Taxation? If YES, check here [] W

If YES, also provide years [] [] [] [] [] [] [] [] [] [] W

FYdcfh\W\Ub[Yg' i bXYf'gYdUfUhY'Wc jYf'hc'h\Y' J]f []b]U' 8YdUfh a Ybh'cZ' HU I Uh]cb' Uh'h\Y' UXXfYgg' cb'h\Y' Zfcbi' cZ'h\]g' fYh i fb''

AU] 'h\]g' fYh i fb'hc'h\Y' J]f []b]U' 8YdUfh a Ybh'cZ' HU I Uh]cbz'D' C'' 6c I %) \$\$z' F]W\ a cbXi' J]f []b]U' &' &%, !%) \$\$' cb' cf' VYzcfY'h\Y' UZhYYbh\ 'XUm'cZ'h\Y' Zc i fh\ ' a cbh\ fl%) h\ 'XUm' cZ' h\Y' g] I h\ ' a cbh\ 'Zcf' bcbdfcUh' WcfdcfUh]cbg' Zc'' c]k]b ['h\Y' W'cgY' cZ' h\Y' HU UV' Y' mYUf' AU_ Y' W\Y' W_g' dUmUV' Y' hc' h\Y' J]f []b]U' 8YdUfh a Ybh'cZ' HU I Uh]cb''

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.

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