

VERMONT Fiduciary Income Tax Declaration for Electronic Filing

(See instructions in the Handbook on Fiduciary Income Tax Modernized e-File (MeF) for Tax Year 2024)

For office use only Date Received

Part I

Name of Estate or Trust, Address, City, State, ZIP Code, Telephone Number, Foreign Country, Email Address, Federal ID Number, Fiscal Year END Date

Part II Tax Return Information (whole dollars only)

1. Refund credited to next year 1. Refund amount. 2. Amount due 3.

DO NOT MAIL THIS FORM - KEEP THIS FORM AND REQUIRED ATTACHMENTS ON FILE FOR 3 YEARS

Part III Direct Deposit of Refund ACH Debit Payment Amount \$ Payment Date Routing transit number (RTN) Depositor account number (DAN) Type of account: Savings Checking

Part IV Declaration of Taxpayer By signing below, you agree that:

- Under penalties of perjury, I declare the information I provided to my Electronic Return Originator (ERO) and the amounts shown in Part II agree with the amounts shown on the corresponding lines of my Vermont Fiduciary Income tax return noted above, and is, to the best of my knowledge and belief, true, accurate and complete.
If making an ACH Debit Payment, I authorize the Department to withdraw funds from my account in the amount and on the date specified.
I consent to have the ERO forward my return, including this declaration and accompanying schedules and statements, to the Vermont Department of Taxes upon the Department's request.
If the Vermont Department of Taxes does not receive full and timely payment of the amount due, I am liable for the tax and any applicable charges.

Please Sign Here Your Signature Date Printed Name Title

Part V Declaration of Electronic Return Originator (ERO) Only

As an ERO, I am not responsible for review of the taxpayer's return but declare this form accurately reflects the data on the return. The taxpayer(s) signed this form before I submitted the return. I will give the taxpayer a copy of all forms and information to be filed with Vermont.

Electronic Return Originator's Use Only ERO's signature Date Check if: paid preparer self-employed Firm's name (or yours if self-employed) and address EIN Phone Number Email Address:

Part VI Declaration of Paid Preparer

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statement. To the best of my knowledge and belief, they are true, correct and complete. This declaration is based on all information of which I have knowledge.

Paid Preparer's Use Only Preparer's signature Date Check if self-employed Firm's name (or yours if self-employed) and address EIN Phone Number Email Address: