Vermont Income ATS Test Package for Tax Year 2024





Test 1: Cannabis with Farmer/Fisherman

Required Vermont Forms/Schedules: IN-111, IN-112

Taxpayer(s) Information:

Primary SSN: 400-00-8031
Name: Joe B James
Residency Status: Resident

Mailing Address: 57 Shoreline Dr City: Brookfield

State: VT Zip Code: 05036

Filing Status: Married Filing Jointly

Spouse SSN: 400-00-8032
Spouse Name: Jill James
School District Code: 030

911 Address: 57 Shoreline Dr Date of Birth: July 15, 1979

Spouse Date of Birth: December 12, 1980

Return Information:

Federal AGI: 128,800 Additions to Federal AGI: -2775 Dependents: 1 Tax-Deductible Charitable Contributions: 500 Green Up Vermont: 100 Refundable Credits: 1352 Refund to be credited to 2025 Property Tax Bill: 300 788 Refund Total: Nontaxable interest and dividends: 1300 Interest and dividend from VT: 300 Bonus Depreciation: 1000 Interest from US Obligations: 150 Taxable Refunds of State and Local: 325 Medical Deduction: 4200 Bond-Build America: 100 VT Child and Dependent Care Credit: 432 Qualifying Children:

Qualifying Child #1: Si B James 400-55-8033 04/15/2021

Child Tax Credit:920W-2 Box 14 Child Care Contribution:168Use Tax:60W-2 Withholding:3125

2024 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

Taxpayer's Last Name		First Name		MI	Social S	Security Number	Check if
JAMES	JOE			В	40000	8031	Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social S	Security Number	Chaple if
JMAES	JILI				40000	8032	Check if Deceased
Mailing Address (N	umber and Street/Ro	ad or PO Box)			911/Physica	l Street Address on	12/31/2024
57 SHORELINE DR				57	SHORELI	NE DR	
City	State	ZIP Code or Foreign	n Postal Code			Foreign Country	
BROOKFIELD	VT	05036					
Vermont School District Code 0 3 0 Vermont Reside	ency Status as of 12	2/31/2024 (check one)	RESIDE	ENT		T-YEAR IDENT	NONRESIDENT
Filing Status and Single (\$7,400)	Married/CU Filing Jo (\$14,850)	ointly Ma	arried/CU Filing parately (\$7,400)		Head of Hot (\$11,100)		Qualifying Widow(er) \$14,850)
Enter Healthcare Coverage Code (See instructions for code options) Check that a	AIVIE	NDED With	NABIS Recomputed ral Return		COMPUTED turn	EXTENDED Return	FARMER / FISHERMAN
1. Federal Adjusted Gross Income (feder							
2. Net Modifications to Federal AGI (Sc	hedule IN-112, l	Part I, Line 18)			2 . _		
3. Federal AGI with Modifications (ADI	D Lines 1 and 2)			3		126025.00
 2024 Vermont Standard Deduction from Please see instructions if you or deduction boxes on federal Form Personal Exemptions: 	vour spouse che	section above cked any standard			4 . _		14850.00
5a. Enter "1" for yourself if no one can claim you as a dependent	5b. Enter "1" for spouse or CU part claim them as	ner if no one can	dep	endents	per of OTHER claimed on orm 1040	(.	5d. Total Exemptions ADD Lines 5a through 5c)
5a +	5b. <u>1</u>	+		5c	1	=	5d3
5e. MULTIPLY Line 5d by \$5,100 (202	24 Personal Exen	nption)			5e		15300.00
6. ADD Lines 4 and 5e					6		30150.00
7. Vermont Taxable Income (SUBTRA)	CT Line 6 from	Line 3. If less tha	an zero, enter	-0-)		· · · · · · · · · · · · · · · · · ·	95875.00
8. Vermont Income Tax from tax table of (If Line 1 is greater than \$150,000, se		ile			8		3729 .00
9. Net Adjustment to Vermont Tax (Sch	<i>'</i>	art I, Line 15)			9 . _	· · · · · · · · · · · · · · · · · · ·	.00
10. Vermont Income Tax with Adjustmen	nt (ADD Lines 8	and 9. If less tha	n zero, enter -	0-)	10		3729 .00
11. Tax-Deductible Charitable Contribution (See instructions) 10000 .0	' '	Line 11 by 5% (0.05) 5 0 0 .00	13. Charitab Deduction of Line 12	n (Ente	ribution r the lesser (00) 13		500.00
14. Vermont Income Tax (Line 10 MINU	JS Line 13. If le	ess than zero, enter	r - 0-)		14 . _		3229.00
15. Income Adjustment (Schedule IN-113	3, Line 35, or 100	0.0000%)				15 1	<u>00.0000</u> %
16. Adjusted Vermont Income Tax (MUI	TIPLY Line 14	by Line 15)			16.		3229.00
							rm IN-111 age 1 of 2

Rev. 10/24

Taxpayer's Last Name	Social Security Number
JAMES	400008031

Amount from 3229 **.00** Line 16

			ax Credits (Schedule			ermont Credits (Add Lines 17 and 18)
	.00 + Vermont Income Tax after credits (SUBTRAC			-	19	.00
20.	If Line 19 is greater than Line 16, enter -0-)		om Line 16.		. 20	3229.00
21.	Child Care Contributions for Self-Employed inc	dividuals (see	instructions for	calculation)	. 21	.00
22.	Use Tax for taxable items on which no sales tax including online purchases. (See instructions, w					60.00
23.	Total Vermont Taxes (ADD Lines 20 through	22)			. 23	3289.00
	/ermont Children's Vermont Veterans Fund Trust Foundation	Gr	reen Up Vermont	Nongame Wild	ife Fund	Total Contributions
24a.	00 + 24b00	+ 24c.	10000	+ 24d	00	= 24e100.00
25.	Total of Vermont Taxes and Voluntary Contribut	tions (ADD L	ines 23 and 24e)	. 25	3389.00
26a.	2024 Vermont Tax Withheld from W-2, 1099 .		26a.	3125	.00	
	2024 Estimated Tax payments, amount carried fand/or payment made with 2024 extension	forward from	2023.			
26c.	Refundable Credits (Schedule IN-112, Part II: Full-Year Residents-Line 8; Part-Year Reside					
26d.	2024 Vermont Real Estate Withholding from Fo					
	2024 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule					
26f.	Total Payments and Credits (ADD Lines 26a th	rough 26e).			26f	4477.00
	Overpayment. If Line 25 is less than Line 26f,					
	Refund to be credited to 2025 Estimated Tax Pa					
28b.	Refund to be credited to 2025 Property Tax Bill		28b	300	.00	
29.	REFUND AMOUNT (SUBTRACT Lines 28a	and 28b from	n Line 27)		. 29.	788 .00
30.	If Line 25 is more than Line 26f, subtract Line See instructions on tax due	e 26f from L	ine 25.			
31.	Interest and Penalty on		32. A	MOUNT DUE		0.0
	Underpayment of Estimated Tax 31 (Worksheet IN-152 or IN-152A)		00 (.	ADD Lines 30 and 31	32	.00
	or Amended or Amended original refund received or Amended original refund received or Amended original refund received or Amended or	efund due now	.00	Original payment	.00	Amount due now $.00$
	r penalties of perjury, I declare that I have examine , they are true, correct and complete. Preparers ca					
	ature		Date (MMDDYYY	· · ·	DDYYYY)	Daytime Telephone Number
Sigr	ature (If a joint return, BOTH must sign.)		Date (MMDDYYY		DDYYYY)	Daytime Telephone Number
Paid	Preparer's Signature			Date (MMDDYYY		Preparer's Telephone Number
Firm	's Name (or yours if self-employed) and address			Preparer's SSN c	r PTIN	FEIN
	Check if the Department of Taxes may discuss the 5 4 5 4	nis return with the	e preparer shown.	Keep a copy		Form IN-111 Page 2 of 2 Rev. 10/24

2024 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
JAMES	JOE	В	400008031

DADTI	
PART I	
ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME 1. Total interest and dividend income from all state and local	
obligations exempt from federal tax (reported on federal Form 1040)	
2. Interest and dividend income from Vermont state and local obligations included in Line 1)
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1)	3
4. Bonus Depreciation Allowed under Federal Law for 2024	
5. Other (reserved))
6. Total Additions (ADD Line 3 and Line 4)	6
SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME	
7. Interest Income from U.S. Obligations	
8. Capital Gains Exclusion (Schedule IN-153, Line 21)	
9. Adjustment for Prior Years' Bonus Depreciation900	
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)	
11. Medical Expense Deduction (see the worksheet in the instructions)	
12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions))
13. Railroad Retirement income)
14. Bond/note interest income from (see below))
VSAC Suild Vermont Telecom Vermont Public Power Supply Authority Supply Authority Vermont Public Power Supply Authority Vermont Public Power Supply Authority Vermont Public Power Verm	
15a. For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans)
15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21 15b00)
15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0 All other filers, if AGI is greater than \$120,000, enter -0	
16. Other (reserved))
17. Total Subtractions (ADD Lines 7 through 14 and Line 15c)	7. <u>4775</u> .00
NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME	
18. SUBTRACT Line 17 from Line 6 . Enter on Form IN-111, Line 2	8
5.4.5.4	Page 1 of 2

Rev. 10/24

Taxpayer's Last Name	Social Security Number
JAMES	400008031



PART II

REI	FUNDABLE CREDITS				
Chil	d and Dependent Care Credit - Resident	and Part-Year Resident			
1.	Child and Dependent Care Credit (feder	ral Form 2441, Line 11)		1	600.00
2.	Vermont Child and Dependent Care Cre	edit (MULTIPLY Line 1 by 72% (0.	72))	2	432.00
Chil	d Tax Credit - Resident and Part-Year Re	esident			
3.	Number of qualifying children List only children who qualify for Child Ta	ax Credit (born 2019 through 2024) bel		3	1
	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
,	JAMES	SI	В	400558033	2021
	Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
	Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth
5. 6.	your Adjusted Gross Income from Form ned Income Tax Credit - Resident and Pa Number of qualifying children from fed Federal Earned Income Tax Credit. Ent Vermont Earned Income Tax Credit: M	eral Schedule EIC			.00
					00
8.	Total Vermont Refundable Tax Credits Full-Year Residents: Enter this an Part-Year Residents: Complete L	(ADD Lines 2, 4, and 7) mount on Form IN-111, Line 26c.			1352.00
Refu	ındable Tax Credits Adjusted for Part-Ye	ear Residents			
9.	Enter amount from Schedule IN-113, Li	ne 14B, Vermont Portion of Total Inc	ome		.00
10.	Enter amount from Schedule IN-113, Li	ine 14A, Total Income			.00
11.	Refundable Tax Credits Adjustment Per MULTIPLY the result by 100)	centage. (DIVIDE Line 9 by Line 10), then		
12.	Total Vermont Refundable Credits Adju Enter this amount on Form IN-111, Line				.00

Test 2: Recomputed Federal Return

Required Vermont Forms/Schedules: IN-111, IN-112, HS-122, IN-113

Taxpayer(s) Information:

Primary SSN: 400-00-8034
Name: Amber P. Taxing
Residency Status: Part-Year Resident

Mailing Address: PO Box 205 City: Middlebury

State: VT Zip Code: 05753

Date of Birth: May 28, 1985
Filing Status: Head of Household

School District Code: 120

911 Address: 97 Seminary St

Return Information:

Federal AGI: 9929 Wages: 8079 7079 VT Wages: VT Pensions: 2000 Dependents: 2 Personal Exemptions: 3 Vermont Taxable Income: 0.00 Green Up Vermont: 10 Nongame Wildlife: 10 VT Children's Trust Foundation: 10 VT Veteran's Fund: 10 Tax Withheld from W-2 190 Refundable Credits: 4269 Refund credited to 2025 Property Tax Bill: 1000 Refund credited to 2025 Estimated Tax Payment: 1000 Retirement Benefits Exempt: 1000 Railroad Retirement: 1000 Total Student Loan Interest Paid: 150 Student Loan Interest already deducted on 1040: 50 Child Dependent Care Credit: 2100 Child Tax Credit: 2000 Number of Qualifying Children:

 Qualifying Child 1:
 Lilly R Taxing 400-55-8036 03/19/2021

 Qualifying Child 2:
 Kelly S Taxing 400-55-8037 12/04/2020

Dates Moved to VT 02/11/2024

Qualifying Children from Federal EIC: 2

Federal Earned Income Tax Credit: 3230

SPAN: 387-120-65432

Business Use of Dwelling: 0.00% Rental Use of Dwelling: 0.00% Improvements: None **Special Situations:** None Housesite Value: 250,000 Housesite Education Tax: 3210 Housesite Municipal Tax: 1910 Ownership Percentage: 100.00% Mobile Home Lot Rent: None Contiguous Propery: No

2024 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

ı		Amount Due						r m IN-111 age 1 of 2
16. Adjusted Vermont Inc	come Tax (MULTIPL	Y Line 14 by Lin	e 15)			16.		0.00
15. Income Adjustment (S	Schedule IN-113, Line	35, or 100.0000%	b)				15	89. <u>9285</u> %
14. Vermont Income Tax	(Line 10 MINUS Lin	e 13. If less than	zero, enter -0-	-)		14.		.00
11. Tax-Deductible Charitab (See instructions)	ole Contribution	12. Multiply Line 11 by	.00	3. Charitab Deduction of Line 12	n (Enter th	ne lesser		.00
10. Vermont Income Tax	with Adjustment (AD	D Lines 8 and 9.	If less than z	ero, enter -	0-)	10.		0.00
9. Net Adjustment to Ve	ermont Tax (Schedule	IN-119, Part I, Lin	ne 15)			9.		.00
8. Vermont Income Tax (If Line 1 is greater th						8.		0.00
7. Vermont Taxable Inco	ome (SUBTRACT Li	ne 6 from Line 3.	If less than z	zero, enter	-0-)	7.		0.00
6. ADD Lines 4 and 5e						6.		26400.00
5e. MULTIPLY Line 5d	l by \$5,100 (2024 Pers	sonal Exemption).				5e.		15300.00
5a. <u>1</u>	+ 5	5b	+	;	5c	2	=	5d3
5a. Enter "1" for yourself can claim you as a dep	if no one spous	Enter "1" for your jointle or CU partner if no o aim them as a depender	ne can	depe	iter numbe endents cla deral Form		(/	5d. Total Exemptions ADD Lines 5a through 5c)
4. 2024 Vermont Standa Please see instru deduction boxes5. Personal Exemptions	ections if you or your s on federal Form 1040	pouse checked any	lbove y standard			4.		11100.00
3. Federal AGI with Mo	·	ŕ						
2. Net Modifications to								
1. Federal Adjusted Gro								
(See instructions for code	,,,	Return	Federal F	Return	Retur		Return	☐ FISHERMAN
Enter Healthcare Coverage	7,400) (\$14,85 ge Code Check all	AMENDED	CANNAE With Rec			(\$11,100) OMPUTED	EXTENDED	(14,850) FARMER /
Filing Status and Si		//CU Filing Jointly	Married	d/CU Filing		Head of H		ualifying Widow(er)
Vermont School District Code 120	Vermont Residency St	atus as of 12/31/2024	(check one)	RESIDE	- NT	√ PA	RT-YEAR	NONRESIDENT
City MIDDLEBURY		State ZIP Cod VT 057	de or Foreign Po 53	stal Code			Foreign Country	
PO BOX 205	Walling Address (Namber 6				97	SEMINA:		12/3 1/2024
	Mailing Address (Number a	and Stroot/Bood or DO	Pov\			011/Dhyoic	cal Street Address on	Check if Deceased
TAXING Spouse's/CU Partne	r's Last Name	AMBER Fi	irst Name		P	4 0 0 0 0 Social) 8 0 3 4 Security Number	Deceased
Taxpayer's Las	st Name		irst Name		MI		Security Number	Check if

Rev. 10/24

Taxpayer's Last Name	Social Security Number
TAXING	400008034

Amount from O .00

	,	iont Tax Credits (Schedule IN-119	. ,	ermont Credits (Add Lines 17 and 18)
			= 19	.00.
20.	Vermont Income Tax after credits (SUBTRACT Line 1 If Line 19 is greater than Line 16, enter -0-)	19 from Line 16.	20	00.0
21.	Child Care Contributions for Self-Employed individuals	(see instructions for calcula	ation) 21.	.00
22.	Use Tax for taxable items on which no sales tax was chaincluding online purchases. (See instructions, worksheet			.00
23.	Total Vermont Taxes (ADD Lines 20 through 22)		23.	0.00
	//ermont Children's Trust Foundation Vermont Veterans Fund			Total Contributions
24a.	1000 + 24b1000 +	24c1000 +	24d1000	= 24e40.00
25.	Total of Vermont Taxes and Voluntary Contributions (AI	DD Lines 23 and 24e)	25	40.00
26a.	2024 Vermont Tax Withheld from W-2, 1099	26a	190.00	
	2024 Estimated Tax payments, amount carried forward fand/or payment made with 2024 extension	from 2023.		
26c.	Refundable Credits (Schedule IN-112, Part II: Full-Year Residents-Line 8; Part-Year Residents-Line			
26d.	2024 Vermont Real Estate Withholding from Form RW-	-171 26d.	.00	
	2024 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT			
26f.	Total Payments and Credits (ADD Lines 26a through 2	6e)	26f	4459.00
	Overpayment. If Line 25 is less than Line 26f, SUBTR			
28a.	Refund to be credited to 2025 Estimated Tax Payment .	28a	1000.00	
28b.	Refund to be credited to 2025 Property Tax Bill	28b.	1000.00	
29.	REFUND AMOUNT (SUBTRACT Lines 28a and 28b	from Line 27)	29	2419.00
30.	If Line 25 is more than Line 26f, subtract Line 26f fro See instructions on tax due	om Line 25.		
31.	Interest and Penalty on Underpayment of Estimated Tax 31. (Worksheet IN-152 or IN-152A)	32. AMOU		
R	or Amended Original refund received Refund due eturns Only:	.00	al payment .00	Amount due now .00
	r penalties of perjury, I declare that I have examined this re , they are true, correct and complete. Preparers cannot use			
	ature	Date (MMDDYYYY)	Date of Birth (MMDDYYYY) 05281985	Daytime Telephone Number
Sigr	ature (If a joint return, BOTH must sign.)	Date (MMDDYYYY)	Date of Birth (MMDDYYYY)	Daytime Telephone Number
Paid	Preparer's Signature		Date (MMDDYYYY)	Preparer's Telephone Number
Firm	's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	FEIN

2024 Schedule IN-112



Vermont Tax Adjustments and Credits

Taxpayer's Last Name

Please PRINT in BLUE or BLACK INK

MI

First Name

INCLUDE WITH FORM IN-111

Taxpayer's Social Security Number

	TAXING	AMBER		P 4	00008034	<u> </u>
PA	RT I					
AD	DITIONS TO FEDERAL ADJUSTED	GROSS INCOME				
1.	Total interest and dividend income from all obligations exempt from federal tax (reported on federal Form 1040)				00	
2.	Interest and dividend income from Vermont obligations included in Line 1	state and local 2. _			00	
3.	Income from Non-Vermont State and Local	Obligations (SUBTRAC)	Γ Line 2 from Lin	e 1)	3	.00
	Bonus Depreciation Allowed under Federal				00	
	Other (reserved)				00	
6.	Total Additions (ADD Line 3 and Line 4) .		<u> </u>		6	.00
SU	BTRACTIONS FROM FEDERAL AD	JUSTED GROSS IN	COME			
	Interest Income from U.S. Obligations					
	Capital Gains Exclusion (Schedule IN-153,					
	Adjustment for Prior Years' Bonus Deprecia				00	
	Taxable Refunds of State and Local Income (Reported on federal Form 1040)	Taxes 10. _			00	
	Medical Expense Deduction (see the worksheet in the instructions)	11			00	
12.	Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)	12		1000	00	
13.	Railroad Retirement income	13		1000	00	
14.	Bond/note interest income from (see below)	14			00	
	☐ VSAC ☐ America ☐ Au	thority:	Vermont Public Power Supply Authority			
	For residents only - Enter the total student paid in 2024 on qualified student loans	15a		150	00	
	. For residents only - Enter any student loan deducted on federal Form 1040, Schedule 1,	Line 21 15b		50	00	
15c	Subtract Line 15b from Line 15a. If filing jo greater than \$200,000, enter -0 All other figreater than \$120,000, enter -0	ilers, if AGI is		100	00	
16.	Other (reserved)	16	RESERV	ED	00	
	Total Subtractions (ADD Lines 7 through 1				17	2100.00
NE	T MODIFICATIONS TO FEDERAL A	DJUSTED GROSS II	NCOME			
18.	SUBTRACT Line 17 from Line 6. Enter of	on Form IN-111, Line 2			18	-2100 .00
	This can be a negative number.					Schedule IN-112

chedule IN-112 Page 1 of 2

Rev. 10/24

5454

Taxpayer's Last Name	Social Security Number
TAXING	400008034



PART II

RE	FUNDABLE CREDITS					
Chil	d and Dependent Care Credit - Residen	t and Part-Year Resident				
1.	Child and Dependent Care Credit (feder		2100.00			
2.	Vermont Child and Dependent Care Cro	edit (MULTIPLY Line 1 by 72% (0.7	72))	2.	1512.00	
Chil	d Tax Credit - Resident and Part-Year R	esident				
3.	2					
	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth	
<u> </u>	TAXING	LILLY	R	400558036	2021	
	Qualifying Child #2 - Last Name I'AXING Qualifying Child #3 - Last Name	First Name KELLY First Name	S MI	Social Security Number 400558037 Social Security Number	Year of Birth 2020 Year of Birth	
	Qualifying Offiid #5 - Last Name	i list manie	IVII	Social Security Number	Teal of Dirtil	
4.	Child Tax Credit (MULTIPLY Line 3 your Adjusted Gross Income from Form	by \$1,000). See instructions for credit IN-111, Line 1 is over \$125,000	t amount if	4	2000.00	
Earr	ned Income Tax Credit - Resident and Pa	art-Year Resident				
5.	Number of qualifying children from fee	leral Schedule EIC		5	2	
6.	Federal Earned Income Tax Credit. En	ter amount from federal Form 1040		6	3230.00	
7.	Vermont Earned Income Tax Credit: M	ULTIPLY Line 6 by 38% (0.38)			1227.00	
Refu	ındable Tax Credits - Resident and Part	-Year Resident				
8.	8. Total Vermont Refundable Tax Credits (ADD Lines 2, 4, and 7)					
Refu	ındable Tax Credits Adjusted for Part-Yo	ear Residents				
9.	Enter amount from Schedule IN-113, L		9079.00			
10.	Enter amount from Schedule IN-113, L	10	10079.00			
11.	Refundable Tax Credits Adjustment Per MULTIPLY the result by 100)	11	90.08 %			
12.	Total Vermont Refundable Credits Adju Enter this amount on Form IN-111, Lin	usted for Part-Year Residents. (MULT e 26c	IPLY Line 8	3 by Line 11.)	4269.00	

2024 Schedule IN-113



Vermont Income Adjustment Calculations

Please PRINT in BLUE or BLACK INK INCLUDE WITH FORM IN-111

Nonresidents and Part-Year Residents Must Complete Parts I and II Full-Year Residents with Adjustments Complete only Part II

Taxpayer's Last Name	First Name		Taxpayer's Social Security Number
TAXING	AMBER	Р	400008034

PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the Vermont portion in Column B. See instructions.

ĺ		Dates of Vermo	Name of State(s), Canadian province, or			
	From (MMDDYYYY):	02112024	To (MMDDVVVV):	12312024	country during non-Vermont residency (use standard 2-character abbreviation)	СТ

		A. Federal Amount \$		B. Vermont Portion \$
1.	Wages, salaries, tips, etc	8079.00	1B	7079 .00
2.	Taxable interest2A	.00	2B	.00
3.	Ordinary dividends	.00	3B	.00.
4.	Taxable IRAs, pensions, and annuities4A	2000.00	4B	2000.00
5.	Taxable Social Security	.00	5B	.00.
6.	Taxable refunds of state and local income taxes 6A. _	.00	6B	.00.
7.	Alimony received	.00	7B	.00.
8.	Business income or loss	.00	8B	.00.
9.	Capital gain or loss9A	.00	9B	.00
	Rents, royalties, partnerships, S corporations, trusts, etc		10B	.00
11.	Farm income or loss11A			.00.
	Unemployment compensation		12B	.00.
	Other: Specify			.00
14.	TOTAL INCOME (ADD Lines 1 through 13)	10079.00	14B	9079.00

Taxpayer's Last Name	Social Security Number
TAXING	400008034



4.5	ID A. W 1 (GED/GD CD) E		Column A. Federal Amount \$		V	Column B. /ermont Portion \$
15.	IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040)	15A		.00	15B	.00
	Self Spouse					
16.	Student Loan Interest (Reported on Form 1040)			.00	16B	150.00
17.	Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040)	17A		.00	17B	.00
18.	Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040)					.00
19.	Health Savings Account (Reported on Form 1040)					.00
20.	Moving Expenses (Reported on Form 1040) .	20A		.00	20B	.00
	Penalty on Early Withdrawal of Savings (Reported on Form 1040)					.00
22.	Alimony Paid (Reported on Form 1040)	22A		.00	22B	.00.
	Domestic Production Activities (Reported on Form 1040)					.00
24.	Educator Expenses and Tuition & Fees (Reported on Form 1040)					.00
25.	Deductions not listed above but reported on Form 1040				25B	.00
26.	TOTAL ADJUSTMENTS (ADD Lines 15 through 25)					150.00
27.	Adjusted Gross Income (SUBTRACT Line 2	26A froi	n Line 14A)		27.	9929.00
28.	Vermont Portion of AGI (SUBTRACT Line	26B fro	m Line 14B)			8929.00
29.	Non-Vermont Income (SUBTRACT Line 28 Also enter on Part II, Line 31 below	from L	ine 27)		29.	1000.00
PAR	T II. Adjustment for Vermont Exem	pt Inc	ome and Military Exe	mpt Incon	ne	
30.	Adjusted Gross Income. If Part I completed, e Otherwise, enter amount from Form IN-111, I	enter Lin Line 1 .	e 27 amount.		30.	9929.00
31.	Non-Vermont Income (Line 29 above)	31	1000	.00		
	Military pay. Number of months on active duty (See instructions)					
33.	Total (ADD Lines 31 and 32)				33.	1000.00
34.	Vermont Income (SUBTRACT Line 33 from	n Line 3	0)		34.	8929.00
35.	INCOME ADJUSTMENT % (DIVIDE Lincarry the result out to the fourth decimal p					5. 89.9285 %

2025 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2025. You may file up to Oct. 15, 2025, but the town may assess a penalty. For details on late filing, see instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes.

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A.

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2025. If your homestead is leased to a tenant on April 1, 2025, you may still claim it as a homestead if it is not leased for more than 182 days in the 2025 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name	Claimant's Last Name First Name				urity Number				
TAXING	AMBER	<u>.</u>	P	400008034					
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number					
Mailing Address (Number a	nd Street/Ro	ad or PO Box)	•	Claimant's Date of Birth	(MMDDYYYY)				
PO BOX 205				05281985					
City	State	ZIP Code							
MIDDLEBURY	VT	05753							
Location of Homestead (Use a number, street	road name.	Do not use a PO Box or "same.")		City/Town of Legal Residence on A	April 1, 2025 and S	State			
97 SEMINARY ST				MIDDLEBURY	'	VT			
Federal Single		Married/CU Filing Jointly		Married/CU Filing Separately	Head of Househo	old			
A1. SPAN - REQUIRED (from the 2024/2025 property tax bill). A1. 387 - 120 - 6543 A2. Business Use of Dwelling. A3. Rental Use of Dwelling. A3. 0.0									
A4. Business or Rental Use of Improvements or Other Buildings Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? A4. Yes A5-A8 Special Situations (See instructions for more information). Check the following if it applies:									
A5. Grantor and sole beneficiary of a revocable trust owning the property A6. Life estate holder of the property A7. Homestead property crosses town boundaries (File a declaration for each town.) A8. Residing in a dwelling on the homestead parcel owned by a related farmer.									

Please continue to Page 2, Section B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes

PO Box 1881

Montpelier, VT 05601-1881

2025 Form HS-122 Page 1 of 2

Rev. 10/24

5454

Claimant's Last Name	Social Security Number
TAXING	400008034

DUE DATE: April 15, 2025. Generally, claims cannot be accepted after Oct. 15, 2025.

s	ECTION B.	PROPERTY TAX CI		le HI-144.
		meet the requirements for filing a homestead declarat	·	
B1.	Were you domic	ciled in Vermont all of calendar year 2024?	Yes, Go to Line B2.	No, STOP.
B2.	Were you claime	ed as a dependent in 2024 by another taxpayer?	Yes, STOP.	No, Go to Line B3.
	Do you anticipat	te selling this Vermont housesite on or 2025?	_	No, Continue
Amo	unts for Lines B	4 through B6 are found on the 2024/2025 property ta	x bill. Round amounts to the ne	earest dollar.
B4.	Housesite Value	·		B400
B5.	Housesite Educa	ation Tax		B500
B6.	Housesite Munic	cipal Tax		B600
B7.	Ownership Inter	est		B7
B8.	Household Incor	me (Schedule HI-144, Line z). ch Schedule HI-144B		Check here if amended Schedule
Com	plete the followin	ng ONLY if applicable from Form LRC-147, Part B.		
B9.	For Profit Mobil	le Home Lot Rent (Allocable Rent from Form LRC-147)		B900
Not-	For-Profit Mobil	le Home Park, Cooperative, and Land Trust		
B10.	Allocated Educa	ation Tax	В	.00
B11.	Allocated Munic	cipal Tax	В	.00
OR I	Property Tax fron	m contiguous property if housesite has less than 2 acres	s (See instructions.)	
B12.	Contiguous prop	perty Education Tax	В	.00
B13.	Contiguous prop	perty Municipal Tax	В	.00
		MAXIMUM CREDIT AMO	OUNT IS \$8,000.	
		ury, I declare that I have examined this return and accomprect, and complete. Preparers cannot use return informati		
Sigr	nature		Date (MMDDYYYY)	Daytime Telephone Number
Sigr	nature (If a joint return	, BOTH must sign.)	Date (MMDDYYYY)	Daytime Telephone Number
Paid	d Preparer's Signature	;	Date (MMDDYYYY)	Preparer's Telephone Number
Firm	n's Name (or yours if s	self-employed) and address	Preparer's SSN or PTIN	FEIN

Test 3:

Required Vermont Forms/Schedules: IN-111, IN-112, IN-119

Taxpayer(s) Information:

Primary SSN: 400-00-8038
Name: Buff A Low
Residency Status: Resident

Mailing Address: 25 Plymouth Rd City: Randolph

State: VT Zip Code: 05038

Date of Birth: November 30, 1980

Filing Status: Single School District Code: 159

911 Adress: 25 Plymouth Rd

Federal Extension: Yes

Return Information:

Federal AGI: 47750 Use Tax: 45 VT Schedule C Net Profit: 47750 VT Business Self Employment Tax: 12788 Nontaxable Interest and Dividends: 1000 Nontaxable VT Interest and Dividends: 500 Bonus Depreciation: 400 500 Bond- Vermont Public Power VT Higher Education Credit: 250 2024 Estimated Payments: 800 Child Care Contribution: 24

Direct Debit Information for Vermont:

Routing Number: 211672531 Checking Account Number: 75123123

2024 Form IN-111

Vermont Income Tax Return



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

Please PRINT in BLUE or BLACK INK

l			Amount Due				00	F	Form IN-111 Page 1 of 2
16. Adjusted Vermont I	ncome Tax	(MULTIPL	Y Line 14 by Lin	ne 15)			16.		1194.00
15. Income Adjustment	(Schedule I	N-113, Line	35, or 100.0000%	(6)				15	100.0000 %
14. Vermont Income Ta	ax (Line 10 l	MINUS Lin	e 13. If less than	zero, enter	-0-)		14.		1194.00
11. Tax-Deductible Charit (See instructions)	able Contribut	tion 1	2. Multiply Line 11 by	y 5% (0.05) 00	13. Charitat Deducti of Line 1	on (Enter ti	ne lesser		.00.
10. Vermont Income Ta	ıx with Adju	ıstment (ADI	D Lines 8 and 9.	If less than	zero, enter	-0-)	10.		1194.00
9. Net Adjustment to V				ne 15)			9.		.00
8. Vermont Income Ta (If Line 1 is greater							8.		1194.00
7. Vermont Taxable In	come (SUB	TRACT Lir	ne 6 from Line 3.	. If less than	n zero, enter	-0-)	7.		35650.00
6. ADD Lines 4 and 5	še						6.		12500.00
5e. MULTIPLY Line :	5d by \$5,10	0 (2024 Pers	onal Exemption).				5e.		5100.00
5a1	+	5	b	+		5c		=	5d1
5a. Enter "1" for yourse can claim you as a de	elf if no one	spous	Enter "1" for your joint e or CU partner if no c aim them as a depend	one can	dep	nter numbe endents cla ederal Forn			5d. Total Exemptions (ADD Lines 5a through 5d
4. 2024 Vermont Stand Please see inst deduction box5. Personal Exemptio	ructions if y es on federa	ou or your si	pouse checked an	above y standard			4.		7400.00
3. Federal AGI with M	Iodifications	s (ADD Line	s 1 and 2)				3.		48150.0
2. Net Modifications to	o Federal A	GI (Schedule	: IN-112, Part I, L	ine 18)			2.		
1. Federal Adjusted Gr	ross Income	(federal Form	m 1040, Line 11)				1.		
1 Enter Healthcare Cover (See instructions for coo		Check all that apply	AMENDED Return	With R Federa	Recomputed al Return	Retur	OMPUTED n	Return	D FARMER / FISHERMAN
Filing Status and Standard Deduction	Single (\$7,400)	(\$14,850	CU Filing Jointly	Mar Sep — CANN	ried/CU Filing arately (\$7,400 ARIS)	Head of I (\$11,100)	Household	Qualifying Widow(er) (\$14,850)
159	_	Residency Sta	tus as of 12/31/2024	(check one)	RESID	ENT		ART-YEAR ESIDENT	NONRESIDENT
RANDOLPH Vermont School District Code	e I		VT 050	38					
	ity		State ZIP Co	de or Foreign	Postal Code	23	РШТМОС	Foreign Countr	у
25 PLYMOUTH		ress (Number a	nd Street/Road or PO	Box)		25	911/Phys PLYMOU	cal Street Address	on 12/31/2024
Opouse 3/00 1 arti	iloi 3 Last ivaiii		<u> </u>	113t Hame		1011			Check if Deceased
LOW Spouse's/CU Parti	nor's Lost Nam		BUFF	irst Name		A		08038 Il Security Number	Check if Deceased
Taxpayer's L	ast Name		F	irst Name		MI	Socia	l Security Number	Charlett

Rev. 10/24

Taxpayer's Last Name	Social Security Number
LOW	400008038

Amount from 1194 **.00**

	Other State Credit (Schedule IN-117,	Line 21)	Vermont Ta	ax Credits (Schedule	,		/ermont Credits (Add Lines 17 ar	,
17.	00	+	18	<u>250</u> .	.00 =	19	250	00.
20.	Vermont Income Tax after cre If Line 19 is greater than Line					20	944	.00
21.	Child Care Contributions for S	Self-Employed in	dividuals (see	instructions for o	calculation)	21.	24	.00
22.	Use Tax for taxable items on vincluding online purchases. (S							2.00
23.	Total Vermont Taxes (ADD L	ines 20 through				23		-
7 49	Trust Foundation				_	.00		
25.	Total of Vermont Taxes and Vo	oluntary Contribu	tions (ADD L	ines 23 and 24e)	25	1013	.00
26a.	2024 Vermont Tax Withheld f	rom W-2, 1099 .		26a		00.		
26b.	2024 Estimated Tax payments and/or payment made with 202	, amount carried 24 extension	forward from	2023, 26b. _		800.00		
26c.	Refundable Credits (Schedule Full-Year Residents -Line 8; l	IN-112, Part II: Part-Year Resid	ents-Line 12)	26c		00.		
26d.	2024 Vermont Real Estate Wit	thholding from F	orm RW-171	26d		.00		
	2024 Nonresident Estimated T (nonresident withholding) allo	ax payments						
26f.	Total Payments and Credits (A	ADD Lines 26a t	hrough 26e).			26f	800	00.
27.	Overpayment. If Line 25 is les	ss than Line 26f.	SUBTRACT	Line 25 from L	ine 26f	27		.00
28a.	Refund to be credited to 2025	Estimated Tax Page 1	ayment	28a		00		
28b.	Refund to be credited to 2025	Property Tax Bil	1	28b		00.		
29.	REFUND AMOUNT (SUBTI	RACT Lines 28a	and 28b from	m Line 27)		29		.00
30.	If Line 25 is more than Line See instructions on tax due	26f, subtract Li	ne 26f from L	ine 25.		30	213	00
31.	Interest and Penalty on							_•00
	Underpayment of Estimated (Worksheet IN-152 or IN-152.	Tax 31.				and 31) 32	213	00. 2
l .	or Amended Original refund receive turns Only:	.00 F	Refund due now	.00	Original payment	.00	Amount due now	.00
	er penalties of perjury, I declare to f, they are true, correct and comp							ge and
	nature	nete. Preparers c	annot use retu	Date (MMDDYYY	Y) Date of E	Birth (MMDDYYYY) B 0 1 9 8 0	Daytime Telephone Number	er
Sigi	nature (If a joint return, BOTH must sign	1.)		Date (MMDDYYY		Birth (MMDDYYYY)	Daytime Telephone Number	er
Paid	d Preparer's Signature				Date (MI	MDDYYYY)	Preparer's Telephone Num	nber
Firn	n's Name (or yours if self-employed) and	d address			Preparer	's SSN or PTIN	FEIN	
	Check if the Department of 5 4 5 4	Taxes may discuss t	his return with the	e preparer shown.	•	a copy for ecords.	Form IN-111 Page 2 of 2 Rev. 10/24	

2024 Schedule IN-112



Please PRINT in BLUE or BLACK INK **Vermont Tax Adjustments and Credits**

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name		Taxpayer's Social Security Number
LOW	BUFF	A	400008038

	•	· · ·	
PA	RT I		
AD	DITIONS TO FEDERAL ADJUSTED GROSS INCOME		
1.	Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040)	1000 .00	
2.	Interest and dividend income from Vermont state and local obligations included in Line 1		
3.	Income from Non-Vermont State and Local Obligations (SUBTRA	CT Line 2 from Line 1) 3.	500.00
4.	Bonus Depreciation Allowed under Federal Law for 2024 4.	40000	
5.	Other (reserved)	RESERVED .00	
6.	Total Additions (ADD Line 3 and Line 4)	6	900.00
SU	BTRACTIONS FROM FEDERAL ADJUSTED GROSS I	NCOME	
7.	Interest Income from U.S. Obligations	00.	
8.	Capital Gains Exclusion (Schedule IN-153, Line 21)	.00	
9.	Adjustment for Prior Years' Bonus Depreciation9.	00	
	Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)		
11.	Medical Expense Deduction (see the worksheet in the instructions)		
12.	Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)		
13.	Railroad Retirement income	.00	
14.	Bond/note interest income from (see below)	50000	
	VSAC Build Vermont Telecom Authority	Vermont Public Power Supply Authority	
15a	For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans	.00	
15b	. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21 15b.	.00	
15c.	Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0 All other filers, if AGI is greater than \$120,000, enter -0	00	
16.	Other (reserved)	RESERVED00	
17.	Total Subtractions (ADD Lines 7 through 14 and Line 15c)	17	500.00
NE	T MODIFICATIONS TO FEDERAL ADJUSTED GROSS	INCOME	
18.	SUBTRACT Line 17 from Line 6. Enter on Form IN-111, Line 2.	18	
	This can be a negative number.		Schedule IN-112 Page 1 of 2

Rev. 10/24

5454

Taxpayer's Last Name	Social Security Number
LOW	400008038



PART II

REI	FUNDABLE CREDITS							
Chil	d and Dependent Care Credit - Resident an	d Part-Year Resident						
1.	Child and Dependent Care Credit (federal F	Form 2441, Line 11)			.00			
2.	Vermont Child and Dependent Care Credit	(MULTIPLY Line 1 by 72% (0.	72))		.00			
Chil	d Tax Credit - Resident and Part-Year Resid	lent						
3.	Number of qualifying children List only children who qualify for Child Tax C			3				
	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth			
	Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth			
	Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth			
4.	Child Tax Credit (MULTIPLY Line 3 by your Adjusted Gross Income from Form IN	\$1,000). See instructions for cred: [-111, Line 1 is over \$125,000	t amount if	4	.00			
Earr	ed Income Tax Credit - Resident and Part-	Year Resident						
5.	Number of qualifying children from federal	Schedule EIC		5				
6.	Federal Earned Income Tax Credit. Enter a	amount from federal Form 1040		6	.00			
7.	Vermont Earned Income Tax Credit: MULTIPLY Line 6 by 38% (0.38)							
Refu	ndable Tax Credits - Resident and Part-Yea							
8.	Total Vermont Refundable Tax Credits (Al Full-Year Residents: Enter this amou Part-Year Residents: Complete Line	int on Form IN-111, Line 26c.		8	00			
Refu	ndable Tax Credits Adjusted for Part-Year	Residents						
9.	Enter amount from Schedule IN-113, Line	14B, Vermont Portion of Total Inc	ome	9	.00			
10.	Enter amount from Schedule IN-113, Line	14A, Total Income		10	.00			
11.	Refundable Tax Credits Adjustment Percent MULTIPLY the result by 100)	ntage. (DIVIDE Line 9 by Line 10), then					
12.	Total Vermont Refundable Credits Adjuste Enter this amount on Form IN-111, Line 26				.00			



2024 Schedule IN-119

Vermont Tax Adjustments and Nonrefundable Credits



INCLUDE WITH FORM IN-111 Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name		Taxpayer's Social Security Number
LOW	BUFF	А	400008038

PART I ADJUSTMENTS TO VERMONT INCOME TAX		
ADDITIONS TO VERMONT TAX		
1. Tax on Qualified Plans including IRA, HSA, and MSA (reported on federal Form 1040, U.S. Individual Income Tax Return) 1.	.00	
2. Recapture of Federal Investment Tax Credit (reported on Form 1040)		
3. Tax from federal Form 4972, Tax on Lump-Sum Distributions 3.	00	
4. ADD Lines 1 through 3	4	00
5. MULTIPLY Line 4 by 24% (0.24)	00	
6. Recapture of Vermont Credits (See instructions)6.	00	
7. ADD Lines 5 and 6		.00
SUBTRACTIONS FROM VERMONT TAX		
8. Credit for the Elderly or the Disabled (federal Schedule R)8.	00	
9. Investment Tax Credit - Vermont-based only (See instructions)		
10. Vermont Farm Income Averaging Credit (from worksheet in instructions)		
11. ADD Lines 8 through 10.		.00
12. MULTIPLY Line 11 by 24% (0.24)		
13. Vermont-based Solar Energy Credit carryforward13.		
14. ADD Lines 12 and 13		.00
NET ADJUSTMENTS TO VERMONT TAX		
15. SUBTRACT Line 14 from Line 7. Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number	15.	00

Taxpayer's Last Name	Social Security Number
LOW	400008038



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1.	Vermont Higher Education Investment (32 V.S.A § 5825a) See instructions	2024 Contribution eligible for credit 2500			TIMES (X)	.10 =		Credit 250 .00
For	credits earned through an S-Corporation, L			name and FEIN	of the entit	v		
		me of Entity				•	FEIN	
If cr	edits from more than one business entity, f	ill out a separate IN	-119 fo	r each entity.				
	,	Column A Earned in 2024		PLUS (+)	<u>Colum</u> Carryfor		EQUALS (=)	Column C
2.	Charitable Housing (32 V.S.A. § 5830c) 2A.		.00	2B.)0 2C.	00
3.	Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)		.00	3B.	· · · · · · · · · · · · · · · · · · ·	0)0 3C.	00
4.	Research & Development (32 V.S.A. § 5930ii) 4A.			4B.		0	00 4C.	00
	r approval required from Vermont Housin			e 5				
5.	Affordable Housing (32 V.S.A § 5930u)		.00	5B.			00 5C.	00
6.	Historic Rehabilitation (32 V.S.A. § 5930cc(a)) 6A.		.00	6B.		0	00 6C.	00
7.	Facade Improvement (32 V.S.A. § 5930cc(b)) 7A.		.00	7B.	· · · · · · · · · · · · · · · · · · ·	0	00 7C.	00
8.	Code Improvements (32 V.S.A. § 5930cc(c)) 8A.		.00	8B.		0	00 8C.	00
9.	ADD Column C, Lines 1 through 8. If	no credit claimed	on Line	10, enter this	amount on i	Form IN-1	111, Line 18 9.	250 .00
	Credit Calculation Worksheet							
10.	Vermont Entrepreneur's Seed Capital Fu	nd (32 V.S.A. § 58	30b) .					00
11.	Enter adjusted Vermont income tax amo	unt from Form IN-	111, Li	ne 16			11.	00
12.	Enter credit for income tax paid to anoth	er state or Canadia	n provi	nce from Form	IN-111, Li	ne 17		00
13.	SUBTRACT Line 12 from Line 11							00
14.	Enter the lesser of Line 9 or Line 13							00
15.	SUBTRACT Line 14 from Line 13. Th	e result cannot be l	ess thai	ı zero			15.	00
16.	MULTIPLY Line 15 by 50% (0.50)			• • • • • • • • • • • • • • • • • • • •				00
17.	Enter the lesser of Line 10 or Line 16							00
	Total Credits Allowable. ADD Lines 14							00.
19.	Total Income Tax Credits Available.	Enter the lesser of I	Line 13	or Line 18.				

.00

	CHILD CARE CONTRIBUTION WORKSHEET	
Co	emplete this worksheet if you have self-employment income reported on federal F	orm 1040, Schedule SE.
1.	Enter the amount from federal Form 1040, Schedule SE, Line 6 1.	44097
2.	Enter the amount of income reported on Line 1 that was earned for work performed outside of Vermont	0
3.	Subtract Line 2 from Line 1	44097
4.	Multiply Line 3 by 0.5. This represents the amount of income reported on Line 3 earned before July 1, 2024. (Income earned between Jan. 1, 2024 and June 30, 2024 is excluded from the 2024 CCC calculation. If using an alternate	
	method, please attach a written statement.)	22048.50
5.	Subtract Line 4 from Line 3	22048.50
6.	Multiply Line 5 by 0.11% (0.0011). Enter this amount on Form IN-111, Line 21	24

Test 4: Cannabis with Recomputed Federal Return

Required Vermont Forms/Schedules: IN-111, IN-112, IN-117

Taxpayer(s) Information:

Primary SSN: 400-00-8041 Name: Can E Biss **Residency Status:** Resident Mailing Address: PO Box 6161 City: Williston State: VT 05495 Zip Code: Filing Status: Single School District Code: 241

911 Address: 54 Douglas Rd
Date of Birth: December 25, 1980

Return Information:

Federal AGI: 260,000
Wages: 260,000
Other State Credit: 8908
2024 VT Estimated Tax Payments: 7000
Name of State: NY
Gross Income Taxes in Another State: 150,000

Total interest and dividend income

from all state and local obligations

exempt from federal tax : 2000
Charitable Contributions Deduction: 1000
VT Child Trust Fund: 200
Bond- VSAC 2000

2024 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

Taxpayer's Last Name	CTIT	First Name		MI		curity Number	Check if	:
BISS	CAN	Cinet Name		E	400008		Decease	ed
Spouse's/CU Partner's Last Name	_	First Name		MI	Social Se	curity Number	Check if	
Mailing Address (Nur	her and Street/Ro	and or PO Roy)		\sqcup	911/Physical 9	Street Address on 12	Decease 2/31/2024	∌d
PO BOX 6161	ibol and otrocorto	da or r o box,		54	DOUGLAS		2/01/2024	
City	State	ZIP Code or Foreign	Postal Code	1 2 -		Foreign Country		
WILLISTON	VT	05495				,		
Vermont School District Code								
211	cy Status as of 12	2/31/2024 (check one)	RESIDE	ENT	PART- RESID		NONRESIDE	NT
Standard Deduction (\$7,400)	arried/CU Filing Jo 14,850)	ointly Mar Sep — CANN	rried/CU Filing parately (\$7,400)		Head of Hous (\$11,100)		alifying Widow(er) 4,850)	
Enter Healthcare Coverage Code (See instructions for code options) Check a that approximately the control of the code option (See instructions)	AIVIE	NDED With F	Recomputed al Return		COMPUTED turn	EXTENDED Return	FARMER / FISHERMA	
1. Federal Adjusted Gross Income (federal								
2. Net Modifications to Federal AGI (Sch	edule IN-112,	Part I, Line 18)			<u>2.</u>		<u> </u>	UU
3. Federal AGI with Modifications (ADD	Lines 1 and 2)			3		260000.	00
 2024 Vermont Standard Deduction from Please see instructions if you or y deduction boxes on federal Form Personal Exemptions: 	our spouse che	section above cked any standard			4.		7400.	00
5a. Enter "1" for yourself if no one can claim you as a dependent	5b. Enter "1" for spouse or CU part claim them as	tner if no one can	depe	endents	per of OTHER claimed on orm 1040		d. Total Exemption DD Lines 5a through	
5a1 +	5b	+	:	5c		=	5d. 1	
5e. MULTIPLY Line 5d by \$5,100 (2024	Personal Exer	nption)			5e .		5100.	00
6. ADD Lines 4 and 5e					6		12500.	00
7. Vermont Taxable Income (SUBTRAC	Γ Line 6 from	Line 3. If less tha	n zero, enter	-0-)			247500.	00
8. Vermont Income Tax from tax table or		ıle			8		16156.	00
(If Line 1 is greater than \$150,000, see 9. Net Adjustment to Vermont Tax (Scheo	· ·	art I Lina 15)			0		1	00
7. Net Aujustinent to vermont Tax (Sched	iuie 11N-119, Pa	ан 1, шис 1 <i>3)</i>					·'	J
10. Vermont Income Tax with Adjustment	(ADD Lines 8	and 9. If less than	n zero, enter -	0-)	10		16156.	00
11. Tax-Deductible Charitable Contribution	12. Multiply	Line 11 by 5% (0.05)	13. Charitab	le Contr	ibution			
(See instructions) 22000 .0	,	1100.00	Deduction 1	n (Enter	r the lesser (00) 13		1000.	ሰበ
0		1100.00	of Line 12	2 01 \$ 1,0	13			UU
14. Vermont Income Tax (Line 10 MINUS	Line 13. If le	ess than zero, enter	-0-)		14		15156.	00
15. Income Adjustment (Schedule IN-113,	Line 35, or 100	0.0000%)				1510	0.0000	%
16. Adjusted Vermont Income Tax (MULT	TIPLY Line 14	4 by Line 15)			16		15156.	00
5454	I	ount Due			.00	Pag	n IN-111 ge 1 of 2 ev. 10/24	

Taxpayer's Last Name	Social Security Number
BISS	400008041

Amount from	15156	00
Line 16	15156	.00

	Other State Cre	edit (Sche	edule IN-	117, Line 21)			ax Credits (S			, Part II)	Total '	Vermont Credits (Ad	,
17.		89	08.	00	+	18			•	00	=	19		<u>8908</u> .00
20.	Vermont Inc If Line 19 is	come Ta greater	ax after r than L	credits (sine 16, er	SUBTRA nter -0-)	CT Lin	e 19 fr	om Line 1	6 . 			20		6248.00
21.	Child Care C	Contribu	utions f	or Self-Ei	mployed i	ndividu	als (see	instruction	ns for c	alcula	tion)	21		.00
22.	Use Tax for including on													
23.	Total Vermo Vermont Childrer Trust Foundatio	n's									Nongame Wil		Tota	6248 .00 al Contributions
24a.	200	.00	+ 2	4b	0	• 0	24c.		00	+	24d	00	= 24e	200.00
25.	Total of Vern	nont Ta	ixes and	l Voluntaı	ry Contrib	outions (ADD L	ines 23 an	nd 24e)			25		6448.00
26a.	2024 Vermo	ont Tax	Withhe	eld from V	V-2, 1099			2	6a			.00		
	2024 Estima	ated Tax	k pavm	ents, amoi	ant carried	l forwar	d from	2023.			7000			
26c.	Refundable	Credits	(Sched	lule IN-11	2. Part II:									
26d.	2024 Vermo	nt Real	l Estate	Withhold	ing from	Form R	W-171	2	6d.			.00		
	2024 Nonres	sident E	Estimate	ed Tax pay	yments									
26f.	Total Payme	ents and	l Credit	s (ADD I	ines 26a	througl	h 26e).					. 26f		7000.00
27.	Overpaymer	nt. If Li	ine 25 i	s less tha	n Line 26	f, SUBT	ГRАСТ	Line 25 f	from L	ine 26	íf	27		<u>552</u> .00
28a.	Refund to be	e credite	ed to 20)25 Estim	ated Tax l	Paymen	t	2	8a			.00		
28b.	Refund to be	e credite	ed to 20)25 Prope	rty Tax B	ill		2	8b			.00		
29.	REFUND A	MOUN	NT (SU	BTRACT	Lines 28	a and 2	8b froi	n Line 27))			29		552 .00
30.	If Line 25 is See instructi											30		.00
31.	Interest and Underpaym (Worksheet	nent of	Estima	ted Tax.				00			NT DUE lines 30 and 3	1) 32		.00
I	or Amended eturns Only:	Origina	al refund	received	.00	Refund d	lue now		.00	Origina	al payment	.00	Amount due now	.00
Unde	er penalties of				ave exami				panyin		edules and states	ements, an		y knowledge and
	nature	e, correc	ot allu C	ompiete. F	reparers	caminot l	ise retu	Date (MM			Date of Birth (M	<u> </u>		ohone Number
								•			122519	980		
Sigi	nature (If a joint re	eturn, BO	TH must	sign.)				Date (MM	IDDYYY	Y)	Date of Birth (M	MDDYYYY)	Daytime Tele	ohone Number
Paid	d Preparer's Sign	nature								$\neg \uparrow$	Date (MMDDY)	YY)	Preparer's Te	lephone Number

Firm's Name (or yours if self-employed) and address

Preparer's SSN or PTIN

FEIN

2024 Schedule IN-112



Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
BISS	CAN	Ε	400008041

PART I		
ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME		
1. Total interest and dividend income from all state and local obligations exempt from federal tax	00000	
2. Interest and dividend income from Vermont state and local obligations included in Line 12.	00	
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1)	3	2000.00
4. Bonus Depreciation Allowed under Federal Law for 2024 4.	00	
5. Other (reserved)	.00	
6. Total Additions (ADD Line 3 and Line 4)	6 .	2000.00
SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME		
7. Interest Income from U.S. Obligations	00	
8. Capital Gains Exclusion (Schedule IN-153, Line 21)	00	
9. Adjustment for Prior Years' Bonus Depreciation9.	.00	
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)		
11. Medical Expense Deduction (see the worksheet in the instructions)		
12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)		
13. Railroad Retirement income	.00	
14. Bond/note interest income from (see below)	00000	
VSAC Build America Vermont Telecom Authority Vermont Public Power Supply Authority		
15a. For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans	00	
15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21 15b.	00	
15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0 All other filers, if AGI is greater than \$120,000, enter -0	.00	
16. Other (reserved)	.00	
17. Total Subtractions (ADD Lines 7 through 14 and Line 15c)	17	2000.00
NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME		
18. SUBTRACT Line 17 from Line 6 . Enter on Form IN-111, Line 2	18.	0.00
This can be a negative number.		Schedule IN-112 Page 1 of 2

Rev. 10/24

5454

Taxpayer's Last Name	Social Security Number
BISS	400008041



PART II

REI	FUNDABLE CREDITS				
Chil	d and Dependent Care Credit - Resident and	d Part-Year Resident			
1.	Child and Dependent Care Credit (federal F	Form 2441, Line 11)			.00
2.	Vermont Child and Dependent Care Credit	(MULTIPLY Line 1 by 72% (0.	72))		.00
Chil	d Tax Credit - Resident and Part-Year Resid	lent			
3.	Number of qualifying children List only children who qualify for Child Tax C			3	
	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
	Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
	Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth
4.	Child Tax Credit (MULTIPLY Line 3 by 9 your Adjusted Gross Income from Form IN	\$1,000). See instructions for cred: [-111, Line 1 is over \$125,000	it amount if	4	.00
Earr	ed Income Tax Credit - Resident and Part-	Year Resident			
5.	Number of qualifying children from federal	Schedule EIC		5	
6.	Federal Earned Income Tax Credit. Enter a	amount from federal Form 1040		6	.00
7.	Vermont Earned Income Tax Credit: MUL	TIPLY Line 6 by 38% (0.38)			.00
Refu	ndable Tax Credits - Resident and Part-Yea	ar Resident			
8.	Total Vermont Refundable Tax Credits (AI Full-Year Residents: Enter this amou Part-Year Residents: Complete Lines	int on Form IN-111, Line 26c.		8	00
Refu	ndable Tax Credits Adjusted for Part-Year	Residents			
9.	Enter amount from Schedule IN-113, Line	14B, Vermont Portion of Total Inc	come	.9.	.00
10.	Enter amount from Schedule IN-113, Line	14A, Total Income		10.	.00
11.	Refundable Tax Credits Adjustment Percen MULTIPLY the result by 100)	tage. (DIVIDE Line 9 by Line 10), then		
12.	Total Vermont Refundable Credits Adjusted Enter this amount on Form IN-111, Line 26	d for Part-Year Residents. (MUL)	ΓΙΡLΥ Line 8 by	y Line 11.)	.00

2024 Schedule IN-117

Vermont Credit for Income Tax Paid to Other State or Canadian Province



INCLUDE WITH FORM IN-111 Please PRINT in BLUE or BLACK INK

For Residents and Some Part-Year Residents ONLY.

You must complete a separate Schedule IN-117 for each state or Canadian province and include a copy of the other state return(s). Please see instructions.

	Taxpayer's Last Name	First Name	MI		Taxpayer's So	cial Security Number
	BISS	CAN	E	400	0008041	
1.	Name of state or Canadian province. Use sta	andard two-letter abbreviation				1. NY
2.	Enter Adjusted Gross Income taxed in anoth subject to Vermont income tax. This entry on the entry on Form IN-111, Line 1. (If less the	annot be more than		000	.00	
3.	2024 Bonus Depreciation addback taxed in a Canadian province AND taxed in Vermont.	another state or		000	.00	
4.	Non-Vermont state/local obligations taxed in or Canadian province AND taxed in Vermon	n another state		000	.00	
5.	ADD Lines 2 through 4				5	154000.00
6.	Bonus Depreciation subtracted from income or Canadian province in tax year 2024	in another state 6.			.00	
7.	U.S. Government interest income subtracted another state or Canadian province in tax ye	from income in ar 2024			.00	
8.	ADD Lines 6 and 7				8	.00
9.	Modified Adjusted Gross Income for income taxed in Vermont (SUBTRACT Line 8 from	e taxed in another state or Canadian p m Line 5)	rovince AN	ND 	9	154000.00
10.	Adjusted Gross Income from Form IN-111, (If less than zero, enter -0-)	Line 1	260	000	.00	
11.	Non-Vermont state/local obligations from Schedule IN-112, Part I, Line 3	11,	2	000	.00	
12.	Bonus Depreciation from Schedule IN-112,	Part I, Line 4 12.			.00	
	ADD Lines 10 through 12				13	262000.00
14.	U.S. Government interest income from Schedule IN-112, Part I, Line 7	14.			.00	
15.	Bonus Depreciation from Schedule IN-112,	Part I, Line 9 15.			.00	
16.	ADD Lines 14 and 15				16	.00
17.	SUBTRACT Line 16 from Line 13				17	262000.00
18.	Vermont income tax from Form IN-111, Lir	ne 14	15	156	.00	
19.	Computed tax credit (DIVIDE Line 9 by Line 9 154000	ine 17. MULTIPLY the result by L 15156	ine 18.) Re	esult car	nnot be more tha	
	Line 17 262000 —				19	8908.00
	Income tax paid to another state or Canadiar Income from Line 9 above				20.	10000.00
21.	VERMONT CREDIT for income tax paid Enter the lesser of Line 19 or Line 20. Also				21	
						Form IN-117

Form IN-117
Page 1 of 1
Rev. 10/24

Test 5: Amended Return

Required Vermont Forms/Schedules: IN-111, IN-112, IN-119, IN-153

Taxpayer(s) Information:

Primary SSN: 400-00-8042
Name: Kay Oss
Residency Status: Resident
Mailing Address: 1 Main Street

City: Dover State: VT Zip Code: 05302

Filing Status: Qualified Widower

School District Code: 058

911 Adress: 1 Main Street
Date of Birth October 31, 1970

Return Information:

Federal AGI:70,000Net Modifications to AGI:2260Personal Exemptions:22024 Estimated Tax Payments:2000

Total Interest & Dividend income from state and

local obligations as reported on federal 1040: 6000

Interest & dividend income from state and local

obligations included in line 1: 500
Capital Gain Exclusion: 2000
Student Loan Interest Paid in 2024: 8260
Student Loan Interest already deducted on federal 1040: 2500
Number of qualifying children: 1

Child Information: Cell E Brate 400-55-8044

Year of Birth:2024Child Tax Credit:1000Vermont Higher Education Investment:2500Green Up Vermont:25Vermont Veteran's Fund:50

2024 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

Taxpayer's Last Name	First Name	MI	Social Security Number	Check if
OSS	KAY First Name	l MI	4 0 0 0 0 8 0 4 2 Social Security Number	Deceased
Spouse's/CU Partner's Last Name	First Name	IVII	Social Security Number	Check if
Mailing Address (Number	and Street/Road or PO Box)		911/Physical Street Address	on 12/31/2024
1 MAIN ST	and ollowfroud of the Box	1 MZ	AIN STREET	011 12/01/2021
City	State ZIP Code or Foreig	 	Foreign Countr	у
DOVER	VT 05302			
Vermont School District Code				
7	tatus as of 12/31/2024 (check one)	RESIDENT	PART-YEAR RESIDENT	NONRESIDENT
Standard Deduction (\$7,400) (\$14,8	50) Se	arried/CU Filing eparately (\$7,400)	Head of Household (\$11,100)	Qualifying Widow(er) (\$14,850)
Enter Healthcare Coverage Code (See instructions for code options) Check all that apply	AMENDED With	Recomputed RECO	MPUTED EXTENDE Return	D FARMER / FISHERMAN
·				
1. Federal Adjusted Gross Income (federal Fo	rm 1040, Line 11)		1	70000.00
2. Net Modifications to Federal AGI (Schedu	le IN-112, Part I, Line 18)		2.	-2260.00
3. Federal AGI with Modifications (ADD Lin	es 1 and 2)		3.	67740.00
4. 2024 Vermont Standard Deduction from fil	ing status section above	,	4.	14850.00
Please see instructions if you or your deduction boxes on federal Form 104 5. Personal Exemptions:	spouse checked any standard 0, page 1.	l		
spou	Enter "1" for your jointly filed se or CU partner if no one can claim them as a dependent	5c. Enter number dependents claifederal Form	imed on	5d. Total Exemptions (ADD Lines 5a through 5c)
5a +	5b	5c	<u>1</u> =	5d2
5e. MULTIPLY Line 5d by \$5,100 (2024 Per	rsonal Exemption)		5e	10200.00
(ADD 1: 4 15				25050 .00
6. ADD Lines 4 and 5e			6	25050.00
7. Vermont Taxable Income (SUBTRACT L	ine 6 from Line 3. If less th	an zero, enter -0-)	7.	42690.00
8. Vermont Income Tax from tax table or tax (If Line 1 is greater than \$150,000, see inst	rate schedule		8	1430.00
9. Net Adjustment to Vermont Tax (Schedule	<i>'</i>		9.	.00
10. Vermont Income Tax with Adjustment (AI		an zero, enter -0-)	10.	1430.00
11. Tax-Deductible Charitable Contribution	12. Multiply Line 11 by 5% (0.05)	13. Charitable Contribu		
(See instructions) .00	.00	Deduction (Enter the of Line 12 or \$1 000)	e lesser) 13 .	.00
		σ. <u>Εο</u> . Ε. σ. φ.,οσο,		
14. Vermont Income Tax (Line 10 MINUS Li	ne 13. If less than zero, ente	r -0-)	14.	1430.00
15. Income Adjustment (Schedule IN-113, Lin	e 35, or 100.0000%)		15	<u>100</u> . <u>0000</u> %
16. Adjusted Vermont Income Tax (MULTIP)	LY Line 14 by Line 15)		16.	1430.00
			r	Form IN-111
				Page 1 of 2
5454	Amount Due (from Line 32)		00	Rev. 10/24

Taxpayer's Last Name	Social Security Number
OSS	400008042

Amount from 1430 **.00** Line 16

	Other State Credit (So			21)		Vermont T	Tax Credits (S			Part II)				•	dd Lines 17 a	,
17.		•	00	+	18.		2	50.	00	=	1	9			250	00.
20.	Vermont Income If Line 19 is great	Tax after ter than I	r credits Line 16,	(SUBTRenter -0-)	RACT L	ine 19 fr	om Line 1	6 . 			2	0			1180	00.
21.	Child Care Contri	ibutions	for Self-	Employe	d individ	luals (see	instruction	is for a	ealculati	ion)	2	1				.00
22.	Use Tax for taxab including online p															-
23	Total Vermont Ta	ves (AD	D Lines	20 throu	ıgh 22)						2	3			1180	00
20.	Vermont Children's Trust Foundation	ixes (TID					reen Up Verm								al Contribution	-
24a.	00	+ 2	24b	50	.00	+ 24c.	25	00	+	24d		00	=	24e	75	00.
25.	Total of Vermont 7	Γaxes and	d Volunt	ary Cont	ributions	s (ADD I	Lines 23 an	nd 24e))		2	5.			1255	.00
																-
	2024 Vermont Ta							6a			0	U				
26b.	2024 Estimated T and/or payment m	ax paym ade with	ents, am 1 2024 ex	ount carr ktension.	ied forw	ard from	2023, 2	6b		20	0.00	0				
26c.	Refundable Credi Full-Year Reside	ts (Sched e nts- Line	dule IN-1 8; Part	112, Part - Year R e	II: esidents	-Line 12))2	26c		10	0.00	0				
26d.	2024 Vermont Re	al Estate	Withho	lding froi	n Form	RW-171	2	6d			0	0				
	2024 Nonresident (nonresident with	Estimat	ed Tax p	ayments												
26f.	Total Payments ar	nd Credi	ts (ADD	Lines 26	a throu	gh 26e).					20	óf			3000	00.
27.	Overpayment. If l	Line 25 i	is less th	an Line	26f, SUI	BTRAC	Γ Line 25 f	rom L	ine 26f	,	2	7.			1745	.00
	Refund to be cred															-
28b.	Refund to be cred	lited to 20	025 Prop	perty Tax	Bill		2	8b			0	U				
29.	REFUND AMOU)			2	9			1745	00.
30.	If Line 25 is mor See instructions o	e than L on tax due	.ine 26f,	subtract	Line 20	of from I	Line 25.				3	0				.00
31.	Interest and Pen						00									00
	Underpayment of (Worksheet IN-15			i 31 .	 		00	(<i>E</i>	ADD Li	nes 30 an	id 31) 3	2				.00
	or Amended Origi	inal refund	received	.00	Refund	d due now		.00	Original	payment		.00	Amou	int due now		.00
Unde	r penalties of perju			have exa				panyin				ents, and			y knowled	
	f, they are true, corr	ect and c	complete	. Preparei	rs canno	t use retu	Date (MM			Date of Birt	th (MMDI	YYYY)			phone Numbe	er
Ciar	nature (If a joint return, E	DOTU mus	t oign \				Date (MM	IDDVVV	V)	1031 Date of Birt				Doutimo Tolo	phone Numbe	or
Sigi	iature (ii a joint return, t	501H IIIus	t sign.)				Date (MIN	ז ז ז טטו	1)		•	71111)		Daytime rele	priorie ivuribe	ei
Paid	d Preparer's Signature									Date (MMD	DYYYY)			Preparer's Te	lephone Num	nber
Firm	n's Name (or yours if sel	lf-employed	d) and add	ress						Preparer's	SSN or F	TIN		FEIN		
	Check if the		ent of Taxe	es may disci	uss this re	turn with th	e preparer sh	own.		Keep a				Form II Page 2 Rev.	2 of 2	

2024 Schedule IN-112



Vermont Tax Adjustments and Credits

Taxpayer's Last Name

Please PRINT in BLUE or BLACK INK

MI

First Name

INCLUDE WITH FORM IN-111

.00

Taxpayer's Social Security Number

OSS	KAY		400008042	
PART I				
ADDITIONS TO FEDERAL AD	JUSTED GROSS INCOME			
1. Total interest and dividend incorobligations exempt from federal (reported on federal Form 1040)		60	00.00	
2. Interest and dividend income from			00.00	
3. Income from Non-Vermont Stat	e and Local Obligations (SUBTRACT L	ine 2 from Line 1) .	3.	5500.00
4. Bonus Depreciation Allowed un	der Federal Law for 2024		00	
5. Other (reserved)	5	RESERVED	00	
6. Total Additions (ADD Line 3 at	nd Line 4)	<u></u>	6.	5500.00
SUBTRACTIONS FROM FED	ERAL ADJUSTED GROSS INCO	OME		
7. Interest Income from U.S. Oblig	ations		00	
8. Capital Gains Exclusion (Schedu	ıle IN-153, Line 21)	20	00.00	
9. Adjustment for Prior Years' Bor	nus Depreciation9.		.00	
 Taxable Refunds of State and Lo (Reported on federal Form 1040 	ocal Income Taxes)10		00	

12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)		.00
13. Railroad Retirement income		.00
14. Bond/note interest income from (see below)	·	.00
VSAC Build America Vermont Telecom Authority Vermont Public Power Supply Authority	er.	
15a. For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans	8260	.00
15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21 15b.	2500	.00
15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0 All other filers, if AGI is greater than \$120,000, enter -0	5760	.00
16. Other (reserved)	VED	.00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

<u>7760</u>.00

 $\frac{-2260}{111442}.00$

Schedule IN-112 Page 1 of 2

5454

11. Medical Expense Deduction

Page 1 of 2 Rev. 10/24

Taxpayer's Last Name	Social Security Number
OSS	400008042



PART II

RE	FUNDABLE CREDITS					
Chil	d and Dependent Care Credit - Resident	and Part-Year Resident				
1.	1. Child and Dependent Care Credit (federal Form 2441, Line 11)					
2.	Vermont Child and Dependent Care Cro	2	.00			
Chil	d Tax Credit - Resident and Part-Year Ro	esident				
3.	Number of qualifying children List only children who qualify for Child Ta			3.	1	
	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth	
	BRATE	CELL	E	400558044	2024	
F	Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth	
	Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth	
	Child Tax Credit (MULTIPLY Line 3 your Adjusted Gross Income from Formed Income Tax Credit - Resident and Page 1	n ÏN-111, Line 1 is over \$125,000 art-Year Resident				
5.	Number of qualifying children from fed					
6.	Federal Earned Income Tax Credit. Enter amount from federal Form 1040					
7.	Vermont Earned Income Tax Credit: MULTIPLY Line 6 by 38% (0.38)					
Refu	ındable Tax Credits - Resident and Part	Year Resident				
8.	Total Vermont Refundable Tax Credits (ADD Lines 2, 4, and 7)					
Refu	undable Tax Credits Adjusted for Part-Yo	ear Residents				
9.	Enter amount from Schedule IN-113, Line 14B, Vermont Portion of Total Income					
10.	Enter amount from Schedule IN-113, Line 14A, Total Income					
11.						
12.	Total Vermont Refundable Credits Adju Enter this amount on Form IN-111, Lin	isted for Part-Year Residents. (MULT	TIPLY Line 8	by Line 11.)		



2024 Schedule IN-119

Vermont Tax Adjustments and Nonrefundable Credits



INCLUDE WITH FORM IN-111 Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
OSS	KAY		400008042

PART I ADJUSTMENTS TO VERMONT INCOME TAX		
ADDITIONS TO VERMONT TAX		
1. Tax on Qualified Plans including IRA, HSA, and MSA (reported on federal Form 1040, U.S. Individual Income Tax Return)	.00	
2. Recapture of Federal Investment Tax Credit (reported on Form 1040)		
3. Tax from federal Form 4972, Tax on Lump-Sum Distributions3.		0.0
4. ADD Lines 1 through 3	4	.00
5. MULTIPLY Line 4 by 24% (0.24)	00.	
6. Recapture of Vermont Credits (See instructions)6.	00.	
7. ADD Lines 5 and 6	7.	.00
SUBTRACTIONS FROM VERMONT TAX		
8. Credit for the Elderly or the Disabled (federal Schedule R)8.	.00	
9. Investment Tax Credit - Vermont-based only (See instructions)	.00	
10. Vermont Farm Income Averaging Credit (from worksheet in instructions)		
11. ADD Lines 8 through 10.	11.	.00
12. MULTIPLY Line 11 by 24% (0.24)	.00	
13. Vermont-based Solar Energy Credit carryforward13.	.00	
14. ADD Lines 12 and 13		.00
NET ADJUSTMENTS TO VERMONT TAX		
15. SUBTRACT Line 14 from Line 7. Enter on Form IN-111, Vermont Income Tax Return Line 9. This can be a negative number		00.

Taxpayer's Last Name	Social Security Number
OSS	400008042



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

_	ANT II VEIXIONAL INCOME	IAN OILEDI	10						
1.	Vermont Higher Education Investment (32 V.S.A § 5825a)	2024 Contribution eligible for credit							Credit
	See instructions	2500	.00		TIMES (X)	.10	=		250 .00
For	credits earned through an S-Corporation, L		, enter ı	name and Fl	EIN of the enti	ity			
	Nai	me of Entity						FEIN	
lf cr	edits from more than one business entity, f	II out a separate IN	I-119 fc	or each entity	' -				
		Column A Earned in 2024		PLUS (+)	<u>Colum</u> Carryfo			JALS =)	Column C
2.	Charitable Housing (32 V.S.A. § 5830c) 2A.		.00	21	B	•	00	2C	.00
3.	Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)		.00	31	3	·	00	3C	.00
4.	Research & Development (32 V.S.A. § 5930ii)		.00	41	3	•	00	4C	.00
	r approval required from Vermont Housin	g Finance Agency	for Lir	ne 5					
5.	Affordable Housing (32 V.S.A § 5930u)		.00	5I	3	•	00	5C	.00
6.	Historic Rehabilitation (32 V.S.A. § 5930cc(a)) 6A.		.00	6I	3	•	00	6C	00
7.	Facade Improvement (32 V.S.A. § 5930cc(b)) 7A.		.00	71	B	•	00	7C	.00
8.	Code Improvements (32 V.S.A. § 5930cc(c)) 8A.			81	3	•	00	8C	.00
9.	ADD Column C, Lines 1 through 8. If	no credit claimed	on Line	e 10, enter th	is amount on	Form IN	-111, Lin	ie 18 9. _	250 .00
	Credit Calculation Worksheet	1/22 37 5 4 6 55	201.)					10	00
	Vermont Entrepreneur's Seed Capital Fu								
11.	Enter adjusted Vermont income tax amount	ant from Form IN-	111, Li	ne 16				11	.00
12.	Enter credit for income tax paid to another	er state or Canadia	n provi	nce from Fo	rm IN-111, L	ine 17 .		12	.00
13.	SUBTRACT Line 12 from Line 11							13	.00
14.	Enter the lesser of Line 9 or Line 13							14	.00
15.	SUBTRACT Line 14 from Line 13. Th	e result cannot be l	ess tha	n zero				15	.00
16.	MULTIPLY Line 15 by 50% (0.50)							16	.00
17.	Enter the lesser of Line 10 or Line 16							17	.00
18.	Total Credits Allowable. ADD Lines 14	and 17						18	.00
19.	Total Income Tax Credits Available. If Enter this amount on Form IN-111, Line	Enter the lesser of I	Line 13	or Line 18.				19	.00

2024 Schedule IN-153

Vermont Capital Gains Exclusion Calculation



INCLUDE WITH FORM IN-111 Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	First Name	MI Taxpayer's Social Security Number		
OSS	KAY		400008042	

PART I. FLAT EXCLUSION		
1. Enter smaller of Line 15 or 16 from federal Form 1040, Schedule D		2000.00
 Enter amount from: 2a. Federal Form 1040, Schedule D, Line 182a. 	.00	
2b. Federal Form 1040, Schedule D, Line 19 2b.	.00	
3. Add Lines 2a and 2b.	3.	.00
4. Subtract Line 3 from Line 1	4	2000.00
If you filed federal Form 4952, complete Lines 5 through 7		
5. Enter amount from: 5a. Federal Form 4952, Line 4g5a.	.00	
5b. Federal Form 4952, Line 4e	.00	
5c. Multiply Line 5a by Line 5b and enter result here	5c	.00
5d. Federal Form 4952, Line 4b 5d.	.00	
5e. Federal Form 4952, Line 4e	.00	
6. Add Lines 5d and 5e; enter result here	6	.00
7. Divide Line 5c by Line 6; enter result here		.00
8. Subtract Line 7 from Line 4. Entry cannot be less than zero		2000.00
9. Enter the smaller of Line 8 or \$5,000	9	2000.00

Taxpayer's Last Name	Social Security Number
OSS	400008042



PART II. PERCENTAGE EXCLUSION

(Use this section only if you have eligible gains. See Technical Bulletin 60, Taxation of Gain on the Sale of Capital Assets, for more information or continue on to Part III.)

10. Enter the amount from Part I, Line 4**10.** .00 11. Enter amount of adjusted net capital gain from the sale of .00 Assets held for more than three years. Subtract Line 11 from .00 Enter the amount of net adjusted capital gain from the sale of the following assets held for more than three years 13a. Real estate or portion of real estate used as a primary **13b.** Depreciable personal property 13c. Stocks or bonds publicly traded or traded on an **14.** Add Lines 13a through 13c......**14.** ______**.00** 15. Subtract Line 14 from Line 12; enter result here. Entry cannot be less than zero. This is the amount .00 Line 16 Federal Form 4952 information. If no investment interest expense for ineligible assets was reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute Form 4952 to reflect only investment interest income for assets eligible for the capital gains exclusion. **16.** Enter amount from Part I, Line 7 or recomputed .00 PART III. CAPITAL GAINS EXCLUSION 2000.00

28000.00

2000.00

Federal Taxable Income

21. Enter the *smaller of* Line 19 or Line 20. This is your capital gains exclusion.

20. Multiply

Test 6:

Required Vermont Forms/Schedules: IN-111, IN-112, HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-8045
Name: Choc A Holic
Residency Status: Resident
Mailing Address: 133 State St
City: Montpelier

State: VT
Zip Code: 05601
Date of Birth: May 5, 1978

Filing Status: Married Filing Jointly

School District Code: 126

911 Address: 133 State Street
Spouse Name: Milk A Holic
Spouse SSN: 400-00-8080
Spouse Date of Birth: June 18, 1975

Return Information:

Federal AGI: 42000 Total VT Taxes: 568 VT Business Schedule C Profit: 32000 NH Business Schedule C Profit: 10000 800 2024 Estimated Payments: Refundable Credits: 1674 Refund to 2025 Property Tax Bill: 500 Refund Amount: 1270 Qualifying Child: 1

Qualifying Child #1: Mon E Holic 400-55-8047 09/23/2022

Qualifying Child from Federal EIC: 1
Child Care Contribution: 16
Use Tax: 120

SPAN: 405-126-12001

0.00% **Business Use:** Rental Use: 0.00% Improvements: None Domicile: Yes Claimed: No Selling: No Housesite Value: 350,000 Housesite Education Tax: 5,100

Housesite Municipal Tax: 3,200

Ownership Percentage: 100.00% Household Income: 43574

Other Person: Sam I Am 400-00-8048

Child Support: 8000

2024 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

- · ·	- (N	-	· · · (N I ·		1		0	
Taxpayer's Las	st Name		irst Name		MI		Security Number	Check if
HOLIC Spouse's/CU Partne	r'a Last Nama	CHOC	irst Name		A MI	40000	Security Number	Deceased
HOLIC	i S Last Name	MILK	IISt Name		A	40000		Check if
поште	Mailing Address (Number a	l	Box)				al Street Address o	Deceased n 12/31/2024
133 STATE ST		and officeritodd of Fe	DON		133			1 12/0 1/2024
City		State ZIP Co	de or Foreign Pos	tal Code	10.	<u> </u>	Foreign Country	
MONTPELIER		VT 056	01					
Vermont School District Code							DT.VEAD	
126	Vermont Residency Sta		(check one)	RESIDE	NT		RT-YEAR SIDENT	NONRESIDENT
	7,400) (\$14,85	I/CU Filing Jointly (0)		/CU Filing tely (\$7,400)		Head of Ho (\$11,100)		Qualifying Widow(er) (\$14,850)
2 Enter Healthcare Coverage (See instructions for code		AMENDED Return	With Reco Federal Re	mputed		COMPUTED turn	EXTENDED Return	FARMER / FISHERMAN
1. Federal Adjusted Gro	ss Income (federal For	rm 1040, Line 11)				1.		42000.00
2. Net Modifications to	Federal AGI (Schedule	e IN-112, Part I, L	ine 18)			2 . .		.00
3. Federal AGI with Mo	difications (ADD Line	es 1 and 2)				3.		42000.00
4. 2024 Vermont Standa Please see instru deduction boxes5. Personal Exemption:	ictions if you or your s on federal Form 1040 s:	pouse checked any l, page 1.	y standard					14850.00
5a. Enter "1" for yourself can claim you as a dep	endent spous	Enter "1" for your jointle or CU partner if no claim them as a depend	one can	depe	endents	ber of OTHER claimed on orm 1040		5d. Total Exemptions (ADD Lines 5a through 5c)
5a1	+ 5	5b. <u>1</u>	+	5	5c		=	5d2
5e. MULTIPLY Line 5d	l by \$5,100 (2024 Pers	sonal Exemption).				5e.		10200.00
6. ADD Lines 4 and 5e						6.		25050.00
7. Vermont Taxable Inco	ome (SUBTRACT Li	ne 6 from Line 3.	If less than ze	ero, enter ·	-0-)	7.		16950.00
8. Vermont Income Tax						8.		<u>568</u> .00
`	an \$150,000, see instr	,						0.0
9. Net Adjustment to Ve	ermont Tax (Schedule)	IN-119, Part I, Lin	ne 15)			9 . _.		.00
10. Vermont Income Tax	with Adjustment (AD	D Lines 8 and 9.	If less than ze	ro, enter -	0-)	10.		568.00
11. Tax-Deductible Charitab	ole Contribution	12. Multiply Line 11 by	7 5% (0.05) 1 :	3. Charitabl	e Contr	ribution		
(See instructions)	.00		.00	Deductio	n (Enter	r the lesser		.00
			00	OI LINE 12	01 \$ 1,0	100) 13.		00
14. Vermont Income Tax	(Line 10 MINUS Lin	e 13. If less than	zero, enter -0-)		14.		568.00
15. Income Adjustment (S	Schedule IN-113, Line	35, or 100.0000%	(o)				15	_00.0000 %
16. Adjusted Vermont Inc	come Tax (MULTIPL	Y Line 14 by Lin	ne 15)			16.		568.00
							-	INI 444
5454		Amount Due				.00	F	orm IN-111 Page 1 of 2 Rev. 10/24

Taxpayer's Last Name	Social Security Number
HOLIC	400008045

Amount from 568 **.00** Line 16

	Other State Credit (Schedu	, ,		ax Credits (Schedule	. ,		al Vermont Credits (A	,
					.00 =	19		
20.	Vermont Income Tax If Line 19 is greater th	after credits (SUBTRA an Line 16, enter -0-).				20		568.00
21.	Child Care Contribution	ons for Self-Employed	individuals (see	e instructions for	calculation)	21.		16 .00
22.		ems on which no sales nases. (See instructions						
23	Total Vermont Taxes	(ADD Lines 20 through	th 22)			23		704 .00
	Vermont Children's Trust Foundation	Vermont Veterans Fur						al Contributions
24a.	00 +	24b)0 + 24c.	00	+ 24d	.00	0 = 24e	.00
25.	Total of Vermont Taxe	s and Voluntary Contri	butions (ADD I	Lines 23 and 24e)	25		704.00
26a.	2024 Vermont Tax W	ithheld from W-2, 109	9	26a.		.00		
	2024 Estimated Tax p		ed forward from	2023,				
26c.	Refundable Credits (S		[:					
26d.	2024 Vermont Real E	state Withholding from	Form RW-171	26d		.00		
	2024 Nonresident Esti							
26f.	Total Payments and C	redits (ADD Lines 26a	through 26e).			26f		2474.00
27.	Overpayment. If Line	25 is less than Line 2	6f, SUBTRAC	Γ Line 25 from I	ine 26f	27		1770.00
28a.	Refund to be credited	to 2025 Estimated Tax	Payment	28a		500.00		
28b.	Refund to be credited	to 2025 Property Tax I	Bill	28b		.00		
29.	REFUND AMOUNT	(SUBTRACT Lines 2	8a and 28b fro	m Line 27)		29		1270.00
30.	If Line 25 is more that See instructions on tax	an Line 26f, subtract				30.		.00
31.	Interest and Penalty Underpayment of Es (Worksheet IN-152 or	timated Tax 31			MOUNT DUI ADD Lines 30			.00
	or Amended Original re	efund received .00	Refund due now	.00	Original payment	.0	Amount due now	.00
Unde	er penalties of perjury, I	declare that I have exan		and accompanyir	•	d statements,	and to the best of n	
	f, they are true, correct anature	and complete. Preparers	cannot use retu	Date (MMDDYYY	Y) Date of E	Birth (MMDDYYYY	<u> </u>	phone Number
Sigr	nature (If a joint return, BOTH	l must sign.)		Date (MMDDYYY) 51978 Birth (MMDDYYYY	') Daytime Tele	phone Number
Ů		,		, ,	061	81975		
Paid	d Preparer's Signature				Date (MI	MDDYYYY)	Preparer's To	elephone Number
Firm	n's Name (or yours if self-emp	oloyed) and address			Preparer	's SSN or PTIN	FEIN	
	Check if the Dep	partment of Taxes may discus	ss this return with th	e preparer shown.	-	a copy for ecords.	Form II Page Rev.	

2024 Schedule IN-112

Vermont Tax Adjustments and Credits

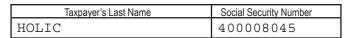
Please PRINT in **BLUE or BLACK INK**

INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
HOLIC	CHOC	A	400008045

PA	RT I				
	DITIONS TO FEDERAL ADJUSTED GROSS INCOME Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040)		00		
2.	Interest and dividend income from Vermont state and local obligations included in Line 1				
3.	Income from Non-Vermont State and Local Obligations (SUBTRA	CT Line 2 from Line 1)	3		00
4.	Bonus Depreciation Allowed under Federal Law for 2024		00		
5.	Other (reserved)	RESERVED	00		
6.	Total Additions (ADD Line 3 and Line 4)		6		00
SU	BTRACTIONS FROM FEDERAL ADJUSTED GROSS	NCOME			
7.	Interest Income from U.S. Obligations		00		
8.	Capital Gains Exclusion (Schedule IN-153, Line 21)		00		
9.	Adjustment for Prior Years' Bonus Depreciation9.		00		
	Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)				
11.	Medical Expense Deduction (see the worksheet in the instructions)		00		
12.	Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)		00		
13.	Railroad Retirement income		00		
14.	Bond/note interest income from (see below)		00		
	VSAC Build Vermont Telecom Authority	Vermont Public Power Supply Authority			
15a	. For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans		00		
15b	. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21 15b.		00		
15c	Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0 All other filers, if AGI is greater than \$120,000, enter -0		00		
16.	Other (reserved)	RESERVED	00		
17.	Total Subtractions (ADD Lines 7 through 14 and Line 15c)	<u></u>	17		00
NE	T MODIFICATIONS TO FEDERAL ADJUSTED GROSS	SINCOME			
18.	SUBTRACT Line 17 from Line 6 . Enter on Form IN-111, Line 2 This can be a negative number.		18	Schedule IN-112	00
				Page 1 of 2	

Page 1 of 2 Rev. 10/24





PART II

RE	FUNDABLE CREDITS				
Chil	d and Dependent Care Credit - Residen	t and Part-Year Resident			
1.	Child and Dependent Care Credit (fede	ral Form 2441, Line 11)		.1.	.00
2.	Vermont Child and Dependent Care Cr	edit (MULTIPLY Line 1 by 72% (0.	72))	2	.00
Chil	d Tax Credit - Resident and Part-Year R	esident			_
3.	Number of qualifying children List only children who qualify for Child T			3	1
	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
	HOLIC	MON	E	400558047	2022
	Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
	Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth
4.	Child Tax Credit (MULTIPLY Line 3 your Adjusted Gross Income from Formed Income Tax Credit - Resident and P	n IN-111, Line 1 is over \$125,000	t amount if	4	1000.00
5.	Number of qualifying children from fed			5	1
6.	Federal Earned Income Tax Credit. En	ter amount from federal Form 1040		6.	1773.00
7.	Vermont Earned Income Tax Credit: M	IULTIPLY Line 6 by 38% (0.38)			674 .00
Refu	ındable Tax Credits - Resident and Part	-Year Resident			
8.	Total Vermont Refundable Tax Credits Full-Year Residents: Enter this a Part-Year Residents: Complete l	8	1674.00		
Refu	indable Tax Credits Adjusted for Part-Y				
9.	Enter amount from Schedule IN-113, L	ine 14B, Vermont Portion of Total Inc	ome	9.	00
10.	Enter amount from Schedule IN-113, L	10	.00		
11.	Refundable Tax Credits Adjustment Pe MULTIPLY the result by 100)	11			
12.	Total Vermont Refundable Credits Adj Enter this amount on Form IN-111, Lir	usted for Part-Year Residents. (MULT	TPLY Line 8	B by Line 11.)	

2025 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2025. You may file up to Oct. 15, 2025, but the town may assess a penalty. For details on late filing, see instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes.

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A.

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2025. If your homestead is leased to a tenant on April 1, 2025, you may still claim it as a homestead if it is not leased for more than 182 days in the 2025 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name	First Nam	e	MI	Claimant's Social Security Number		
HOLIC	СНОС		A	400008045		
Spouse's/CU Partner's Last Name	First Nam	е	MI	Spouse's or CU Partner's Social Security Nu	umber	
HOLIC	MILK		А	400008046		
Mailing Address (Number a	nd Street/Road or PO Box)	<u> </u>		Claimant's Date of Birth (MMDDYYYY))	
133 STATE ST				05051978		
City	State	ZIP Code				
MONTPELIER	VT 0560	1				
Location of Homestead (Use a number, street/	oad name. Do not use a Po	Box or "same.")		City/Town of Legal Residence on April 1, 2025 a	nd State	
133 STATE ST				MONTPELIER	VT	
Federal Single	Married/CU Filing Jointly			Married/CU Hea	nd of usehold	
 A1. SPAN - REQUIRED (from the 2024/2025 p A2. Business Use of Dwelling A3. Rental Use of Dwelling A4. Business or Rental Use of Improvements of Not including the dwelling, are improvements. 	r Other Buildings			A2 A3	% %	
A5-A8 Special Situations (See instructions for more information). Check the following if it applies: A5. Grantor and sole beneficiary of a revocable trust owning the property A6. Life estate holder of the property A8. Residing in a dwelling on the homestead parcel owned by a related farmer.						

Please continue to Page 2, Section B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes

PO Box 1881

Montpelier, VT 05601-1881

2025 Form HS-122 Page 1 of 2

Rev. 10/24

5454

Claimant's Last Name	Social Security Number
HOLIC	400008045

UE DATE:	April 15, 2025. Generally, claims cannot be accepted after Oct. 15, 2025.	*	2	5	1	2	2	1	_
SECTIO	N B. PROPERTY TAX CREDIT (For Household Income up to \$115,000. Complete			ch	Sch	ned	ule	HI-	1

S	ECTION B.	For Househ	old Income up to \$115,0	00. Complete a		e HI-144.
	ualify, you must m eligibility question		ents for filing a homestead o	declaration in addit	ion to the following r	equirements.
B1.	Were you domici	led in Vermont al	l of calendar year 2024?	· · · Yes, Go to L	ine B2.	No, STOP.
B2.	Were you claimed	d as a dependent i	n 2024 by another taxpayer?.	Yes, STOP.		No, Go to Line B3.
В3.			nont housesite on or	Yes, STOP.		No, Continue
Amo	unts for Lines B4	through B6 are	found on the 2024/2025 prop	perty tax bill. Rou	nd amounts to the ne	arest dollar.
B4.	Housesite Value					350000.0
B5.	Housesite Educat	ion Tax				5100.0
В6.	Housesite Munici	ipal Tax				3200.0
B7.	Ownership Intere	st				B7100.00_9
						Check here if amended Schedule HI-144, Household Income, is include
Comj	plete the following	ONLY if applica	able from Form LRC-147, Par	rt B.		
B9.	For Profit Mobile	Home Lot Rent (Allocable Rent from Form LF	RC-147)		. 0
Not-l	For-Profit Mobile	Home Park, Co	operative, and Land Trust			
B10.	Allocated Educat	ion Tax			B1	.0
B11.	Allocated Munici					ıı .0
OR I	Property Tax from		erty if housesite has less than			
B12.	Contiguous prope	erty Education Tax	τ		B1	.0
B13.	Contiguous prope	erty Municipal Tax	ζ		B1	.0
			MAXIMUM CRE	DIT AMOUNT IS \$8	,000.	
			have examined this return and . Preparers cannot use return i			, and to the best of my knowledge a
	ature	,			Date (MMDDYYYY)	Daytime Telephone Number
Sign	ature (If a joint return,	BOTH must sign.)			Date (MMDDYYYY)	Daytime Telephone Number
Paid	Preparer's Signature				Date (MMDDYYYY)	Preparer's Telephone Number
Firm	's Name (or yours if se	lf-employed) and addr	ess		Preparer's SSN or PTIN	FEIN
		Check in	f the Department of Taxes may discus	ss this return with the pre	eparer shown.	2025 Form HS-122 Page 2 of 2



2024 Schedule HI-144

Haveahald beams

Household Income For the year Jan. 1 - Dec. 31, 2024

Please PRINT in BLUE or BLACK INK



This schedule must be included with the 2025 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
HOLIC	CHOC	А	400008045
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
HOLIC	MILK	А	05051978

List the names and Social Security Numbers of all other people (in addition to a Spouse or CU Partner) who had income and lived with you during 2024. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Check this box if you temporarily hosted a refugee, asylee, or asylum seeker in your home during 2024. Do not include their income on this form.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
AM	SAM	I	400008048
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant /Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People
a. Cash public assistance and relief (See instructions for exclusions) .	a00	00	.00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b00	00	00
c. Unemployment compensation/worker's compensation	c00	00	
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d00	00	.00
e. Interest and dividends	e00	00	
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f00	00	.00
g. Alimony and support money	g00	00	
h. Child support and cash gifts			
Please specify_CHILD_SUPPORT	h00	.00	800000
i. Business income. If the amount is a loss, enter -0 See instructions for offsetting a loss		00	00.
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0 See instructions for offsetting a loss	j00		00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions		00	00
l. Rental and royalty income. If the amount is a loss, enter -0 See instructions for offsetting a loss	100	00	.00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0 See Line m instructions for only exception to offset a loss	m00	00	.00
n. Other income (See instructions for examples of other income) Please specify	n00	00	00.
o. Total Income: ADD Lines a through n	42000 .00	.00	8000 .00

2024 Schedule HI-144 Page 1 of 2

Rev. 10/24

Claimant's Last Name	Social Security Number
HOLIC	400008045

p. See instructions. Enter Social Security and



3. Other People

2. Filing separately

1. Claimant /Claimant

Line d. Self-Employed: Enter self-employmen tax from federal Schedule SE. This entry may differ from W-2/1099 or federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144.	and jointly filed Spouse	Spouse or CU Partner	3. Other People	
Include W-2 and/or federal Schedule SE if not included with income tax filing p.	6426.00	.00	.00	
q. Child support paid. You must include proof of payment. See instructions q.		00	00	
Support paid to: Last Name	First Na	me MI	Social Secur	ity Number
r. Allowable adjustments from federal Form 1 r1. Business expenses for Reservistsr1. r2. Alimony paidr2. r3. Self-employed health insurance deductionr3. r4. Health Savings Account deductionr4.	.00	.00 .00 .00 .00	.00	
s. ADD Lines p, q, and total of Lines r1 through r4 for each columns.	6426 .00	.00	.00	
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0t.		00	800000	
u. ADD all three amounts from Line t. If a nega	ative amount, enter -0-			u. <u>43574</u> .00
v. Complete if born Jan. 1, 1960 and after. Enter interest and dividend income from Lines e and f				w00

HOMEOWNERS Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to \$115,000 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. Schedule HI-144 must be filed with Form HS-122.

The due date to file Form HS-122 is April 15, 2025. Homeowners filing a property tax credit, Form HS-122, Section B, and Schedule HI-144, between April 16 and Oct. 15, 2025, may still qualify for a Property Tax Credit. Generally, claims cannot be accepted after Oct. 15, 2025.

	CHILD CARE CONTRIBUTION WORKSHEET								
	Complete this worksheet if you have self-employment income reported on federal Form 1040, Schedule SE.								
1.	Enter the amount from federal Form 1040, Schedule SE, Line 6 1.	38787							
2.	Enter the amount of income reported on Line 1 that was earned for work performed outside of Vermont	10000							
3.	Subtract Line 2 from Line 1	28787							
4.	Multiply Line 3 by 0.5. This represents the amount of income reported on Line 3 earned before July 1, 2024. (Income earned between Jan. 1, 2024 and June 30, 2024 is excluded from the 2024 CCC calculation. If using an alternate method, please attach a written statement.)	14393.50							
5.	Subtract Line 4 from Line 3	14393.50							
6.	Multiply Line 5 by 0.11% (0.0011). Enter this amount on Form IN-111, Line 21	16							

Test 7:

Required Vermont Forms/Schedules: HS-122, HI-144

Taxpayer(s) Information:

Primary SSN: 400-00-8051
Name: Frank N Stein
Spouse SSN: 400-00-8090
Spouse Name: Annetta Stein
Mailing Address: 33 Spooky Lane
City: Woodstock

State: VT Zip Code: 05035

Date of Birth: October 31, 1955

Filing Status: Married

911 Adress: 33 Spooky Lane Woodstock, VT

Return Information:

SPAN: 786-250-10501

Business Use: 10% 30% Rental Use: Improvements: Yes Housesite Value: 425,000 Housesite Education Tax: 6,650 Housesite Municipal Tax: 3,500 Ownership Percentage: 100.00% Household Income: 108,000

2025 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



DUE DATE: April 15, 2025. You may file up to Oct. 15, 2025, but the town may assess a penalty. For details on late filing, see instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes.

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a 1) Homestead Declaration (Section A of this form), 2) Property Tax Credit Claim (Section B of this form), and 3) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

SECTION A.

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead. A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2025. If your homestead is leased to a tenant on April 1, 2025, you may still claim it as a homestead if it is not leased for more than 182 days in the 2025 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name		First Name	MI	Claimant's Social Secu	urity Number		
STEIN	FRANK			400008051			
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Soc	ial Security Number		
STEIN	TA		400008090				
Mailing Address (Number and Street/Road or PO Box)				Claimant's Date of Birth	(MMDDYYYY)		
33 SPOOKY LANE				10311955			
City	State	ZIP Code					
WOODSTOCK	VT	05035					
Location of Homestead (Use a number, street/	oad name.	Do not use a PO Box or "same.")		City/Town of Legal Residence on A	pril 1, 2025 and State		
33 SPOOKY LANE				WOODSTOCK	VT		
Federal Single		Married/CU Filing Jointly		Married/CU Filing Separately	Head of Household		
A1. SPAN - REQUIRED (from the 2024/2025 property tax bill). A1. 786 - 250 - 10501 A2. Business Use of Dwelling. A2							
A4. Business or Rental Use of Improvements or Other Buildings Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented?A4. Yes A5-A8 Special Situations (See instructions for more information). Check the following if it applies:							
AS-Ao Special Situations (See instructions for in	iore iiiior	mation). Check the following	; п п арр	nies.			
A5. Grantor and sole beneficiary of a revocable trust owning the property		☐ ^{A7} · (File a	a declarat	operty crosses town boundaries tion for each town.)			
A6. Life estate holder of the property Residing in a dwelling on the homestead parcel owned by a related farmer.							

Please continue to Page 2, Section B, for property tax credit. Sign on Page 2.

Mail to: Vermont Department of Taxes

5454

PO Box 1881

Montpelier, VT 05601-1881

2025 Form HS-122 Page 1 of 2

Rev. 10/24

Claimant's Last Name	Social Security Number
STEIN	400008051

DUE DATE: April 15, 2025. Generally, claims cannot be accepted after Oct. 15, 2025.

			2		

S	ECTION B.	PROPERTY TAX For Household Income up to \$115,000.			lo III 144	
		meet the requirements for filing a homestead decla	·			
ALL	eligibility question	ons must be answered.	Yes, Go to Li			
B1.	Were you domic	No, STOP.				
B2.	Were you claime	ed as a dependent in 2024 by another taxpayer?	Yes, STOP.		No, Go to Line	e B3.
В3.	Do you anticipat before April 1, 2	te selling this Vermont housesite on or 1025?	Yes, STOP.		No, Continue	
Amo	ounts for Lines B	4 through B6 are found on the 2024/2025 property	tax bill. Roun	nd amounts to the ne	earest dollar.	
B4.	Housesite Value	· · · · · · · · · · · · · · · · · · ·			B4	425000.00
B5.	Housesite Educa	ation Tax			B5	6650.00
B6.	Housesite Munic	cipal Tax			В6	3500.00
B7.	Ownership Inter	est			B7.	100.00 %
B8.		me (Schedule HI-144, Line z). ch Schedule HI-144				
Com	plete the followin	g ONLY if applicable from Form LRC-147, Part B.				
B9.	For Profit Mobil	e Home Lot Rent (Allocable Rent from Form LRC-1	47)		В9	.00
Not-	For-Profit Mobil	e Home Park, Cooperative, and Land Trust				
B10.	Allocated Educa	tion Tax		В	10	.00
B11.	Allocated Munic	cipal Tax		B	11	00.
OR I	Property Tax fron	n contiguous property if housesite has less than 2 ac	eres (See instru	ections.)		
B12.	Contiguous prop	perty Education Tax		В	12	00.
B13.	Contiguous prop	perty Municipal Tax		В	13	.00
		MAXIMUM CREDIT A	AMOUNT IS \$8,	,000.		
		ury, I declare that I have examined this return and accorrect, and complete. Preparers cannot use return inforr				of my knowledge and
	nature		lation for purpo	Date (MMDDYYYY)		e Telephone Number
Sigr	nature (If a joint return	, BOTH must sign.)		Date (MMDDYYYY)	Daytim	e Telephone Number
Paid	d Preparer's Signature)		Date (MMDDYYYY)	Prepare	er's Telephone Number
Firm	n's Name (or yours if s	elf-employed) and address		Preparer's SSN or PTIN	FEIN	



2024 Schedule HI-144

Household Income

For the year Jan. 1 - Dec. 31, 2024



Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2025 Property Tax Credit Claim (Form HS-122). Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
STEIN	FRANK	N	400008051
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY)
STEIN	ANNETTA		10311955

List the names and Social Security Numbers of all other people (in addition to a Spouse or CU Partner) who had income and lived with you during 2024. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other People" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Check this box if you temporarily hosted a refugee, asylee, or asylum seeker in your home during 2024. Do not include their income on this form.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant /Claim and jointly filed Spo		2. Filing separately Spouse or CU Partner	3. Other People
a. Cash public assistance and relief (See instructions for exclusions)	a	.00	00	00.
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable			00	<u>25000</u> .00
c. Unemployment compensation/worker's compensation	c. 24000	.00	00	24000 .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)			00	.00
e. Interest and dividends	e. 2500	.00	00	00.
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f.	.00	00	.00
g. Alimony and support money	g	.00	00	00
h. Child support and cash gifts				
Please specify	h	.00	00	.00
i. Business income. If the amount is a loss, enter -0 See instructions for offsetting a loss	i.	.00	00	.00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0 See instructions for offsetting a loss	j.	.00	00	.00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k .	.00	00	<u>7500</u> .00
1. Rental and royalty income. If the amount is a loss, enter -0 See instructions for offsetting a loss	. l.	.00	00	.00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0 See Line m instructions for only exception to offset a loss	m.	.00	00	.00
n. Other income (See instructions for examples of other income)				
Please specify	n	.00	00	.00
o. Total Income: ADD Lines a through n		.00	00	5650000

2024 Schedule HI-144

Page 1 of 2 Rev. 10/24

Claimant's Last Name	Social Security Number
STEIN	400008051



Carried forward from Line 0 51500 .00 _____.00 ____.00 ____.00

D. SEE HISH RELIGIOUS. PHILE SOCIAL SECURITY AND	. Claimant /Claimant nd jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other People				
if not included with income tax filing p.	.00	.00	.00				
q. Child support paid. You must include proof of payment. See instructions q.	.00	.00	.00				
Support paid to: Last Name	First Na	me MI	Social Secu	rity Number			
r. Allowable adjustments from federal Form 10		I	I	I			
r1. Business expenses for Reservists r1.	.00	.00	.00				
r2. Alimony paidr2.	.00	00	.00				
r3. Self-employed health insurance deduction	.00	00	00				
r4. Health Savings Account deduction r4.	.00	.00	.00				
s. ADD Lines p, q, and total of Lines r1 through r4 for each columns.	.00	00	.00				
t. SUBTRACT Line s from Line o of each column. If a negative amount, enter -0t.	51500.00	.00	5650000				
u. ADD all three amounts from Line t. If a negat	tive amount, enter -0-			.u. <u>108000</u> .00			
v. Complete if born Jan. 1, 1960 and after. Enter interest and dividend income from Lines e and f	.00	.00	.00				
$w_{\boldsymbol{\cdot}}$ ADD all three amounts from Line $v_{\boldsymbol{\cdot}}$				w00			
x. Asset Adjustment of Interest and Dividend Income (Lines e and f). Per 32 V.S.A. § 6061E							
y. SUBTRACT Line x from Line w. If Line x is more than Line w, enter -0							

HOMEOWNERS

Form HS-122, Homestead Declaration AND Property Tax Credit Claim, must be filed each year.

Homeowners with Household Income up to \$115,000 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. Schedule HI-144 must be filed with Form HS-122.

The due date to file Form HS-122 is April 15, 2025. Homeowners filing a property tax credit, Form HS-122, Section B, and Schedule HI-144, between April 16 and Oct. 15, 2025, may still qualify for a Property Tax Credit. Generally, claims cannot be accepted after Oct. 15, 2025.

Test 8: Cannabis with Farmer/Fisherman Return

Required Vermont Forms/Schedules: IN-111, IN-112, IN-113

Taxpayer(s) Information:

Primary SSN: 400-00-8052 Name: Tom A Too **Residency Status:** Non-Resident Mailing Address: 110 Bartlett St Hinsdale City: State: NH Zip Code: 03451 Filing Status: Single School District Code: 999

911 Address: 110 Bartlett St Date of Birth: July 4, 1985

Return Information:

Federal AGI: 343,666
VT Standard Deduction: 7,400
Personal Exemptions: 1

Income Adjustment Percentage: 98.7892% Use Tax: None

Total Interest and dividends exempt from

federal tax: 4,733

Interest and Dividends income from VT state

and local obligations: 178
Interest Income from U.S. Obligations: 240
Muni Bond: 4555
2024 VT Tax Withheld: 21850

IN-113

Other State Residency:

Federal Wages:

VT Wages:

Federal Taxable Interest:

Federal Ordinary Dividends:

Federal Capital gain/loss:

NH

339,505

23

5,732

-1594

Direct Debit Information:

Routing Number: 021212103 Checking Account Number: 358742618

2024 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

	(A I	F: 4N		MI I	0 110 11 11			
Taxpayer's Last Name First Name					Social Security Nun	nber C	heck if	
TOO TOM Spouse's/CU Partner's Last Name First Name					400008052		eceased	
Spouse's/CU Partner	's Last Name	First Name		MI	Social Security Nun	nber C	heck if	
					044/51		eceased	
		and Street/Road or PO Box)		911/Physical Street Address on 12/31/2024				
110 BARTLETT	ST	1 01 1 1 7 1 5 0 1		110 E	BARTLETT ST			
City		State ZIP Code or Fore	eign Postal Code		Foreign Co	ountry		
HINSDALE		NH 03451						
Vermont School District Code 999	Vermont Residency St	atus as of 12/31/2024 (check or	e) RESIDEN	Т	PART-YEAR RESIDENT	NONRI	ESIDENT	
Filing Status and Sir (\$7	ngle Married (\$14,85	50)	Married/CU Filing Separately (\$7,400)		Head of Household (\$11,100)	Qualifying Widov (\$14,850)	v(er)	
Enter Healthcare Coverag (See instructions for code		AMENDED W	ANNABIS ith Recomputed deral Return	RECOMF Return	PUTED EXTERNITE Return	NDED FAR	RMER / HERMAN	
 Federal Adjusted Gros Net Modifications to F 		rm 1040, Line 11)					66.00 15.00	
3. Federal AGI with Mod	difications (ADD Lin	es 1 and 2)			3	3479	<u>51</u> .00	
 4. 2024 Vermont Standar Please see instru- deduction boxes 5. Personal Exemptions 	ctions if you or your s on federal Form 104(pouse checked any standa	rd		4	74	<u>00.00</u>	
5a. Enter "1" for yourself can claim you as a depe	r no one andent spous	Enter "1" for your jointly filed se or CU partner if no one can aim them as a dependent	depend	r number of dents claime eral Form 10	ed on	5d. Total Exe (ADD Lines 5a the		
5a1	+	5b	+ 50		_ =	5d	_1	
5e. MULTIPLY Line 5d	by \$5,100 (2024 Per	sonal Exemption)			5e .	51	00.00	
6. ADD Lines 4 and 5e					6.	125	00.00	
7. Vermont Taxable Inco	ome (SUBTRACT Li	ne 6 from Line 3. If less	than zero, enter -0)-)	7.	3354	<u>81</u> .00	
8. Vermont Income Tax (If Line 1 is greater the	from tax table or tax i	rate schedule			8	238	<u>55</u> .00	
9. Net Adjustment to Ver					9.		.00	
•	`	,					 55 .00	
10. Vermont Income Tax			_	.)	10.	238	<u> </u>	
11. Tax-Deductible Charitab (See instructions)	le Contribution	12. Multiply Line 11 by 5% (0.05 \cdot	Deduction	(Enter the le	esser		.00	
	00		of Line 12 o	or \$1,000) .	13.		00	
14. Vermont Income Tax	(Line 10 MINUS Lir	ne 13. If less than zero, en	ter -0-)		14	238	<u>55</u> .00	
15. Income Adjustment (S	schedule IN-113, Line	35, or 100.0000%)			15	98.789	2_%	
16. Adjusted Vermont Inc	ome Tax (MULTIPI	Y Line 14 by Line 15)			16.	235	<u>66</u> .00	
.		Amount Due				Form IN-111 Page 1 of 2		
5454		(from Line 32)	1	716 .0 ()	Rev. 10/24		

(from Line 32)

Taxpayer's Last Name	Social Security Number
TOO	400008052

Amount from 23566 .00

	Other State Credit	*	. ,				ax Credits (Sche			•	-10		'ermont Credits (Ad	,
17.				+ DED 4			T. 16			=	19	•		00
20.	Vermont Incom If Line 19 is gre	eater than Li	ne 16, enter	BIKA (-0-)		ie 19 fr	om Line 16.				20	•		23566.00
21.	Child Care Con	ntributions fo	or Self-Emp	loyed i	ndividu	als (see	instructions f	or c	calcula	tion)	21			.00
22.	Use Tax for tax including online	able items of purchases.	n which no (See instruc	sales to	ax was o worksh	charged eet, and	chart)	Z n	heck to o Use Ta	certify ax is due.	OR 22	•		.00
23.	Total Vermont	Taxes (ADI	Lines 20 t	hrong	h 22)						23	_		23566.00
	Vermont Children's Trust Foundation		/ermont Vetera				reen Up Vermont							l Contributions
24a.	0	0 + 24	b	0	0 +	24c.	•	00	+	24d		.00	= 24e	.00
25.	Total of Vermon	nt Taxes and	Voluntary (Contrib	outions (ADD I	ines 23 and 2	24e))		25	•		23566.00
26a.	2024 Vermont	Tax Withhel	d from W-2	, 1099			26a			218	50.00)		
	2024 Estimated and/or payment	l Tax payme	nts, amount	carrie	d forwar	d from	2023,							
26c.	Refundable Cre Full-Year Resi	edits (Schedu idents-Line	ile IN-112, 8; Part-Ye a	Part II: i r Resi	dents-L	ine 12)	26c	· _			00)		
26d.	2024 Vermont	Real Estate \	Withholding	from	Form R	W-171	26d				.00)		
	2024 Nonreside (nonresident wi	ent Estimate	d Tax paym	ents										
26f.	Total Payments	and Credits	(ADD Line	es 26a	througl	h 26e).					26f	·		21850.00
27.	Overpayment. I	If Line 25 is	less than L	ine 26	f, SUBT	TRAC 7	Line 25 from	m L	ine 26	óf	27	•		.00
28a.	Refund to be cr	redited to 202	25 Estimate	d Tax	Paymen	t	28a	· _			00)		
28b.	Refund to be cr	redited to 202	25 Property	Тах В	ill		28b	· _			00)		
29.	REFUND AMO	DUNT (SUB	TRACT L	ines 28	Ba and 2	8b fro	m Line 27)				29	•		.00
30.	If Line 25 is m See instructions	ore than Li	ne 26f, sub	ract L	ine 26f	from I	Line 25.				30	L		1716 .00
31.	Interest and Po	enalty on					32					•		
	Underpaymen (Worksheet IN-			1			00	(/	ADD L	Lines 30 and	d 31) 32	•		<u> 1716</u> .00
		riginal refund re	eceived	.00	Refund d	lue now		00	Origina	al payment		.00	Amount due now	.00
	er penalties of per													y knowledge and
	f, they are true, connature	orrect and co	mpiete. Pre	parers	cannot t	ise retu	Date (MMDD			Date of Birth	n (MMDDY	YYY)		phone Number
Sig	nature (If a joint return	n, BOTH must	sign.)				Date (MMDD	YYY	Y)	Date of Birth			Daytime Tele	phone Number
Pai	d Preparer's Signatur	re .								Date (MMDI	DYYYY)		Preparer's Te	lephone Number
Firn	n's Name (or yours if	self-employed)	and address							Preparer's S	SSN or PT	IN	FEIN	

2024 Schedule IN-112

Vermont Tax Adjustments and Credits



INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
TOO	TOM	А	400008052

Please PRINT in BLUE or BLACK INK

PART I		
ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME		
1. Total interest and dividend income from all state and local obligations exempt from federal tax (reported on federal Form 1040)	<u>.00</u>	
2. Interest and dividend income from Vermont state and local obligations included in Line 1	<u>.00</u>	
3. Income from Non-Vermont State and Local Obligations (SUBTRACT Line 2 from Line 1)	3	4555.00
4. Bonus Depreciation Allowed under Federal Law for 2024	00	
5. Other (reserved)	00	
6. Total Additions (ADD Line 3 and Line 4)	6	4555.00
SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME		
7. Interest Income from U.S. Obligations	00.0	
8. Capital Gains Exclusion (Schedule IN-153, Line 21)	00	
9. Adjustment for Prior Years' Bonus Depreciation9.	00	
10. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)		
11. Medical Expense Deduction (see the worksheet in the instructions)		
12. Retirement Benefits Exempt from Taxation (see the worksheet in the instructions)		
13. Railroad Retirement income	00	
14. Bond/note interest income from (see below)	00	
VSAC Build Vermont Telecom Vermont Public Power Authority Supply Authority		
15a. For residents only - Enter the total student loan interest you paid in 2024 on qualified student loans	00	
15b. For residents only - Enter any student loan interest already deducted on federal Form 1040, Schedule 1, Line 21 15b.	00	
15c. Subtract Line 15b from Line 15a. If filing jointly and AGI is greater than \$200,000, enter -0 All other filers, if AGI is greater than \$120,000, enter -0	00	
16. Other (reserved)	00	
17. Total Subtractions (ADD Lines 7 through 14 and Line 15c)	17	240.00
NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME		
18. SUBTRACT Line 17 from Line 6 . Enter on Form IN-111, Line 2	18	
This can be a negative number.		Schedule IN-112 Page 1 of 2

Page 1 of 2 Rev. 10/24

Taxpayer's Last Name	Social Security Number
TOO	400008052



PART II

REI	FUNDABLE CREDITS				
Chil	d and Dependent Care Credit - Resident and	d Part-Year Resident			
1.	Child and Dependent Care Credit (federal F	Form 2441, Line 11)			.00
2.	Vermont Child and Dependent Care Credit	(MULTIPLY Line 1 by 72% (0.	72))		.00
Chil	d Tax Credit - Resident and Part-Year Resid	lent			
3.	Number of qualifying children List only children who qualify for Child Tax C			3	
	Qualifying Child #1 - Last Name	First Name	MI	Social Security Number	Year of Birth
	Qualifying Child #2 - Last Name	First Name	MI	Social Security Number	Year of Birth
	Qualifying Child #3 - Last Name	First Name	MI	Social Security Number	Year of Birth
4.	Child Tax Credit (MULTIPLY Line 3 by 9 your Adjusted Gross Income from Form IN	\$1,000). See instructions for cred: [-111, Line 1 is over \$125,000	it amount if	4	.00
Earr	ed Income Tax Credit - Resident and Part-	Year Resident			
5.	Number of qualifying children from federal	Schedule EIC			
6.	Federal Earned Income Tax Credit. Enter a	amount from federal Form 1040		6	.00
7.	Vermont Earned Income Tax Credit: MUL	TIPLY Line 6 by 38% (0.38)			.00
Refu	ndable Tax Credits - Resident and Part-Yea	ar Resident			
8.	Total Vermont Refundable Tax Credits (AI Full-Year Residents: Enter this amou Part-Year Residents: Complete Lines	int on Form IN-111, Line 26c.		8	00
Refu	ndable Tax Credits Adjusted for Part-Year	Residents			
9.	Enter amount from Schedule IN-113, Line	14B, Vermont Portion of Total Inc	come	.9.	.00
10.	Enter amount from Schedule IN-113, Line	14A, Total Income		10.	.00
11.	Refundable Tax Credits Adjustment Percen MULTIPLY the result by 100)	tage. (DIVIDE Line 9 by Line 10), then		
12.	Total Vermont Refundable Credits Adjusted Enter this amount on Form IN-111, Line 26	d for Part-Year Residents. (MUL)	ΓΙΡLΥ Line 8 by	y Line 11.)	.00

2024 Schedule IN-113

Vermont Income Adjustment Calculations

Nonresidents and Part-Year Residents Must Complete Parts I and II Full-Year Residents with Adjustments Complete only Part II

Please PRINT in BLUE or BLACK INK	
INCLUDE WITH FORM IN-111	

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
TOO	TOM	А	400008052

PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the Vermont portion in Column B. See instructions.

	Dates of Vermont residency in 2024	Name of State(s), Canadian province, or
From (MMDDYYYY):	To (MMDDVVVV).	country during non-Vermont residency (use standard 2-character abbreviation) NH

		A. Federal Amount \$		
1.	Wages, salaries, tips, etc	339505.00	1B	339505.00
2.	Taxable interest	23.00	2B	.00.
3.	Ordinary dividends	5732.00	3B	.00.
4.	Taxable IRAs, pensions, and annuities4A	.00.	4B	.00
5.	Taxable Social Security	.00.	5B	.00
6.	Taxable refunds of state and local income taxes 6A.	.00	6B	.00
7.	Alimony received	.00	7B	.00
8.	Business income or loss	.00	8B	.00
	Capital gain or loss9A		9B	.00.
	Rents, royalties, partnerships, S corporations, trusts, etc		10B	.00.
11.	Farm income or loss			.00.
	Unemployment compensation			.00.
	Other: Specify			.00
	TOTAL INCOME (ADD Lines 1 through 13)		14B	339505.00

Taxpayer's Last Name	Social Security Number
TOO	400008052



Column A. Column B. Federal Amount \$ **Vermont Portion \$ 15.** IRA, Keogh/SEP/SIMPLE .00 (Reported on federal Form 1040)..... 15A. ____ 15B. Spouse Self **16.** Student Loan Interest .00 17. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040) 17A. ______.00 17B. ______.00 **18.** Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040). 18A. ______.00 18B. ______.**.**00 19. Health Savings Account 19B. .00 **20.** Moving Expenses (Reported on Form 1040) . **20A.** _______**.00** 20B. .00 **21.** Penalty on Early Withdrawal of Savings (Reported on Form 1040)...... 21A._____.00 21B. ______.00 22. Alimony Paid (Reported on Form 1040) 22A. 22B. ______.00 23. Domestic Production Activities 23B. ______.**.**00 **24.** Educator Expenses and Tuition & Fees 24B. ______.00 **25.** Deductions not listed above but reported 25B. ______.00 **26. TOTAL ADJUSTMENTS** 26B. ______.00 29. Non-Vermont Income (SUBTRACT Line 28 from Line 27) PART II. Adjustment for Vermont Exempt Income and Military Exempt Income **30.** Adjusted Gross Income. If Part I completed, enter Line 27 amount. **31.** Non-Vermont Income (Line 29 above) **31.** _____ 4161.**00 32.** Military pay. Number of months on active duty (See instructions).....32._____.00 4161,00 35. INCOME ADJUSTMENT % (DIVIDE Line 34 by Line 30, MULTIPLY the result by 100 and carry the result out to the fourth decimal place.) Also enter on Form IN-111, Line 15 (See instructions).....35. ____98 .7892 %

Test 9

Required Vermont Forms/Schedules: IN-111, RCC-146

Taxpayer(s) Information:

Primary SSN: 400-00-8053 Name: Tax Payer

Mailing Address: 12 Hideaway Lane Apt 1

City: Bennington

State: VT Zip Code: 05201

911 Address: 12 Hideaway Lane Apt 1

School District Code: 015

Filing Status: Married Filing Separately

Residency Status: Resident
Date of Birth: March 4, 1991

Return Information:

Federal AGI: 35,000
Personal Exemptions: 3
Vermont Tax from Table: 412
Use Tax: 60
W-2 Withholding: 247

Renter Credit:

Pay Income Tax Liability: Yes

SPAN 051-015-12111

Domiciled: Yes
Claimed: No
Rented in VT 6 months or more: Yes
Share Rental: No
Rent Subsidized: No
Months Rented: 12

2024 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

1		Amount Due						rm IN-111 age 1 of 2
16. Adjusted Vermont Inc	come Tax (MULTIPL	Y Line 14 by Li	ine 15)			16.		
15. Income Adjustment (S	Schedule IN-113, Line	35, or 100.0000	%)				151	<u>00</u> . <u>0000</u> %
14. Vermont Income Tax	(Line 10 MINUS Lin	e 13. If less than	ı zero, enter -	0-)		14.		412.00
11. Tax-Deductible Charitak (See instructions)	ole Contribution	12. Multiply Line 11 b	oy 5% (0.05) .00	13. Charitab Deduction of Line 12	n (Enter t	he lesser		.00
10. Vermont Income Tax				zero, enter -	0-)	10.		412.00
9. Net Adjustment to Ve	ermont Tax (Schedule	IN-119, Part I, L	ine 15)			9.		.00
8. Vermont Income Tax (If Line 1 is greater th	from tax table or tax r nan \$150,000, see instr					8.		412.00
7. Vermont Taxable Inco	ome (SUBTRACT Lin	ne 6 from Line 3	3. If less than	zero, enter	-0-)	7.		12300.00
6. ADD Lines 4 and 5e			• • • • • • • • •			6.		22700.00
5e. MULTIPLY Line 5d	1 by \$5,100 (2024 Pers	sonal Exemption))			5e.		15300.00
5a1	+ 5	5b	+		5c	2	=	5d3
5a. Enter "1" for yourself can claim you as a dep	endent spous	Enter "1" for your joir se or CU partner if no aim them as a depen	one can	dep	iter numbe endents cl ederal Forr		(,	5d. Total Exemptions ADD Lines 5a through 5c)
4. 2024 Vermont Standa Please see instru- deduction boxes5. Personal Exemption	ctions if you or your s on federal Form 1040	pouse checked as	above ny standard			4 .		<u>7400</u> .00
3. Federal AGI with Mo		ŕ						
2. Net Modifications to								
-								
Federal Adjusted Gro	,,							
Enter Healthcare Coverage (See instructions for code	ge Code Check all that apply	AMENDED Return	CANNA With Re	ABIS ecomputed Return	REC	OMPUTED	EXTENDED Return	FARMER / FISHERMAN
	ngle Married 7,400) (\$14,85	/CU Filing Jointly 0)		ied/CU Filing rately (\$7,400)		Head of H		ualifying Widow(er) i14,850)
Vermont School District Code 015	Vermont Residency Sta	atus as of 12/31/202	4 (check one)	RESIDE	ENT		RT-YEAR SIDENT	NONRESIDENT
BENNINGTON			201				- coolgo coma,	
12 HIDEAWAY		State ZIP C	ode or Foreign F	Postal Code	12	HIDEAW.	AY LANE Foreign Country	
	Mailing Address (Number a	nd Street/Road or Po	O Box)			911/Physic	cal Street Address on	Deceased 12/31/2024
Spouse's/CU Partne	r's Last Name		First Name		MI	Social	Security Number	Check if
Taxpayer's Las	st Name	TAX	First Name		MI	4 0 0 0 0	Security Number 08053	Check if Deceased
Taynayar's La	et Name		Firet Name		ТМГ	Social	Security Number	1

Rev. 10/24

Taxpayer's Last Name	Social Security Number
PAYER	400008053

Amount from	410	.00
Line 16	412	.UU

	Other State Credit (Schedule IN-117, Line 21)	Vermont Ta	ax Credits (Schedule	e IN-119, Part II)		Total V	ermont Credits (Add L	ines 17 and 18)
17.	.00 +	18		.00	= 19.			.00
20.	Vermont Income Tax after credits (SUBTR. If Line 19 is greater than Line 16, enter -0-).	ACT Line 19 fr	om Line 16.		20.			412.00
21.	Child Care Contributions for Self-Employed	individuals (see	instructions for	calculation)	21.			.00
22.	Use Tax for taxable items on which no sales including online purchases. (See instructions	tax was charged, worksheet, and	, chart)	Check to certify	OR 22.			60.00
23.	Total Vermont Taxes (ADD Lines 20 through Vermont Children's Trust Foundation Vermont Veterans Fur						Total C	
24a.	00 + 24b	00 + 24c.	00	+ 24d.		.00	= 24e	.00
25.	Total of Vermont Taxes and Voluntary Contri	butions (ADD I	ines 23 and 24e)	25.			472.00
	2024 Vermont Tax Withheld from W-2, 109				00			
26b.	2024 Estimated Tax payments, amount carrie and/or payment made with 2024 extension.	ed forward from	2023, 26b. _		00			
26c.	Refundable Credits (Schedule IN-112, Part I Full-Year Residents-Line 8; Part-Year Residents-Line 8)	I: sidents-Line 12)	26c		00.			
26d.	2024 Vermont Real Estate Withholding from	Form RW-171	26d		.00			
	2024 Nonresident Estimated Tax payments (nonresident withholding) allocated on School							
26f.	Total Payments and Credits (ADD Lines 26a	through 26e).			26f.			247.00
27.	Overpayment. If Line 25 is less than Line 2	6f, SUBTRACT	Line 25 from I	Line 26f	27.			.00
28a.	Refund to be credited to 2025 Estimated Tax	Payment	28a		00			
28b.	Refund to be credited to 2025 Property Tax I	3ill	28b		00			
29.	REFUND AMOUNT (SUBTRACT Lines 2				29.			.00
30.	If Line 25 is more than Line 26f, subtract See instructions on tax due				30.			225.00
31.	Interest and Penalty on Underpayment of Estimated Tax 31		32. A	AMOUNT DU ADD Lines 30	E			225.00
F	(Worksheet IN-152 or IN-152A) or Amended Original refund received	Refund due now		Original paymen	t		Amount due now	
R	eturns Only:		.00			.00		.00
	r penalties of perjury, I declare that I have exan f, they are true, correct and complete. Preparers							nowledge and
_	nature		Date (MMDDYY)	Y) Date of	Birth (MMDDY)		Daytime Telepho	ne Number
Sigi	nature (If a joint return, BOTH must sign.)		Date (MMDDYY)		Birth (MMDDY)	YYY)	Daytime Telepho	ne Number
Paid	l Preparer's Signature			Date (M	IMDDYYYY)		Preparer's Telep	hone Number
Firn	n's Name (or yours if self-employed) and address			Prepare	er's SSN or PTIN	N	FEIN	
								• • • • • • • • • • • • • • • • • • • •

Check if the Department of Taxes may discuss this return with the preparer shown. $5\,4\,5\,4$

Keep a copy for your records.

Form IN-111 Page 2 of 2 Rev. 10/24

2024 Form RCC-146

For the year Jan. 1 - Dec. 31, 2024

Vermont Renter Credit Claim

Claimant's Last Nam			First Name		MI	1	mant's Social Se	curity Number	
PAYER	T2	AX				400008	053		
Spouse's/CU Partner's Las	st Name		First Name		MI	Spouse's or	CU Partner's So	ocial Security N	umber
Mailing A	Address (Number and St	treet/Ro	oad or PO Box)		_	Claima	ant's Date of Birth	h (MMDDYYYY	')
12 HIDEAWAY LAN	NE APT 1					030	41991		
City		tate	ZIP Cod	e			County of Ren	ital Unit	
BENNINGTON		VT	05201			BENNIN			
Vermont School District Code	Physical Address of F				Unit		Rental Unit on 1	2/31/2024 a	and State
015 12					1	BENNIN		2/01/2021	VT
	- IIIDEAWAI	шл.	1/17		L				VΙ
Federal Filing Status Single	Married/CU Filing Jointly		Married/CU Filing Separately	Head Hous	d of sehold	Will you be using to pay Income Ta		Yes	No
1. SPAN. To find your SPAN,	nlanca caa instructic	one				1 051	- 015	- 121	.11
o determine eligibility, answer q						1.			
• •			0249	Yes. Go	o to Questio	n 3.	No. STOP.	You are not el	liaible.
2. Were you domiciled in Verm	ont all of calendar y	ear 20	J24?	,					
3. Were you claimed as a depen	dent by another tax	payer	in 2024? 3.	Yes, ST	TOP. You ar	e not eligible.	No, Go to	Question 4.	
				Voc G	o to Question	. 5	□No STOP	You are not el	ligible
4. Did you rent in Vermont for s				165, 00	o to Question	13.	☐ NO, 310F.	Tou are not e	iigibie.
f you are eligible for a Renter Cr								Non	M _{No}
5. Did you share your rental uni	t with another adult	who	was <i>not</i> your jointly fil	led spo	ouse?		5 .	Yes	✓ No
								\square_{\vee}	
6. Was your rent subsidized?							6 .	Yes	√ No
			ent subsidized in 2024						
7. Number of months rented in 2	2024								12
8. Number of Personal Exemption							_		
(See the instructions if you di							8.		3
,		,					_		
9. Did you file a federal income	tax return? (See the	e inst	ructions if you answere	ed "No	o.")		9.	√ Yes	No
10. Total Income (from federal F	orm 1040, Line 9)						10	350	00.00
11. 75% of nontaxable Social Sec	curity benefits								
(from federal Form 1040, Lin	ie 6a minus Line 6b.	. Mul	tiply result by 0.75)				11 . _		00
12. Tax-exempt interest (from fee	deral Form 1040, Li	ine 2a)				12.		.00
13. Add back any negative amount							_		
(See instructions)							13.		.00
(_		
14. Total (ADD Lines 10 throug	şh 13)						14	350	00.00
Under penalties of perjury, I declare th	at I have examined this	s returi	n and accompanying sche	dules a	nd stateme	nts, and to the bes	t of my knowle	dge and belief	, they are true
correct, and complete. Preparers cann	ot use return informati	ion for	purposes other than prepare	aring re					
Signature					Date	(MMDDYYYY)	Day	time Telephone	Number
Signature (If a joint return, BOTH must	sign.)				Date	(MMDDYYYY)	Day	time Telephone	Number
Paid Preparer's Signature					Date	(MMDDYYYY)	Prep	oarer's Telepho	ne Number
						,		•	
Firm's Name (or yours if self-employed	I) and address				Prena	arer's SSN or PTIN	FEIN	V	
	,								
į.					1		1		

Test 10:

Required Vermont Forms/Schedules: RCC-146

Taxpayer(s) Information:

Primary SSN: 400-00-8056
Name: Snow C Flake
Residency Status: Resident
Mailing Address: PO Box 205
City: Bethel
State: VT
Zip Code: 05032

Date of Birth: September 12, 2002

Filing Status: Single School District Code: 019

911 Address: 11 N Rd Apt A

Town of Legal Residence: Bethel

Return Information:

Total Income: 20,000

SPAN: 063-019-10054

Number of Months Rented:12Exemptions:1Subsidized Rent:YesMonths Subsidized:3

2024 Form RCC-146

For the year Jan. 1 - Dec. 31, 2024

	_	-		-	-	_	_	

Vermont Renter Credit Claim

Claimant's Last Name		First Name		MI		ial Security Number	
FLAKE	SNOV	•		С	400008056		
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partne	er's Social Security	Number
	L			_	2		
Mailing Address (Number a	nd Street/F	Road or PO Box)		\dashv		of Birth (MMDDYYY	Y)
PO BOX 205	I 0/ /	I 710.0 1		_	11122002		
City	State	ZIP Code		\dashv		of Rental Unit	
BETHEL Vermont School District Code Physical Addres	VT	05032	11-4	\rightarrow	WINDSOR	4 40/24/2004	and Chaha
	s or Renta	l Unit on 12/31/2024	A Unit	\dashv	City/Town of Rental Uni BETHEL	11 011 12/3 1/2024	and State
019 11 N RD			А	-			VT
Federal Filing Status Single Married Filing J			ead of ousehold		Will you be using Renter Cr to pay Income Tax liability?	1 1/	√ No
4 CDAN TO COLOR CDAN I	. •				063 - 03	19 - 10	054
1. SPAN. To find your SPAN, please see instru To determine eligibility, answer questions 2 thro				1.	•		
2. Were you domiciled in Vermont all of calend	-	2024? 2. Yes,	, Go to Que	stion 3	3. No, 9	STOP. You are not	eligible.
3. Were you claimed as a dependent by another	taxpaye	r in 2024? 3. Yes,	, STOP. You	u are ı	not eligible. No, 0	Go to Question 4.	
4 Did you mout in Voumont for six months on m	ana in 20	1242 4 Yes.	, Go to Que	stion 5	5. No. 5	STOP. You are not	eliaible.
 Did you rent in Vermont for six months or m f you are eligible for a Renter Credit, complete 		,2-1	,				3
5. Did you share your rental unit with another a		_	snouse?			5	√ No
5. Did you share your rentar unit with another a	duit wiio	was not your jointry moun	вроиве			. <u> </u>	
6. Was your rent subsidized?						6. ✓ Yes	No
6a. If "Yes", how many months w	as your	rent subsidized in 2024?			6	a	3
7. Number of months rented in 2024						7	12
8. Number of Personal Exemptions claimed (from (See the instructions if you did not file Form						8	1
9. Did you file a federal income tax return? (Se	e the ins	tructions if you answered "	No.")			9. Yes	√ No
10. Total Income (from federal Form 1040, Line	9)				1	0	00.
11. 75% of nontaxable Social Security benefits						0.0	000 00
(from federal Form 1040, Line 6a minus Line	e 6b. Mu	ultiply result by 0.75)			1	120	000_000
12. Tax-exempt interest (from federal Form 1040	, Line 2	a)				2	00
13. Add back any negative amounts from federal							0.0
(See instructions)			• • • • • • •		1	3	00
14. Total (ADD Lines 10 through 13)					1	420	00.000
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			D	ate (N	MMDDYYYY)	Daytime Telephon	e Number
Signature (If a joint return, BOTH must sign.)			D	ate (N	MMDDYYYY)	Daytime Telephon	e Number
Paid Preparer's Signature			D	ate (N	MMDDYYYY)	Preparer's Teleph	one Number
Firm's Name (or yours if self-employed) and address			P	repare	er's SSN or PTIN	FEIN	

Test 11:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN: 400-00-8059
Name: Winnie T Pooh
Mailing Address: 13 Main St
City: Hardwick

State: VT
Zip Code: 05843
Filing Status: Single

Email: winniepooh12@gmail.com

Return Information:

Estimated Tax Liability: 2500
Previous Payments Made: 1000
Amount Paid with Extension: 1500

Direct Debit Information for Vermont:

Routing Number: 211672531 Checking Account Number: 75123123

Payment Date: Same as return

2024 Form IN-151

Vermont Application for Extension of Time to File Form IN-111



- This form must be filed if you are unable to file your Vermont Income Tax Return by the due date of April 15, 2025 and you are not filing a federal extension or if you are required to make an extension payment.
- An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and penalty accrue on any tax due from April 16 to the date the Department receives your payment of tax.
- **NOTE:** This extension does *not* apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 15 of the current year. Late-filed Homestead Declarations will be charged a late filing penalty up to 8% of the corrected education tax by the town.
- Did you know? You can file an extension online. Visit us on the web at myvtax.vermont.gov.

Taxpayer's Last Name	First Name		MI	Taxpayer's Social Security Number
POOH	WINNIE		Т	400008059
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number ar	d Street/Ro	ad or PO Box)		For Department Use Only
13 MAIN ST				
City	State	ZIP Code		
HARDWICK	VT	05843		
Foreign Country (if not United States)			Email Address	
	winniepooh12@	gmail	L.com	

TAX CALCULATION WORKSHEET

Use this worksheet to determine if you may owe Vermont tax.

1.	Estimated individual income tax liability 1.	250000	
2.	Previous payments	1000 .00	
3.	Amount of tax paid with extension	3.	1500.00

VERMONT PAYMENT OPTION

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make check payable to Vermont Department of Taxes and mail with this form to the address above.

Test 12:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN: 400-00-8058
Name: Val E Ball
Mailing Address: 23 Court St
City: Montpelier

State: VT Zip Code: 05602

Filing Status: Married Filing Jointly

Spouse Name: 400-00-8070

Email: doublebounce23@yahoo.com

Return Information:

Estimated Tax Liability: 600
Previous Payments Made: 600
Amount Paid with Extension: 0

2024 Form IN-151

Vermont Application for Extension of Time to File Form IN-111



- This form must be filed if you are unable to file your Vermont Income Tax Return by the due date of April 15, 2025 and you are not filing a federal extension or if you are required to make an extension payment.
- An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and penalty accrue on any tax due from April 16 to the date the Department receives your payment of tax.
- **NOTE:** This extension does *not* apply to Form HS-122, Vermont Homestead Declaration OR Property Tax Credit Claim. Form HS-122 is due April 15 of the current year. Late-filed Homestead Declarations will be charged a late filing penalty up to 8% of the corrected education tax by the town.
- Did you know? You can file an extension online. Visit us on the web at myvtax.vermont.gov.

Taxpayer's Last Name		First Name		Taxpayer's Social Security Number
BALL	VAL		Ε	400008058
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
BALL	SOCK		R	400008070
Mailing Address (Number an	ad or PO Box)		For Department Use Only	
23 COURT ST			. e. zepa	
City State		ZIP Code		
MONTPELIER VT		05601		
Foreign Country (if not United States)	Email Address		Email Address	
	doublebounce23	@yah	100.com	

TAX CALCULATION WORKSHEET

Use this worksheet to determine if you may owe Vermont tax.

1.	Estimated individual income tax liability1.	60000)
2.	Previous payments	60000)
3.	Amount of tax paid with extension		0.00

VERMONT PAYMENT OPTION

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make check payable to Vermont Department of Taxes and mail with this form to the address above.

Test 13:

Required Vermont Forms/Schedules: IN-114

Taxpayer(s) Information:

Primary SSN: 400-00-8060
Name: Oak Tree
Residency Status: Resident

Mailing Address: 12 Spruce Lane City: Northfield

State: VT Zip Code: 05663

Filing Status: Married Filing Jointly

Spouse SSN: 400-00-8061
Spouse Name: Pine A Tree

Return Information:

Estimated Payment Requirement: 1100
April 15, 2025 Payment: 200
June 16, 2025 Payment: 300
September 15, 2025 Payment: 500
January 15, 2026 Payment: 100

Direct Debit Information for Vermont:

Routing Number: 211672531 Checking Account Number: 75123123

Form IN-114



Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name	Taxpayer's Last Name First Name MI		MI	Taxpayer's Social Security Number
TREE	REE OAK		400008060	
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number
TREE	PINE A		400008061	
Mailing Address (Number and Street/Road or PO Box)			Tax Year	
12 SPRUCE LANE				2025
City	State	ZIP Code or Postal Code		
NORTHFIELD	VT	05663		Amount of
Foreign Country (i	this payment 200 .00			

5 4 5 4 Form IN-114
Rev.10/23

Pay your income taxes online

Did you know? You can make your estimated income tax payment online using ACH debit or your credit card. Visit us on the web at **myVTax.vermont.gov** and select "Make a Payment" to get started.

Underpayment Interest and Penalties

Vermont law states that you must pay during the calendar year through withholding, timely made estimated payments, or a combination of both, an amount equal to 100% of your prior year tax liability or 90% of your current year tax liability, whichever is less.

If you do not meet this requirement and owe more than \$500 when you file your personal income tax return, you will be assessed penalties and interest. The underpayment in each quarter is assessed from the estimated payment due date to the date the tax is paid.

Calculate your payment using the "Taxpayer's Worksheet." Record your payments.

Taxpayer's Worksheet - Keep for your records

	100% of 2024 Tax Liability divided by 4 \$	
	90% of 2025 Tax Liability (calculated below)	
Line 1	Estimated 2025 Vermont Taxable Income	\$
Line 2	Estimated 2025 Vermont Tax: Use 2025 preliminary tax schedules (See instructions)	\$
Line 3	Estimated 2025 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10	\$
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 154.	
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)5.	\$
Line 5a	Expected 2025 Vermont Tax Withholding	\$
Line 6	2025 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$

You can check the status of your estimated payments online at myVTax.vermont.gov under Payments,

Payment Due Dates

1st Quarter	APR 15, 2025
2nd Quarter	JUN 16, 2025
3rd Quarter	SEP 15, 2025
4th Quarter	JAN 15, 2026

Contacting the Department

Mail voucher and payment to:

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Web site Address: tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)

(802) 828-2865 (local and out-of-state)

Form IN-114

DEPT USE ONLY * 2 4 1 1 4 1 1 0 0 *

Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name First Name		MI	Taxpayer's Social Security Number	
TREE	OAK			400008060
Spouse's/CU Partner's Last Name	First Name MI		MI	Spouse's or CU Partner's Social Security Number
TREE	PINE A		A	400008061
Mailing Address (Number and Street/Road or PO Box)			Tax Year	
12 SPRUCE LANE				2025
City	State	ZIP Code or Postal Code		
NORTHFIELD	VT	VT 05663		Amount of
Foreign Country (i	this payment 300 .00			

5 4 5 4 Rev. 10/23

Pay your income taxes online

Did you know? You can make your estimated income tax payment online using ACH debit or your credit card. Visit us on the web at **myVTax.vermont.gov** and select "Make a Payment" to get started.

Underpayment Interest and Penalties

Vermont law states that you must pay during the calendar year through withholding, timely made estimated payments, or a combination of both, an amount equal to 100% of your prior year tax liability or 90% of your current year tax liability, whichever is less.

If you do not meet this requirement and owe more than \$500 when you file your personal income tax return, you will be assessed penalties and interest. The underpayment in each quarter is assessed from the estimated payment due date to the date the tax is paid.

Calculate your payment using the "Taxpayer's Worksheet." Record your payments.

Taxpayer's Worksheet - Keep for your records

	100% of 2024 Tax Liability divided by 4 \$ OR	
	90% of 2025 Tax Liability (calculated below)	
Line 1	Estimated 2025 Vermont Taxable Income	\$
Line 2	Estimated 2025 Vermont Tax: Use 2025 preliminary tax schedules (See instructions)	\$
Line 3	Estimated 2025 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10	\$
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 154.	
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)5.	\$
Line 5a	Expected 2025 Vermont Tax Withholding	\$
Line 6	2025 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$

You can check the status of your estimated payments online at myVTax.vermont.gov under Payments,

Payment Due Dates

1st Quarter	APR 15, 2025
2nd Quarter	JUN 16, 2025
3rd Quarter	SEP 15, 2025
4th Quarter	JAN 15, 2026

Contacting the Department

Mail voucher and payment to:

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Web site Address: tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)

(802) 828-2865 (local and out-of-state)

Form IN-114



Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name	MI	Taxpayer's Social Security Number	
TREE	OAK			400008060	
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number	
TREE	PINE		A	400008061	
Mailing Address (Number and Street/Road or PO Box)				Tax Year	
12 SPRUCE LANE			2025		
City	State	ZIP Code or Postal Code			
NORTHFIELD	VT	05663		Amount of	
Foreign Country (if not United States)			this payment 500 .00		

5 4 5 4 Rev.10/23

Pay your income taxes online

Did you know? You can make your estimated income tax payment online using ACH debit or your credit card. Visit us on the web at **myVTax.vermont.gov** and select "Make a Payment" to get started.

Underpayment Interest and Penalties

Vermont law states that you must pay during the calendar year through withholding, timely made estimated payments, or a combination of both, an amount equal to 100% of your prior year tax liability or 90% of your current year tax liability, whichever is less.

If you do not meet this requirement and owe more than \$500 when you file your personal income tax return, you will be assessed penalties and interest. The underpayment in each quarter is assessed from the estimated payment due date to the date the tax is paid.

Calculate your payment using the "Taxpayer's Worksheet." Record your payments.

Taxpayer's Worksheet - Keep for your records

	100% of 2024 Tax Liability divided by 4 \$ OR	
	90% of 2025 Tax Liability (calculated below)	
Line 1	Estimated 2025 Vermont Taxable Income	\$
Line 2	Estimated 2025 Vermont Tax: Use 2025 preliminary tax schedules (See instructions)	\$
Line 3	Estimated 2025 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10	\$
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 154.	
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)	\$
Line 5a	Expected 2025 Vermont Tax Withholding	\$
Line 6	2025 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$

You can check the status of your estimated payments online at myVTax.vermont.gov under Payments,

Payment Due Dates

1st Quarter	APR 15, 2025
2nd Quarter	JUN 16, 2025
3rd Quarter	SEP 15, 2025
4th Quarter	JAN 15, 2026

Contacting the Department

Mail voucher and payment to:

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Web site Address: tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)

(802) 828-2865 (local and out-of-state)

Form IN-114

DEPT USE ONLY * 2 4 1 1 4 1 1 0 0 *

Vermont Individual Income Estimated Tax Payment Voucher

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name	MI	Taxpayer's Social Security Number	
TREE	OAK			400008060	
Spouse's/CU Partner's Last Name		First Name	MI	Spouse's or CU Partner's Social Security Number	
TREE	PINE		A	400008061	
Mailing Address (Number and Street/Road or PO Box)				Tax Year	
12 SPRUCE LANE			2025		
City	State	ZIP Code or Postal Code			
NORTHFIELD	VT	05663		Amount of	
Foreign Country (if not United States)			this payment 100.00		

5 4 5 4 Form IN-114
Rev.10/23

Pay your income taxes online

Did you know? You can make your estimated income tax payment online using ACH debit or your credit card. Visit us on the web at **myVTax.vermont.gov** and select "Make a Payment" to get started.

Underpayment Interest and Penalties

Vermont law states that you must pay during the calendar year through withholding, timely made estimated payments, or a combination of both, an amount equal to 100% of your prior year tax liability or 90% of your current year tax liability, whichever is less.

If you do not meet this requirement and owe more than \$500 when you file your personal income tax return, you will be assessed penalties and interest. The underpayment in each quarter is assessed from the estimated payment due date to the date the tax is paid.

Calculate your payment using the "Taxpayer's Worksheet." Record your payments.

Taxpayer's Worksheet - Keep for your records

	100% of 2024 Tax Liability divided by 4 \$ OR	
	90% of 2025 Tax Liability (calculated below)	
Line 1	Estimated 2025 Vermont Taxable Income	\$
Line 2	Estimated 2025 Vermont Tax: Use 2025 preliminary tax schedules (See instructions)	\$
Line 3	Estimated 2025 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10	\$
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 154.	
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)	\$
Line 5a	Expected 2025 Vermont Tax Withholding	\$
Line 6	2025 Estimated Tax Liability (Line 5 minus Line 5a)6.	\$
Line 7	Quarterly payments due (Divide Line 6 by 4)	\$

You can check the status of your estimated payments online at myVTax.vermont.gov under Payments,

Payment Due Dates

1st Quarter	APR 15, 2025
2nd Quarter	JUN 16, 2025
3rd Quarter	SEP 15, 2025
4th Quarter	JAN 15, 2026

Contacting the Department

Mail voucher and payment to:

Vermont Department of Taxes PO Box 1779 Montpelier, VT 05601-1779

Web site Address: tax.vermont.gov

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)

(802) 828-2865 (local and out-of-state)