Vermont Department of Taxes

2023 Form IN-111

Vermont Income Tax Return



FILE YOUR RETURN ELECTRONICALLY FOR A FASTER REFUND. GO TO TAX.VERMONT.GOV FOR **MORE INFORMATION.**

Please PRINT in BLUE or BLACK INK		MOHE INTOHINATION.			
Taxpayer's Last Name	First Name		MI Social	Security Number	Obserts if
1234567890123(17)	1234567890123	3 (17)	1 12345		X Check if Deceased
Spouse's/CU Partner's Last Name	First Name	2 (17)		Security Number	Check if
1234567890123 (17)	1234567890123	3 (1/)	1 12345	6 / 8 9 al Street Address on 12/3	X Deceased
1234567890123456789012				0123456789	
City	State ZIP Code or Foreig	n Postal Code		Foreign Country	0120 (27)
123456748901234567(21)	12 123456	7890	123456789	012345678(22)
Vermont School District Code 123 Enter Healthcare (See instructions	Coverage Code for code options) Check all that apply	AMENDED Return	CANNABIS With Recomputed Federal Return	X RECOMPUTED Return	X EXTENDED
Filing Status and Single Standard Deduction Standard Deduction Standard Deduction	ed/CU Filing Jointly M. Sc	arried/CU Filing eparately (\$7,000)	X Head of Ho (\$10,550)	ousehold X Qualify (\$14,0	ying Widow(er) 50)
Vermont Residency Status as of 12/31/2023 (check on		X PART-YEAR RESIDENT	X NONF	RESIDENT	
1. Federal Adjusted Gross Income (federal Federal Fede	orm 1040, Line 11)		1	123456789	012345.00
2. Net Modifications to Federal AGI (Schedu	ile IN-112, Part I, Line 18)		2	123456789	012345.00
3. Federal AGI with Modifications (ADD Lin	nes 1 and 2)		3	123456789	012345.00
4. 2023 Vermont Standard Deduction from fi	ling status section above		4.	123456789	012345 .0
Please see instructions if you or your deduction boxes on federal Form 104 5. Personal Exemptions:	spouse checked any standard	1	-		
spo	. Enter "1" for your jointly filed use or CU partner if no one can claim them as a dependent	depe	er number of OTHER ndents claimed on leral Form 1040		Total Exemptions Lines 5a through 5c
5a +	5b1	+ 5	c. 12	=	5d. 12
e. MULTIPLY Line 5d by \$4,850 (2023 Pe	rsonal Exemption)		5e	123456789	012345.0
6. ADD Lines 4 and 5e			6.	123456789	012345.0
7. Vermont Taxable Income (SUBTRACT L	ine 6 from Line 3. If less th	an zero, enter -	0-)	123456789	012345.0
8. Vermont Income Tax from tax table or tax					
(If Line 1 is greater than \$150,000, see ins 9. Net Adjustment to Vermont Tax (Schedule	tructions)				
0. Vermont Income Tax with Adjustment (Al					
11. Tax-Deductible Charitable Contribution	12. Multiply Line 11 by 5% (0.05)	13. Charitable			
(See instructions) 12345678 .00	12345678 .00	Doduction	n (Enter the lesser or \$1,000) 13.	123456789	012345.00
4. Vermont Income Tax (Line 10 MINUS Li	ine 13. If less than zero, ente	er -0-)	14.	123456789	012345.0
5. Income Adjustment (Schedule IN-113, Lir					
6. Adjusted Vermont Income Tax (MULTIP					
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>y</i>)		-		
				—— Form I	

Taxpayer's Last Name	Social Security Number		
1234567890123(17)	123456789		

Amount from 123456789012.00

Other State Credit (Schedule IN-117, Line 21) Vermont Tax Credits (Schedule IN-119, Part II) Total Vermont Credits (Add Lines 17 and 18) 123456789012 .00 **18.** 123456789012 **.00** 123456789012345.00 Vermont Income Tax after credits (SUBTRACT Line 19 from Line 16. 123456789012345.00 20. If Line 19 is greater than Line 16, enter -0-). Use Tax for taxable items on which no sales tax was charged, Check to certify no Use Tax is due. OR 21. 1234567890.00 including online purchases. (See instructions, worksheet, and chart). . . Vermont Children's Nongame Wildlife Fund Vermont Veterans Fund Green Up Vermont **Total Contributions** Trust Foundation 23b. 12345 .00 12345.00 23c. 12345 .00 + 23d. 12345.00 12345.00 25b. 2023 Estimated Tax payments, amount carried forward from 2022, 25c. Refundable Credits (Schedule IN-112, Part II: 2023 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. 12345678901.00 123456789012345**.00** 25f. 123456789012345.00 26. 123456789012345.00 28. If Line 24 is more than Line 25f, subtract Line 25f from Line 24. 123456789012345.00 31. AMOUNT DUE 30. **Interest and Penalty on** Underpayment of Estimated Tax. . 30. 123456789 .00 (ADD Lines 29 and 30)31. 123456789012345.00 (Worksheet IN-152 or IN-152A) Original refund received Refund due now Original payment Amount due now For Amended 123456789012.00 123456789012 **.00** 123456789012 **.00** 123456789012.00 Returns Only:

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date (MM/DD/YYYY) MM DD YYYY	Date of Birth (MM/DD/YYYY) MM / DD / YYYY	Daytime Telephone Number 123-123-1234
Signature (If a joint return, BOTH must sign.)	Date (MM/DD/YYYY) MM DD YYYY	Date of Birth (MM/DD/YYYY) MM / DD / YYYY	Daytime Telephone Number 123-123-1234
Paid Preparer's Signature		Date (MM/DD/YYYY) MM / DD / YYYY	Preparer's Telephone Number 123-123-1234
Firm's Name (or yours if self-employed) and address 1234567890123456		Preparer's SSN or PTIN 123456789	FEIN 123456789