VT Form	VERMONT				For office use only			
Form 8879-VT				Date received	,			
Part I	Last Name	First Name and Initial			Enter Social S	ecurity Number (SSN)		
Remember	Spouse's Last Name (if different and joint return)	First Name and Initial			Enter Spouse's	SSN, if joint return		
to write in			E mail Address					
your Social Security	Current Mailing Address			E-mail Address				
Number	City or Town	5	State	Zip Code	Telephone Nur	nber		
					()		
	x Return Information (whole dollar axable Income				1			
	I Taxable Income 1. nt Taxable Income 2.							
	d VT Income Tax							
	Vermont Income Tax Withheld							
5. Vermont Earned Income Tax Credit								
6. Refund credited to next years estimated tax								
8. Refund Amount (check applicable box)								
🗌 Amo	unt Due				8			
→ DO NC	DT MAIL THIS FORM KEEP THI	S FORM AN	ID REQU	UIRED ATTA	CHMENTS ON FI	LE FOR 3 YEARS 🗲		
	<i>Form HS-122 For Vermont Residen</i> here if Property Tax Adjustment Claim filed	nts Only (c	heck b	ox)				
 Part V De Under pen agree with best of my If making I consent to of Taxes u If the Verm Please Sign Here	Int number (DAN) Claration of Taxpayer By signified alties of perjury, I declare the information I provide the amounts shown on the corresponding lines of knowledge and belief, true, accurate and complian an ACH Debit Payment, I authorize the Department o have the ERO forward my return, including this pon the Department's request. nont Department of Taxes does not receive full an <u>Vour Signature</u>	ng below, y vided to my Ele of my Vermon ete. nent to withdra is declaration a nd timely payn	you agr ectronic F t Corpora tw funds f and accom nent of the	Acturn Originato te or Business I from my accoun npanying schedu e amount due, I a	ype of account:	ed above, and is, to the on the date specified. o the Vermont Department		
	eclaration of Electronic Return Or							
	m not responsible for review of the taxpayer's n before I submitted the return. I will give the ta							
Electronic	ERO's	ixpayer a copy	01 411 101		Date	Check if: paid preparer		
Return	signature				EIN	self-employed		
Originator's	Firm's name (or yours if				EIN			
Use Only	self-employed) and address	If-employed) Phone Number						
	E-mail address:							
Under penalties	Declaration of Paid Preparer of perjury, I declare that I have examined the a belief, they are true, correct and complete. This							
Paid	Preparer's signature				Date	Check if self-employed		
Preparer's	Firm's name (or	(or EIN			EIN			
Use Only	yours ifself-employed)				Phone Number			
	and address							

E-mail address: