

Schedule FIT-K-1VTF

Vermont Beneficiary Information for Fiduciaries



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This schedule is REQUIRED Attach to Form FIT-161

Table with 3 columns: Name of Estate or Trust, FEIN, Tax Year End Date (MMDDYYYY)

HEADER INFORMATION - REQUIRED ITEMS

Form with fields for Entity Name, Individual Last Name, First Name, Initial, Address, City, State, ZIP Code, Foreign Country, FEIN, Social Security Number, Recipient Type, Residency Status, and Percentage of income.

Place an "X" in the box left of the line number to indicate a loss amount.

VERMONT RESIDENT BENEFICIARY

- 1. Beneficiary's share of distributed net income allocated to Vermont 1. .00
2. Interest / dividends from obligations of other states 2. .00
3. Interest / dividends from U.S. obligations 3. .00

VERMONT NONRESIDENT BENEFICIARY

- 4a. Business Income 4a. .00
4b. Capital gain or loss 4b. .00
4c. Partnership, S Corporation, LLC 4c. .00
4d. Rent, royalties, estates, trusts. 4d. .00
4e. Farm income 4e. .00
4f. Other income 4f. .00
4g. Total nonresident income 4g. .00

PAYMENT INFORMATION

- 5. Total annual nonresident estimated payments allocated to this beneficiary 5. .00
6. Total annual real estate withholding payments allocated to this beneficiary 6. .00
7. Other payments allocated to this beneficiary. 7. .00