

Vermont Fiduciary Test Package for Tax Year 201



Case 1: FIT-161

Vermont Fiduciary Return of Income 2018 Form FIT-161



* 1 8 1 6 1 1 1 0 0 *

Enter dates in the format: "MMDDYYYY"

For 2018 or fiscal YEAR ending: _____

Name of Estate or Trust Marvin Brooks Estate			FEIN 033244556	Date of Death 04022017
Name of Fiduciary Lauren Brooks		Title of Fiduciary Executrix	Tax Year Begin Date 01012018	Tax Year End Date 12312018
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 State St.			State of Domicile at Death and/or Creation of Trust VT	
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE	<input type="checkbox"/> Bankruptcy Estate
City Montpelier			<input checked="" type="checkbox"/> Estate	<input type="checkbox"/> Grantor Trust
State VT			<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Irrevocable Trust
ZIP Code 05633-1401			For Department Use Only	
Foreign Country (if not United States)				

Check here if this is an EXTENDED return
 Check here if this is an AMENDED return
 Check here if this is your FINAL return

- A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . . Yes No
- B. Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both Line 2a and FIT-166, Part I Yes No
- C. Are any present or future trust beneficiaries skip persons? Yes No
- D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes No

1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	← Check to indicate loss	1	16000
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a	
2b. Bonus Depreciation allowed under federal law for 2017		2b	
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions)		2c	1100
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	← Check to indicate loss	3	17100
4a. Interest income from U.S. Obligations		4a	1000
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)		4b	
4c. Adjustment for prior years' Bonus Depreciation		4c	
4d. Add Lines 4a, 4b, and 4c.		4d	1000
5. Vermont taxable income (Line 3 minus Line 4d).	← Check to indicate loss	5	16100
6. Vermont tax from the tax rate schedule on page 2 of this form.		6	1160
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c).		7	
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)		8	
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8).		9	
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10	100 %

Name of Estate or Trust
Marvin Brooks Estate

FEIN
033244556



11. Adjusted tax (Multiply Line 10 by Line 11)	11	1160
12. Other states credit (from Schedule FIT-167, Line 21)	12	
13. Total Vermont taxes (Line 12 minus Line 13)	13	1160
14. Payment		
14a. Vermont Tax Withheld on 1099	14a	
14b. Estimated Tax or Extension Payments	14b	1200
14c. Vermont Real Estate Withholding Attach copy of Form RW-171 or Sch. K-1VT	14c	
14d. Nonresident Payments from Form Wh-435	14d	
14e. 2017 Overpayment Applied	14e	200
14f. Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e)	14f	1400
15. Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f	15	240
16. Amount of overpayment to be credited to 2019 Taxes	16	240
17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17	
18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18	

Vermont 2018 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer		03012019	8028286820
Lauren Brooks		Date (MMDDYY)	Daytime Telephone Number
Printed Name		lauren.brooks@gmail.com	
Preparer's Signature		03012019	Check if Self-Employed
Penny Lane		Date (MMDDYY)	
Preparer's Printed Name		penny.lane@gmail.com	
		Preparer's SSN or PTIN	
Lane & Lane, LLC 15 State St. Montpelier, VT 05602		066666666	8028282720
Firm's Name (or yours if self-employed) and address		FEIN	Preparer's Telephone Number

May the Department of Taxes discuss this return with the preparer shown? Yes No

Case 2: FIT-161 and FIT-166

Vermont Fiduciary Return of Income 2018 Form FIT-161



* 1 8 1 6 1 1 1 0 0 *

Enter dates in the format: "MMDDYYYY"

For 2018 or fiscal YEAR ending: _____

Name of Estate or Trust China Town Trust			FEIN 012345678	Date of Death
Name of Fiduciary Chin Chow		Title of Fiduciary Trustee	Tax Year Begin Date 01012018	Tax Year End Date 12312018
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 State St.			State of Domicile at Death and/or Creation of Trust VT	
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE	<input type="checkbox"/> Bankruptcy Estate
			<input type="checkbox"/> Estate	<input type="checkbox"/> Grantor Trust
			<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Irrevocable Trust
City Montpelier	State VT	ZIP Code 05602	For Department Use Only	
Foreign Country (if not United States)				

Check here if this is an EXTENDED return
 Check here if this is an AMENDED return
 Check here if this is your FINAL return

- A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . . **Yes** **No**
- B. Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both Line 2a and FIT-166, Part I **Yes** **No**
- C. Are any present or future trust beneficiaries skip persons? **Yes** **No**
- D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? **Yes** **No**

1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	← Check to indicate loss	1		20000
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a		800
2b. Bonus Depreciation allowed under federal law for 2017		2b		500
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions)		2c		1000
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	← Check to indicate loss	3		22300
4a. Interest income from U.S. Obligations		4a		300
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)		4b		
4c. Adjustment for prior years' Bonus Depreciation		4c		300
4d. Add Lines 4a, 4b, and 4c.		4d		600
5. Vermont taxable income (Line 3 minus Line 4d).	← Check to indicate loss	5		21700
6. Vermont tax from the tax rate schedule on page 2 of this form.		6		1653
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c).		7		
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)		8		200
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8).		9		1453
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10		57.66 %

Name of Estate or Trust
China Town Trust

FEIN
012345678



11. Adjusted tax (Multiply Line 10 by Line 11)	11	838
12. Other states credit (from Schedule FIT-167, Line 21)	12	
13. Total Vermont taxes (Line 12 minus Line 13)	13	838
14. Payment		
14a. Vermont Tax Withheld on 1099	14a	
14b. Estimated Tax or Extension Payments	14b	1000
14c. Vermont Real Estate Withholding Attach copy of Form RW-171 or Sch. K-1VT	14c	
14d. Nonresident Payments from Form Wh-435	14d	200
14e. 2017 Overpayment Applied	14e	450
14f. Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e)	14f	1650
15. Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f	15	812
16. Amount of overpayment to be credited to 2019 Taxes	16	600
17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17	212
18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18	

Vermont 2018 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer		03152019 Date (MMDDYY)	8028282720 Daytime Telephone Number
Chin Chow Printed Name		chin.chow@gmail.com Email Address (optional)	
Preparer's Signature		03152019 Date (MMDDYY)	<input type="checkbox"/> Check if Self-Employed
Penny Lane Preparer's Printed Name		P00099888 Preparer's SSN or PTIN	
Lane & Lane, LLC Firm's Name (or yours if self-employed) and address		0666666666 FEIN	8028282720 Preparer's Telephone Number

May the Department of Taxes discuss this return with the preparer shown? Yes No

Vermont Income Adjustments and Tax Computations for Fiduciaries 2018 Form FIT-166



Attach to Form FIT-161

Name of Estate or Trust China Town Trust	FEIN 012345678	Tax Year End Date (MMDDYYYY) 12312018
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PART I Taxable Municipal Bond Income

1. Total interest and dividend income from all state and local obligations exempt from federal tax (see Line-by-Line Instructions)	1	1000
2. Interest and dividend income from Vermont state and local obligations included in Line 1	2	200
3. INCOME FROM NON-VERMONT STATE AND LOCAL OBLIGATIONS TO BE ADDED TO VERMONT TAXABLE INCOME. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a.		
	3	800
4. If all municipal bond income was distributed, check here. <input type="checkbox"/>		

PART II ADDITIONS AND SUBTRACTIONS TO TAX

1. Additions to Vermont Tax		
1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)	1a	
1b. Recapture of federal investment credit (from federal Form 4255)	1b	
1c. Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 7.		1c
2. Subtractions from Vermont tax		
2a. Investment tax credit - Vermont-based only (from federal Form 3468)	2a	
2b. Multiply Line 2a by 24%	2b	
2c. Research & Development Credit, 32 V.S.A. § 5930d.	2c	200
2d. Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 8.		2d
		200



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Name of Estate or Trust China Town Trust	FEIN 012345678	Tax Year End Date (MMDDYYYY) 12312018
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PART III INCOME ADJUSTMENT CALCULATION
Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2018 From (MM DD YYYY) <input type="text"/> To (MM DD YYYY) <input type="text"/>		Name of state(s), Canadian province or country during non-Vermont residency (use standard 2-character abbreviation) <input type="text" value="MA"/>
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	A. Federal Amount \$		B. Vermont Portion \$	
1. Interest income	1A	2500	1B	2500
2. Total ordinary dividends	2A	1000	2B	1000
3. Business income (or loss)	<input type="checkbox"/> ← Check to indicate loss	3A	<input type="checkbox"/> ← Check to indicate loss	3B
4. Capital gain (or loss)	<input checked="" type="checkbox"/> ← Check to indicate loss	4A	<input checked="" type="checkbox"/> ← Check to indicate loss	4B
5. Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc.	<input type="checkbox"/> ← Check to indicate loss	5A	<input type="checkbox"/> ← Check to indicate loss	5B
6. Farm income (or loss)	<input type="checkbox"/> ← Check to indicate loss	6A	<input type="checkbox"/> ← Check to indicate loss	6B
7. Ordinary gain (or loss)	<input type="checkbox"/> ← Check to indicate loss	7A	<input type="checkbox"/> ← Check to indicate loss	7B
8. Other income (specify type of income) _____	<input type="checkbox"/> ← Check to indicate loss	8A	<input type="checkbox"/> ← Check to indicate loss	8B
9. Total income (Add Lines 1 through 8)	<input type="checkbox"/> ← Check to indicate loss	9A	<input type="checkbox"/> ← Check to indicate loss	9B
10. Adjustment percentage. Divide Line 9B by Line 9A. Express as a percentage, with two digits to the right of the decimal. Enter here and on Form FIT-161, Line 10.			10	57.66 %

Case : FIT-161 and FIT-162

Vermont Fiduciary Return of Income 2018 Form FIT-161



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Enter dates in the format: "MMDDYYYY"

For 2018 or fiscal YEAR ending: _____

Name of Estate or Trust Hubert Mann Trust			FEIN 03-6699887	Date of Death
Name of Fiduciary Strong Mann		Title of Fiduciary Trustee	Tax Year Begin Date 01012018	Tax Year End Date 12312018
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 State St.			State of Domicile at Death and/or Creation of Trust VT	
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE	
			<input type="checkbox"/> Estate	<input type="checkbox"/> Bankruptcy Estate
			<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Grantor Trust
City Montpelier	State VT	ZIP Code 05602	<input checked="" type="checkbox"/> Irrevocable Trust	
Foreign Country (if not United States)			For Department Use Only	

Check here if this is an EXTENDED return Check here if this is an AMENDED return Check here if this is your FINAL return

- A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . . Yes No
- B. Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both Line 2a and FIT-166, Part I Yes No
- C. Are any present or future trust beneficiaries skip persons? Yes No
- D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes No

1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	← Check to indicate loss	1	45000	
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a		
2b. Bonus Depreciation allowed under federal law for 2017		2b		
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions)		2c	8000	
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	← Check to indicate loss	3	53000	
4a. Interest income from U.S. Obligations		4a		
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)		4b	5000	
4c. Adjustment for prior years' Bonus Depreciation		4c		
4d. Add Lines 4a, 4b, and 4c.		4d	5000	
5. Vermont taxable income (Line 3 minus Line 4d).	← Check to indicate loss	5	48000	
6. Vermont tax from the tax rate schedule on page 2 of this form.		6	3968	
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c).		7		
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)		8		
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8).		9	3698	
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10	100	%

Name of Estate or Trust
Hubert Mann Trust

FEIN
03-6699887



11. Adjusted tax (Multiply Line 10 by Line 11)	11	3968
12. Other states credit (from Schedule FIT-167, Line 21)	12	
13. Total Vermont taxes (Line 12 minus Line 13)	13	3968
14. Payment		
14a. Vermont Tax Withheld on 1099	14a	
14b. Estimated Tax or Extension Payments	14b	2000
14c. Vermont Real Estate Withholding Attach copy of Form RW-171 or Sch. K-1VT	14c	5000
14d. Nonresident Payments from Form Wh-435	14d	
14e. 2017 Overpayment Applied	14e	
14f. Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e)	14f	7000
15. Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f	15	3032
16. Amount of overpayment to be credited to 2019 Taxes	16	3032
17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17	
18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18	

Vermont 2018 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer		04012019 Date (MMDDYY)	8028280000 Daytime Telephone Number
Strong Mann Printed Name		strong.mann@gmail.com Email Address (optional)	
Preparer's Signature		04012019 Date (MMDDYY)	<input type="checkbox"/> Check if Self-Employed
Penny Lane Preparer's Printed Name		P00099888 Preparer's SSN or PTIN	
Lane & Lane LLC Firm's Name (or yours if self-employed) and address		06-6666666 FEIN	8028281000 Preparer's Telephone Number

May the Department of Taxes discuss this return with the preparer shown? Yes No

Capital Gains Exclusion Calculation for Estates or Trusts 2018 Form FIT-162



Attach to Form FIT-161

Name of Estate or Trust Hubert Mann Trust	FEIN 03-6699887	Tax Year End Date (MMDDYYYY) 12312018
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PART I Flat Exclusion

1. Enter smaller of Line 18a(2) or 19(2) from federal Form 1041, Schedule D	1	38500
2. Enter amount from:		
2a. Federal Form 1041, Schedule D, Line 18b(2)	2a	2800
2b. Federal Form 1041, Schedule D, Line 18c(2)	2b	
3. Add Lines 2a and 2b	3	2800
4. Subtract Line 3 from Line 1. <i>Entry cannot be less than zero.</i>	4	35700
If you filed federal Form 4952, complete Lines 5 through 7		
5. Enter amount from:		
5a. Federal Form 4952, Line 4g	5a	
5b. Federal Form 4952, Line 4e	5b	
5c. Multiply Line 5a by Line 5b. Enter result here.	5c	
5d. Federal Form 4952, Line 4b	5d	
5e. Federal Form 4952, Line 4e	5e	
6. Add Lines 5d and 5e. Enter result here.	6	
7. Divide Line 5c by Line 6. Enter result here.	7	
8. Subtract Line 7 from Line 4. <i>Entry cannot be less than zero.</i>	8	35700
9. Enter the smaller of Line 8 or \$5,000	9	5000

(continued on next page)



Name of Estate or Trust Hubert Mann Trust	FEIN 03-6699887	Tax Year End Date (MMDDYYYY) 12312018
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PART II Percentage Exclusion

(Use this section only if you have eligible gains. See Technical Bulletin TB-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	35700
11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less	11	700
12. Assets held for more than three years. Subtract Line 11 from Line 10. Entry cannot be less than zero.	12	35000

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 or nonprimary home	13a	
13b. Depreciable personal property (except for farm property or standing timber)	13b	
13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments	13c	35000
14. Add Lines 13a through 13c	14	35000
15. Subtract Line 14 from Line 12. Enter result here. Entry cannot be less than zero. This is the amount of net capital gain eligible for exclusion.	15	0

Line 16 federal Form 4952 information. If no investment interest expense for ineligible assets reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute federal Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

16. Enter amount from Part I, Line 7, or recomputed federal Form 4952.	16	
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17. Subtract Line 16 from Line 15. Entry cannot be less than zero.	17	
18. Multiply Line 17 by 40%. Enter result here.	18	

PART III Capital Gain Exclusion

19. Enter the greater of Line 9 or Line 18	19	5000
20. Multiply <u>45000</u> x 40%. Enter result here. Federal Taxable Income from Form FIT-161, Line 1	20	18000
21. Enter the smaller of Line 19 or Line 20. This is the capital gain exclusion. Enter on Form FIT-161, Line 4b.	21	5000

Case : FIT-161 and FIT-16

Vermont Fiduciary Return of Income 2018 Form FIT-161



* 1 8 1 6 1 1 1 0 0 *

Enter dates in the format: "MMDDYYYY"

For 2018 or fiscal YEAR ending: _____

Name of Estate or Trust Estate of William Broom			FEIN 89-6541237	Date of Death 03/02/2018
Name of Fiduciary Milicent Peters		Title of Fiduciary Executrix	Tax Year Begin Date 01012018	Tax Year End Date 12312018
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 State St.			State of Domicile at Death and/or Creation of Trust VT	
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE	<input type="checkbox"/> Bankruptcy Estate
City Montpelier			<input checked="" type="checkbox"/> Estate	<input type="checkbox"/> Grantor Trust
State VT	ZIP Code 05602		<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Irrevocable Trust
Foreign Country (if not United States)			For Department Use Only	

Check here if this is an EXTENDED return Check here if this is an AMENDED return Check here if this is your FINAL return

- A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . . Yes No
- B. Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both Line 2a and FIT-166, Part I Yes No
- C. Are any present or future trust beneficiaries skip persons? Yes No
- D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes No

1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	<input type="checkbox"/> Check to indicate loss	1	50000	
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a		
2b. Bonus Depreciation allowed under federal law for 2017		2b	1000	
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions)		2c	2000	
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	<input type="checkbox"/> Check to indicate loss	3	53000	
4a. Interest income from U.S. Obligations		4a		
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)		4b		
4c. Adjustment for prior years' Bonus Depreciation		4c	500	
4d. Add Lines 4a, 4b, and 4c.		4d	500	
5. Vermont taxable income (Line 3 minus Line 4d).	<input type="checkbox"/> Check to indicate loss	5	52500	
6. Vermont tax from the tax rate schedule on page 2 of this form.		6	4364	
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c).		7		
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)		8		
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8).		9	4364	
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10	100	%

Name of Estate or Trust
Estate of William Broom

FEIN
89-6541237



11. Adjusted tax (Multiply Line 10 by Line 11)	11	4364
12. Other states credit (from Schedule FIT-167, Line 21)	12	1527
13. Total Vermont taxes (Line 12 minus Line 13)	13	2837
14. Payment		
14a. Vermont Tax Withheld on 1099	14a	1400
14b. Estimated Tax or Extension Payments	14b	
14c. Vermont Real Estate Withholding Attach copy of Form RW-171 or Sch. K-1VT	14c	
14d. Nonresident Payments from Form Wh-435	14d	
14e. 2017 Overpayment Applied	14e	
14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)	14f	1400
15. Overpayment: If Line 14 is less than Line 14f, subtract Line 14 from Line 14f	15	
16. Amount of overpayment to be credited to 2019 Taxes	16	
17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17	
18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18	1437

Vermont 2018 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer		04022019 Date (MMDDYY)	8028288000 Daytime Telephone Number
Milicent Peters Printed Name		milicent.peters@gmail.com Email Address (optional)	
Preparer's Signature		04022019 Date (MMDDYY)	<input checked="" type="checkbox"/> X Check if Self-Employed
Penny Lane Preparer's Printed Name		penny.lane@gmail.com Email Address (optional)	P00099888 Preparer's SSN or PTIN
Lane & Lane LLC Firm's Name (or yours if self-employed) and address		06-6666666 FEIN	8028282720 Preparer's Telephone Number

May the Department of Taxes discuss this return with the preparer shown? Yes No

Vermont Credit for Tax Paid to Another State or Canadian Province for Fiduciaries 2018 Form FIT-167



Attach to Form FIT-161

For Residents and Some Part-Year Residents Only

Name of Estate or Trust Estate of William Broom	FEIN 89-6541237	Tax Year End Date (MMDDYYYY) 12312019
--	--------------------	--

You must complete a separate Schedule FIT-167 for each state or Canadian province and attach a copy of the other state return. See instructions.

1. Name of state or Canadian province. Use standard two-letter abbreviation	1	TX	
2. Enter total income taxed in another state or Canadian province and also subject to Vermont tax	2	40000	
<input type="checkbox"/> Check to indicate loss			
3. 2018 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont	3		
4. Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont	4		
5. Add Lines 2 through 4. If negative, enter -0-	5	40000	
6. Bonus Depreciation subtracted from income in another state or Canadian province in TY 2018	6		
7. U.S. Government interest income	7		
8. Add Lines 6 and 7	8	40000	
9. Modified total income for income taxed in another state or Canadian province AND taxed in Vermont (Line 5 minus Line 8)	9		
10. Total income (from federal Form 1041, Line 9)	10	115000	
<input type="checkbox"/> Check to indicate loss			
11. Non-Vermont state/local obligations from Form FIT-161, Line 2a	11		
12. Bonus Depreciation from Form FIT-161, Line 2b	12		
13. Add Lines 10 through 12. If negative, enter -0-	13	115000	
14. U.S. Government interest income from Form FIT-161, Line 4a	14		
15. Bonus Depreciation from Form FIT-161, Line 4c	15		
16. Add lines 14 and 15	16		
17. Line 13 minus Line 16	17	115000	



* 1 8 1 6 7 1 2 1 0 0 *

Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
Estate of William Broom	89-6541237	12312019

18. Vermont income tax from Form FIT-161, Line 6	18	4364
19. Computed tax credit (Divide Line 9 by Line 17 and multiply result by Line 18). Result cannot be more than 100% of Vermont tax.		
$\frac{\text{Line 9}}{\text{Line 17}} \times \text{Line 18}$	19	1527
20. Income tax paid to another state or Canadian province based on modified total income from Line 9 above.	20	1650
21. VERMONT CREDIT for income tax paid to another state or Canadian province. Enter the lesser of Line 19 or Line 20. Also enter on Form FIT-161, Line 12.	21	1527

Case 5: FIT-161 and two -1 T-F

Vermont Fiduciary Return of Income 2018 Form FIT-161



* 1 8 1 6 1 1 1 0 0 *

Enter dates in the format: "MMDDYYYY"

For 2018 or fiscal YEAR ending: _____

Name of Estate or Trust Wonder Woman Trust			FEIN 30-5698745	Date of Death
Name of Fiduciary Super Man		Title of Fiduciary Trustee	Tax Year Begin Date 01012019	Tax Year End Date 12312019
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 State St.			State of Domicile at Death and/or Creation of Trust VT	
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE	<input type="checkbox"/> Bankruptcy Estate
			<input type="checkbox"/> Estate	<input type="checkbox"/> Grantor Trust
City Montpelier			<input type="checkbox"/> Revocable Trust	<input checked="" type="checkbox"/> Irrevocable Trust
State VT	ZIP Code 05602			
Foreign Country (if not United States)			For Department Use Only	

Check here if this is an EXTENDED return Check here if this is an AMENDED return Check here if this is your FINAL return

- A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . . Yes No
- B. Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both Line 2a and FIT-166, Part I Yes No
- C. Are any present or future trust beneficiaries skip persons? Yes No
- D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes No

1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	<input checked="" type="checkbox"/>	← Check to indicate loss	1	3000	
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)			2a		
2b. Bonus Depreciation allowed under federal law for 2017			2b		
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions)			2c		
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	<input checked="" type="checkbox"/>	← Check to indicate loss	3	3000	
4a. Interest income from U.S. Obligations			4a		
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)			4b		
4c. Adjustment for prior years' Bonus Depreciation			4c		
4d. Add Lines 4a, 4b, and 4c.			4d		
5. Vermont taxable income (Line 3 minus Line 4d).	<input checked="" type="checkbox"/>	← Check to indicate loss	5	3000	
6. Vermont tax from the tax rate schedule on page 2 of this form.			6		
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c).			7		
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)			8		
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8).			9		
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)			10	100	%

Name of Estate or Trust
Wonder Woman Trust

FEIN
30-5698745



11. Adjusted tax (Multiply Line 10 by Line 11)	11	0
12. Other states credit (from Schedule FIT-167, Line 21)	12	
13. Total Vermont taxes (Line 12 minus Line 13)	13	0
14. Payment		
14a. Vermont Tax Withheld on 1099	14a	
14b. Estimated Tax or Extension Payments	14b	
14c. Vermont Real Estate Withholding Attach copy of Form RW-171 or Sch. K-1VT	14c	
14d. Nonresident Payments from Form Wh-435	14d	
14e. 2017 Overpayment Applied	14e	
14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)	14f	0
15. Overpayment: If Line 14 is less than Line 14f, subtract Line 14 from Line 14f	15	0
16. Amount of overpayment to be credited to 2019 Taxes	16	
17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17	
18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18	0

Vermont 2018 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer		04022019 Date (MMDDYY)	8028282720 Daytime Telephone Number
Super Man Printed Name	super.man@gmail.com Email Address (optional)		
Preparer's Signature	04022019 Date (MMDDYY)	Check if Self-Employed	
Penny Lane Preparer's Printed Name	penny.lane@gmail.com Email Address (optional)		P00099888 Preparer's SSN or PTIN
Lane & Lane LLC Firm's Name (or yours if self-employed) and address	06-6666666 FEIN	8028288000 Preparer's Telephone Number	

May the Department of Taxes discuss this return with the preparer shown? Yes No

Vermont Beneficiary Information for Fiduciaries Schedule K-1VT-F



* 1 8 K 1 F 1 1 0 0 *

For the taxable period beginning _____, 20____, and ending _____, 20____.

**This schedule is REQUIRED
Attach to Form FIT-161**

Estate or Trust's Name Wonder Woman Trust	FEIN 30-5698745
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HEADER INFORMATION - REQUIRED ITEMS

Entity Name Blue		FEIN 30-5698745	
OR Individual Last Name (Beneficiary) Blue	First Name Baby	MI	OR Social Security Number 123456789
Address 140 Main St.		Recipient Type (I, C, S, L, P, X, or T) I	
Address, Line 2 (if needed)		Residency Status <input type="checkbox"/> VT Resident <input type="checkbox"/> Nonresident	
City Bethel	State VT	ZIP Code 05896	<input checked="" type="checkbox"/> Check here if this is your FINAL return
Foreign Country (if not United States)		Percentage of Estate's or Trust's income or loss to this recipient. Calculate percentage to two places to the right of the decimal point.	50.00 <input checked="" type="checkbox"/> %

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

VERMONT RESIDENT BENEFICIARY

1. Beneficiary's share of distributed net income allocated to Vermont	<input type="checkbox"/>	← Check to indicate loss	1	16000	
2. Interest / dividends from obligations of other states	<input type="checkbox"/>		2	2000	
3. Interest / dividends from U.S. obligations	<input type="checkbox"/>		3	1000	

VERMONT NONRESIDENT BENEFICIARY

4a. Interest income		4a			
4b. Dividend Income		4b			
4c. Business Income	<input type="checkbox"/>	← Check to indicate loss	4c		
4d. Capital gain or loss	<input type="checkbox"/>	← Check to indicate loss	4d		
4e. Partnership, S Corporation, LLC	<input type="checkbox"/>	← Check to indicate loss	4e		
4f. Rent, royalties, estates, trusts	<input type="checkbox"/>	← Check to indicate loss	4f		
4g. Farm income	<input type="checkbox"/>	← Check to indicate loss	4g		
4h. Other income	<input type="checkbox"/>	← Check to indicate loss	4h		
4i. Total nonresident income	<input type="checkbox"/>	← Check to indicate loss	4i		

PAYMENT INFORMATION

5. Total annual nonresident estimated payments allocated to this beneficiary			5	500	
6. Total annual real estate withholding payments allocated to this beneficiary			6		
7. Other payments allocated to this beneficiary			7		

Vermont Beneficiary Information for Fiduciaries Schedule K-1VT-F



* 1 8 K 1 F 1 1 0 0 *

For the taxable period beginning _____, 20____, and ending _____, 20____.

**This schedule is REQUIRED
Attach to Form FIT-161**

Estate or Trust's Name Wonder Woman Trust	FEIN 30-5698745
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HEADER INFORMATION - REQUIRED ITEMS

Entity Name Blue		FEIN 30-5698745	
OR Individual Last Name (Beneficiary) Blue	First Name Adult	MI	OR Social Security Number 456789123
Address 15 Shorten The Rd.		Recipient Type (I, C, S, L, P, X, or T) I	
Address, Line 2 (if needed)		Residency Status <input type="checkbox"/> VT Resident <input type="checkbox"/> Nonresident	
City Websterville	State VT	ZIP Code 05678	<input checked="" type="checkbox"/> Check here if this is your FINAL return
Foreign Country (if not United States)		Percentage of Estate's or Trust's income or loss to this recipient. Calculate percentage to two places to the right of the decimal point.	50.00 <input checked="" type="checkbox"/> %

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

VERMONT RESIDENT BENEFICIARY

1. Beneficiary's share of distributed net income allocated to Vermont	<input type="checkbox"/>	← Check to indicate loss	1	16000	
2. Interest / dividends from obligations of other states	<input type="checkbox"/>		2	2000	
3. Interest / dividends from U.S. obligations	<input type="checkbox"/>		3	1000	

VERMONT NONRESIDENT BENEFICIARY

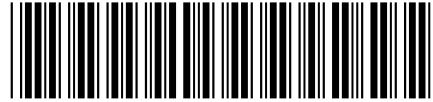
4a. Interest income		4a			
4b. Dividend Income		4b			
4c. Business Income	<input type="checkbox"/>	← Check to indicate loss	4c		
4d. Capital gain or loss	<input type="checkbox"/>	← Check to indicate loss	4d		
4e. Partnership, S Corporation, LLC	<input type="checkbox"/>	← Check to indicate loss	4e		
4f. Rent, royalties, estates, trusts	<input type="checkbox"/>	← Check to indicate loss	4f		
4g. Farm income	<input type="checkbox"/>	← Check to indicate loss	4g		
4h. Other income	<input type="checkbox"/>	← Check to indicate loss	4h		
4i. Total nonresident income	<input type="checkbox"/>	← Check to indicate loss	4i		

PAYMENT INFORMATION

5. Total annual nonresident estimated payments allocated to this beneficiary			5	500	
6. Total annual real estate withholding payments allocated to this beneficiary			6		
7. Other payments allocated to this beneficiary			7		

Case 6: FIT-161, FIT-162 and -1 T-F

Vermont Fiduciary Return of Income 2018 Form FIT-161



* 1 8 1 6 1 1 1 0 0 *

Enter dates in the format: "MMDDYYYY"

For 2018 or fiscal YEAR ending: _____

Name of Estate or Trust Diamond State Trust			FEIN 50-6699885	Date of Death
Name of Fiduciary April May		Title of Fiduciary Trustee	Tax Year Begin Date 01012018	Tax Year End Date 12312018
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 State St.			State of Domicile at Death and/or Creation of Trust NH	
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE	<input type="checkbox"/> Bankruptcy Estate
			<input type="checkbox"/> Estate	<input type="checkbox"/> Grantor Trust
City Montpelier			<input type="checkbox"/> Revocable Trust	<input checked="" type="checkbox"/> Irrevocable Trust
State VT	ZIP Code 05602			
Foreign Country (if not United States)			For Department Use Only	

Check here if this is an EXTENDED return Check here if this is an AMENDED return Check here if this is your FINAL return

- A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . . **Yes** **No**
- B. Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both Line 2a and FIT-166, Part I **Yes** **No**
- C. Are any present or future trust beneficiaries skip persons? **Yes** **No**
- D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? **Yes** **No**

1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	← Check to indicate loss	1	35000	
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a		
2b. Bonus Depreciation allowed under federal law for 2017		2b		
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions)		2c	2300	
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	← Check to indicate loss	3	37300	
4a. Interest income from U.S. Obligations		4a		
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)		4b	14000	
4c. Adjustment for prior years' Bonus Depreciation		4c		
4d. Add Lines 4a, 4b, and 4c.		4d		
5. Vermont taxable income (Line 3 minus Line 4d).	← Check to indicate loss	5	23300	
6. Vermont tax from the tax rate schedule on page 2 of this form.		6	1794	
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c).		7		
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)		8		
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8).		9	1794	
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10	100	%

Name of Estate or Trust
Diamond State Trust

FEIN
50-6699885



11. Adjusted tax (Multiply Line 10 by Line 11)	11	1794
12. Other states credit (from Schedule FIT-167, Line 21)	12	
13. Total Vermont taxes (Line 12 minus Line 13)	13	
14. Payment		
14a. Vermont Tax Withheld on 1099	14a	
14b. Estimated Tax or Extension Payments	14b	2000
14c. Vermont Real Estate Withholding Attach copy of Form RW-171 or Sch. K-1VT	14c	
14d. Nonresident Payments from Form Wh-435	14d	
14e. 2017 Overpayment Applied	14e	
14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)	14f	2000
15. Overpayment: If Line 14 is less than Line 14f, subtract Line 14 from Line 14f	15	206
16. Amount of overpayment to be credited to 2019 Taxes	16	
17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17	206
18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18	

Vermont 2018 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer	06302019 Date (MMDDYY)	8028288000 Daytime Telephone Number
April May Printed Name	april.may@gmail.com Email Address (optional)	
Preparer's Signature	06302019 Date (MMDDYY)	<input type="checkbox"/> Check if Self-Employed
Penny Lane Preparer's Printed Name	penny.lane@gmail.com Email Address (optional)	
		P00099888 Preparer's SSN or PTIN
Lane & Lane LLC Firm's Name (or yours if self-employed) and address	06-6666666 FEIN	8028282720 Preparer's Telephone Number

May the Department of Taxes discuss this return with the preparer shown? Yes No

Capital Gains Exclusion Calculation for Estates or Trusts 2018 Form FIT-162



Attach to Form FIT-161

Name of Estate or Trust Diamond State Trust	FEIN 50-6699885	Tax Year End Date (MMDDYYYY) 12312018
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PART I Flat Exclusion

1. Enter smaller of Line 18a(2) or 19(2) from federal Form 1041, Schedule D	1	135000
2. Enter amount from:		
2a. Federal Form 1041, Schedule D, Line 18b(2)	2a	
2b. Federal Form 1041, Schedule D, Line 18c(2)	2b	
3. Add Lines 2a and 2b	3	0
4. Subtract Line 3 from Line 1. <i>Entry cannot be less than zero.</i>	4	135000
If you filed federal Form 4952, complete Lines 5 through 7		
5. Enter amount from:		
5a. Federal Form 4952, Line 4g	5a	
5b. Federal Form 4952, Line 4e	5b	
5c. Multiply Line 5a by Line 5b. Enter result here.	5c	0
5d. Federal Form 4952, Line 4b	5d	
5e. Federal Form 4952, Line 4e	5e	
6. Add Lines 5d and 5e. Enter result here.	6	0
7. Divide Line 5c by Line 6. Enter result here.	7	
8. Subtract Line 7 from Line 4. <i>Entry cannot be less than zero.</i>	8	135000
9. Enter the smaller of Line 8 or \$5,000	9	5000

(continued on next page)



Name of Estate or Trust Diamond State Trust	FEIN 50-6699885	Tax Year End Date (MMDDYYYY) 12312018
--	--------------------	--

PART II Percentage Exclusion

(Use this section only if you have eligible gains. See Technical Bulletin TB-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	135000
11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less	11	
12. Assets held for more than three years. Subtract Line 11 from Line 10. Entry cannot be less than zero.	12	135000

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 or nonprimary home	13a	
13b. Depreciable personal property (except for farm property or standing timber)	13b	
13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments	13c	90000
14. Add Lines 13a through 13c	14	90000
15. Subtract Line 14 from Line 12. Enter result here. Entry cannot be less than zero. This is the amount of net capital gain eligible for exclusion.	15	45000

Line 16 federal Form 4952 information. If no investment interest expense for ineligible assets reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute federal Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

16. Enter amount from Part I, Line 7, or recomputed federal Form 4952.	16	
--	----	--

17. Subtract Line 16 from Line 15. Entry cannot be less than zero.	17	
18. Multiply Line 17 by 40%. Enter result here.	18	18000

PART III Capital Gain Exclusion

19. Enter the greater of Line 9 or Line 18	19	18000
20. Multiply <u>35000</u> x 40%. Enter result here. Federal Taxable Income from Form FIT-161, Line 1	20	14000
21. Enter the smaller of Line 19 or Line 20. This is the capital gain exclusion. Enter on Form FIT-161, Line 4b.	21	14000

Vermont Beneficiary Information for Fiduciaries Schedule K-1VT-F



* 1 8 K 1 F 1 1 0 0 *

For the taxable period beginning _____, 20____, and ending _____, 20____.

**This schedule is REQUIRED
Attach to Form FIT-161**

Estate or Trust's Name Diamond State Trust	FEIN 50-6699885
--	---------------------------

HEADER INFORMATION - REQUIRED ITEMS

Entity Name Diamond State Trust		FEIN 50-6699885
OR Individual Last Name (Beneficiary) May	First Name April	MI OR Social Security Number 009999999
Address 133 State St. Address, Line 2 (if needed)		Recipient Type (I, C, S, L, P, X, or T) I
City Manchester		Residency Status <input type="checkbox"/> VT Resident <input checked="" type="checkbox"/> Nonresident
State NH	ZIP Code 03012-1401	Check here if this is your FINAL return <input type="checkbox"/>
Foreign Country (if not United States)	Percentage of Estate's or Trust's income or loss to this recipient. Calculate percentage to two places to the right of the decimal point.	100 %

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

VERMONT RESIDENT BENEFICIARY

1. Beneficiary's share of distributed net income allocated to Vermont	<input type="checkbox"/> ← Check to indicate loss	1	
2. Interest / dividends from obligations of other states		2	
3. Interest / dividends from U.S. obligations		3	

VERMONT NONRESIDENT BENEFICIARY

4a. Interest income		4a	
4b. Dividend Income		4b	
4c. Business Income	<input type="checkbox"/> ← Check to indicate loss	4c	
4d. Capital gain or loss	<input type="checkbox"/> ← Check to indicate loss	4d	
4e. Partnership, S Corporation, LLC	<input type="checkbox"/> ← Check to indicate loss	4e	
4f. Rent, royalties, estates, trusts	<input type="checkbox"/> ← Check to indicate loss	4f	12000
4g. Farm income	<input type="checkbox"/> ← Check to indicate loss	4g	
4h. Other income	<input type="checkbox"/> ← Check to indicate loss	4h	
4i. Total nonresident income	<input type="checkbox"/> ← Check to indicate loss	4i	12000

PAYMENT INFORMATION

5. Total annual nonresident estimated payments allocated to this beneficiary		5	
6. Total annual real estate withholding payments allocated to this beneficiary		6	1200
7. Other payments allocated to this beneficiary		7	

Case : FIT-161, FIT-162, FIT-166 and FIT-16

Vermont Fiduciary Return of Income 2018 Form FIT-161



* 1 8 1 6 1 1 1 0 0 *

Enter dates in the format: "MMDDYYYY"

For 2018 or fiscal YEAR ending: _____

Name of Estate or Trust Mickey Mouse Trust			FEIN 77-7980623	Date of Death
Name of Fiduciary Pluto Dog		Title of Fiduciary Trustee	Tax Year Begin Date 01012018	Tax Year End Date 12312018
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 100 Church St.			State of Domicile at Death and/or Creation of Trust VT	
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE	<input type="checkbox"/> Bankruptcy Estate
City Burlington			<input type="checkbox"/> Estate	<input type="checkbox"/> Grantor Trust
State VT			<input type="checkbox"/> Revocable Trust	<input checked="" type="checkbox"/> Irrevocable Trust
ZIP Code 05401			For Department Use Only	
Foreign Country (if not United States)				

Check here if this is an EXTENDED return Check here if this is an AMENDED return Check here if this is your FINAL return

- A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . . Yes No
- B. Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both Line 2a and FIT-166, Part I Yes No
- C. Are any present or future trust beneficiaries skip persons? Yes No
- D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes No

1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	<input type="checkbox"/> Check to indicate loss	1	150000	
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a	5600	
2b. Bonus Depreciation allowed under federal law for 2017		2b		
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions)		2c	2900	
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	<input type="checkbox"/> Check to indicate loss	3	158500	
4a. Interest income from U.S. Obligations		4a		
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)		4b	5000	
4c. Adjustment for prior years' Bonus Depreciation		4c		
4d. Add Lines 4a, 4b, and 4c.		4d	5000	
5. Vermont taxable income (Line 3 minus Line 4d).	<input type="checkbox"/> Check to indicate loss	5	153500	
6. Vermont tax from the tax rate schedule on page 2 of this form.		6	13252	
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c).		7		
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)		8	1200	
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8).		9	12052	
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10	84.10	%

Name of Estate or Trust
Mickey Mouse Trust

FEIN
77-7980623



11. Adjusted tax (Multiply Line 10 by Line 11)	11	10136
12. Other states credit (from Schedule FIT-167, Line 21)	12	313
13. Total Vermont taxes (Line 12 minus Line 13)	13	9823
14. Payment		
14a. Vermont Tax Withheld on 1099	14a	
14b. Estimated Tax or Extension Payments	14b	
14c. Vermont Real Estate Withholding Attach copy of Form RW-171 or Sch. K-1VT	14c	
14d. Nonresident Payments from Form Wh-435	14d	8500
14e. 2017 Overpayment Applied	14e	2000
14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)	14f	10500
15. Overpayment: If Line 14 is less than Line 14f, subtract Line 14 from Line 14f	15	677
16. Amount of overpayment to be credited to 2019 Taxes	16	677
17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17	
18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18	

Vermont 2018 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer		04152019 Date (MMDDYY)	8028282720 Daytime Telephone Number
Pluto Dog Printed Name		pluto.dog@gmail.com Email Address (optional)	
Preparer's Signature		04152019 Date (MMDDYY)	<input checked="" type="checkbox"/> x Check if Self-Employed
Penny Lane Preparer's Printed Name		penny.lane@gmail.com Email Address (optional)	
Lane & Lane LLC Firm's Name (or yours if self-employed) and address		06-6666666 FEIN	8028288000 Preparer's Telephone Number

May the Department of Taxes discuss this return with the preparer shown? Yes No

Vermont Income Adjustments and Tax Computations for Fiduciaries 2018 Form FIT-166



Attach to Form FIT-161

Name of Estate or Trust Mickey Mouse Trust	FEIN 77-7980623	Tax Year End Date (MMDDYYYY) 12312019
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PART I Taxable Municipal Bond Income

1. Total interest and dividend income from all state and local obligations exempt from federal tax (see Line-by-Line Instructions)	1	8200	
2. Interest and dividend income from Vermont state and local obligations included in Line 1	2	2600	
3. INCOME FROM NON-VERMONT STATE AND LOCAL OBLIGATIONS TO BE ADDED TO VERMONT TAXABLE INCOME. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a.			
	3	5600	
4. If all municipal bond income was distributed, check here. <input type="checkbox"/>			

PART II ADDITIONS AND SUBTRACTIONS TO TAX

1. Additions to Vermont Tax			
1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)	1a		
1b. Recapture of federal investment credit (from federal Form 4255)	1b		
1c. Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 7.		1c	
2. Subtractions from Vermont tax			
2a. Investment tax credit - Vermont-based only (from federal Form 3468)	2a		
2b. Multiply Line 2a by 24%	2b		
2c. Research & Development Credit, 32 V.S.A. § 5930d.	2c	1200	
2d. Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 8.		2d	1200



* 1 8 1 6 6 1 2 0 0 *

Name of Estate or Trust Mickey Mouse Trust	FEIN 77-7980623	Tax Year End Date (MMDDYYYY) 12312019
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PART III INCOME ADJUSTMENT CALCULATION
Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2018		Name of state(s), Canadian province or country during non-Vermont residency (use standard 2-character abbreviation)
From (MM DD YYYY)	To (MM DD YYYY)	

	A. Federal Amount \$		B. Vermont Portion \$	
1. Interest income	1A	5700	1B	5700
2. Total ordinary dividends	2A	2500	2B	2500
3. Business income (or loss)	3A		3B	
4. Capital gain (or loss)	4A	60000	4B	60000
5. Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc.	5A	250000	5B	200000
6. Farm income (or loss)	6A		6B	
7. Ordinary gain (or loss)	7A		7B	
8. Other income (specify type of income)	8A		8B	
9. Total income (Add Lines 1 through 8)	9A	318200	9B	268200
10. Adjustment percentage. Divide Line 9B by Line 9A. Express as a percentage, with two digits to the right of the decimal. Enter here and on Form FIT-161, Line 10.	10		84.10	%

Vermont Income Adjustments and Tax Computations for Fiduciaries 2018 Form FIT-166



Attach to Form FIT-161

Name of Estate or Trust Mickey Mouse Trust	FEIN 77-7980623	Tax Year End Date (MMDDYYYY) 12312019
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PART I Taxable Municipal Bond Income

1. Total interest and dividend income from all state and local obligations exempt from federal tax (see Line-by-Line Instructions)	1	8200	
2. Interest and dividend income from Vermont state and local obligations included in Line 1	2	2600	
3. INCOME FROM NON-VERMONT STATE AND LOCAL OBLIGATIONS TO BE ADDED TO VERMONT TAXABLE INCOME. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a.			
	3	5600	
4. If all municipal bond income was distributed, check here. <input type="checkbox"/>			

PART II ADDITIONS AND SUBTRACTIONS TO TAX

1. Additions to Vermont Tax			
1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)	1a		
1b. Recapture of federal investment credit (from federal Form 4255)	1b		
1c. Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 7.			
2. Subtractions from Vermont tax			
2a. Investment tax credit - Vermont-based only (from federal Form 3468)	2a		
2b. Multiply Line 2a by 24%	2b		
2c. Research & Development Credit, 32 V.S.A. § 5930d.	2c	1200	
2d. Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 8.			
	2d	1200	



* 1 8 1 6 6 1 2 0 0 *

Name of Estate or Trust Mickey Mouse Trust	FEIN 77-7980623	Tax Year End Date (MMDDYYYY) 12312019
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PART III INCOME ADJUSTMENT CALCULATION
Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2018		Name of state(s), Canadian province or country during non-Vermont residency (use standard 2-character abbreviation)
From (MM DD YYYY)	To (MM DD YYYY)	

	A. Federal Amount \$		B. Vermont Portion \$	
1. Interest income	1A	5700	1B	5700
2. Total ordinary dividends	2A	2500	2B	2500
3. Business income (or loss)	3A		3B	
4. Capital gain (or loss)	4A	60000	4B	60000
5. Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc.	5A	250000	5B	200000
6. Farm income (or loss)	6A		6B	
7. Ordinary gain (or loss)	7A		7B	
8. Other income (specify type of income)	8A		8B	
9. Total income (Add Lines 1 through 8)	9A	318200	9B	268200
10. Adjustment percentage. Divide Line 9B by Line 9A. Express as a percentage, with two digits to the right of the decimal. Enter here and on Form FIT-161, Line 10.	10		84.10	%

Vermont Credit for Tax Paid to Another State or Canadian Province for Fiduciaries 2018 Form FIT-167



Attach to Form FIT-161

For Residents and Some Part-Year Residents Only

Name of Estate or Trust Mickey Mouse Trust	FEIN 77-7980623	Tax Year End Date (MMDDYYYY) 12312019
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You must complete a separate Schedule FIT-167 for each state or Canadian province and attach a copy of the other state return. See instructions.

1. Name of state or Canadian province. Use standard two-letter abbreviation	1	MA	
2. Enter total income taxed in another state or Canadian province and also subject to Vermont tax	<input type="checkbox"/> Check to indicate loss	2	10000
3. 2018 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont		3	
4. Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont		4	
5. Add Lines 2 through 4. If negative, enter -0-		5	10000
6. Bonus Depreciation subtracted from income in another state or Canadian province in TY 2018		6	
7. U.S. Government interest income		7	
8. Add Lines 6 and 7		8	
9. Modified total income for income taxed in another state or Canadian province AND taxed in Vermont (Line 5 minus Line 8)		9	10000
10. Total income (from federal Form 1041, Line 9)	<input type="checkbox"/> Check to indicate loss	10	318200
11. Non-Vermont state/local obligations from Form FIT-161, Line 2a.		11	
12. Bonus Depreciation from Form FIT-161, Line 2b		12	
13. Add Lines 10 through 12. If negative, enter -0-		13	318200
14. U.S. Government interest income from Form FIT-161, Line 4a.		14	
15. Bonus Depreciation from Form FIT-161, Line 4c		15	
16. Add lines 14 and 15.		16	
17. Line 13 minus Line 16		17	318200



* 1 8 1 6 7 1 2 1 0 0 *

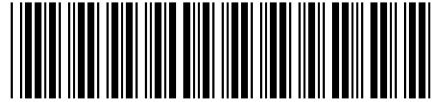
Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
Mickey Mouse Trust	77-7980623	12312019

18. Vermont income tax from Form FIT-161, Line 6	18	13252
19. Computed tax credit (Divide Line 9 by Line 17 and multiply result by Line 18). Result cannot be more than 100% of Vermont tax.		
$\frac{\text{Line 9 } 10000}{\text{Line 17 } 318200} \times \text{Line 18 } 13252$	19	416
20. Income tax paid to another state or Canadian province based on modified total income from Line 9 above.	20	313
21. VERMONT CREDIT for income tax paid to another state or Canadian province. Enter the lesser of Line 19 or Line 20. Also enter on Form FIT-161, Line 12.	21	313



Case 8: mended FIT-161 and FIT-162

Vermont Fiduciary Return of Income 2018 Form FIT-161



* 1 8 1 6 1 1 1 0 0 *

Enter dates in the format: "MMDDYYYY"

For 2018 or fiscal YEAR ending: _____

Name of Estate or Trust Frog Pond Trust			FEIN 89-5698740	Date of Death
Name of Fiduciary Kermit Frog		Title of Fiduciary Trustee	Tax Year Begin Date 01012018	Tax Year End Date 12312018
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 State St.			State of Domicile at Death and/or Creation of Trust	
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE	
City Williamstown			<input type="checkbox"/> Estate	<input type="checkbox"/> Bankruptcy Estate
State VT			<input type="checkbox"/> Revocable Trust	<input type="checkbox"/> Grantor Trust
ZIP Code 05678			<input checked="" type="checkbox"/> Irrevocable Trust	
Foreign Country (if not United States)			For Department Use Only	

Check here if this is an EXTENDED return Check here if this is an AMENDED return Check here if this is your FINAL return

- A. Were any distributions reported on Federal Form 1041, Line 18, made to nonresident beneficiaries? . . . Yes No
- B. Did the estate or trust have non-Vermont municipal board income? If "Yes," see instructions for both Line 2a and FIT-166, Part I Yes No
- C. Are any present or future trust beneficiaries skip persons? Yes No
- D. Is this return for a Qualified Settlement Fund (Federal Form 1120-SF)? Yes No

1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	← Check to indicate loss	1	20000	
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a		
2b. Bonus Depreciation allowed under federal law for 2017		2b	3000	
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions)		2c	250	
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	← Check to indicate loss	3	23250	
4a. Interest income from U.S. Obligations		4a		
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)		4b	5000	
4c. Adjustment for prior years' Bonus Depreciation		4c	1500	
4d. Add Lines 4a, 4b, and 4c.		4d	6500	
5. Vermont taxable income (Line 3 minus Line 4d).	← Check to indicate loss	5	16750	
6. Vermont tax from the tax rate schedule on page 2 of this form.		6	1218	
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c).		7		
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)		8		
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8).		9		
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10	100	%

Name of Estate or Trust
Frog Pond Trust

FEIN
89-5698740



11. Adjusted tax (Multiply Line 10 by Line 11)	11	1218
12. Other states credit (from Schedule FIT-167, Line 21)	12	
13. Total Vermont taxes (Line 12 minus Line 13)	13	1218
14. Payment		
14a. Vermont Tax Withheld on 1099	14a	
14b. Estimated Tax or Extension Payments	14b	
14c. Vermont Real Estate Withholding Attach copy of Form RW-171 or Sch. K-1VT	14c	
14d. Nonresident Payments from Form Wh-435	14d	
14e. 2017 Overpayment Applied	14e	2000
14f. Total Payments (Add Lines 15a, 15b, 15c, 15d, and 15e)	14f	2000
15. Overpayment: If Line 14 is less than Line 15f, subtract Line 14 from Line 15f	15	782
16. Amount of overpayment to be credited to 2019 Taxes	16	
17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17	782
18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18	

Vermont 2018 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

Signature of Responsible Officer		11112019 Date (MMDDYY)	8028282720 Daytime Telephone Number
Kermit Frog Printed Name		kermit.frog@gmail.com Email Address (optional)	
Preparer's Signature		11112019 Date (MMDDYY)	<input type="checkbox"/> Check if Self-Employed
Penny Lane Preparer's Printed Name		penny.lane@gmail.com Email Address (optional)	
Lane & Lane LLC Firm's Name (or yours if self-employed) and address		06-6666666 FEIN	8028288000 Preparer's Telephone Number

May the Department of Taxes discuss this return with the preparer shown? Yes No

Capital Gains Exclusion Calculation for Estates or Trusts 2018 Form FIT-162



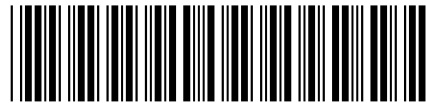
Attach to Form FIT-161

Name of Estate or Trust Frog Pond Trust	FEIN 89-5698740	Tax Year End Date (MMDDYYYY) 12312018
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PART I Flat Exclusion

1. Enter smaller of Line 18a(2) or 19(2) from federal Form 1041, Schedule D	1	80000
2. Enter amount from:		
2a. Federal Form 1041, Schedule D, Line 18b(2).	2a	10000
2b. Federal Form 1041, Schedule D, Line 18c(2).	2b	
3. Add Lines 2a and 2b	3	10000
4. Subtract Line 3 from Line 1. <i>Entry cannot be less than zero.</i>	4	70000
If you filed federal Form 4952, complete Lines 5 through 7		
5. Enter amount from:		
5a. Federal Form 4952, Line 4g	5a	
5b. Federal Form 4952, Line 4e	5b	
5c. Multiply Line 5a by Line 5b. Enter result here.	5c	
5d. Federal Form 4952, Line 4b	5d	
5e. Federal Form 4952, Line 4e	5e	
6. Add Lines 5d and 5e. Enter result here.	6	
7. Divide Line 5c by Line 6. Enter result here.	7	
8. Subtract Line 7 from Line 4. <i>Entry cannot be less than zero.</i>	8	70000
9. Enter the smaller of Line 8 or \$5,000	9	5000

(continued on next page)



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Name of Estate or Trust Frog Pond Trust	FEIN 89-5698740	Tax Year End Date (MMDDYYYY) 12312018
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PART II Percentage Exclusion

(Use this section only if you have eligible gains. See Technical Bulletin TB-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	70000
11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less	11	
12. Assets held for more than three years. Subtract Line 11 from Line 10. Entry cannot be less than zero.	12	

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 or nonprimary home	13a	
13b. Depreciable personal property (except for farm property or standing timber)	13b	
13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments	13c	70000
14. Add Lines 13a through 13c	14	70000
15. Subtract Line 14 from Line 12. Enter result here. Entry cannot be less than zero. This is the amount of net capital gain eligible for exclusion.	15	0

Line 16 federal Form 4952 information. If no investment interest expense for ineligible assets reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute federal Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

16. Enter amount from Part I, Line 7, or recomputed federal Form 4952	16	
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17. Subtract Line 16 from Line 15. Entry cannot be less than zero.	17	0
18. Multiply Line 17 by 40%. Enter result here.	18	0

PART III Capital Gain Exclusion

19. Enter the greater of Line 9 or Line 18	19	5000
20. Multiply <u>20000</u> x 40%. Enter result here. Federal Taxable Income from Form FIT-161, Line 1	20	8000
21. Enter the smaller of Line 19 or Line 20. This is the capital gain exclusion. Enter on Form FIT-161, Line 4b.	21	5000

Capital Gains Exclusion Calculation for Estates or Trusts 2018 Form FIT-162



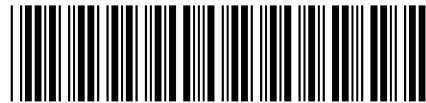
Attach to Form FIT-161

Name of Estate or Trust Frog Pond Trust	FEIN 89-5698740	Tax Year End Date (MMDDYYYY) 12312018
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PART I Flat Exclusion

1. Enter smaller of Line 18a(2) or 19(2) from federal Form 1041, Schedule D	1	80000
2. Enter amount from:		
2a. Federal Form 1041, Schedule D, Line 18b(2).	2a	10000
2b. Federal Form 1041, Schedule D, Line 18c(2).	2b	
3. Add Lines 2a and 2b	3	10000
4. Subtract Line 3 from Line 1. <i>Entry cannot be less than zero.</i>	4	70000
If you filed federal Form 4952, complete Lines 5 through 7		
5. Enter amount from:		
5a. Federal Form 4952, Line 4g	5a	
5b. Federal Form 4952, Line 4e	5b	
5c. Multiply Line 5a by Line 5b. Enter result here.	5c	
5d. Federal Form 4952, Line 4b	5d	
5e. Federal Form 4952, Line 4e	5e	
6. Add Lines 5d and 5e. Enter result here.	6	
7. Divide Line 5c by Line 6. Enter result here.	7	
8. Subtract Line 7 from Line 4. <i>Entry cannot be less than zero.</i>	8	70000
9. Enter the smaller of Line 8 or \$5,000	9	5000

(continued on next page)



* 1 8 1 6 2 1 2 0 0 *

Name of Estate or Trust Frog Pond Trust	FEIN 89-5698740	Tax Year End Date (MMDDYYYY) 12312018
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PART II Percentage Exclusion

(Use this section only if you have eligible gains. See Technical Bulletin TB-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	70000
11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less	11	
12. Assets held for more than three years. Subtract Line 11 from Line 10. Entry cannot be less than zero.	12	

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 or nonprimary home	13a	
13b. Depreciable personal property (except for farm property or standing timber)	13b	
13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments	13c	70000
14. Add Lines 13a through 13c	14	70000
15. Subtract Line 14 from Line 12. Enter result here. Entry cannot be less than zero. This is the amount of net capital gain eligible for exclusion.	15	0

Line 16 federal Form 4952 information. If no investment interest expense for ineligible assets reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute federal Form 4952 to reflect only investment interest income for assets eligible for the capital gain exclusion.

16. Enter amount from Part I, Line 7, or recomputed federal Form 4952.	16	
--	----	--

17. Subtract Line 16 from Line 15. Entry cannot be less than zero.	17	0
18. Multiply Line 17 by 40%. Enter result here.	18	0

PART III Capital Gain Exclusion

19. Enter the greater of Line 9 or Line 18	19	5000
20. Multiply <u>20000</u> x 40%. Enter result here. Federal Taxable Income from Form FIT-161, Line 1	20	8000
21. Enter the smaller of Line 19 or Line 20. This is the capital gain exclusion. Enter on Form FIT-161, Line 4b.	21	5000

Case : FIT-168, Extension with payment

Application for Extension of Time to File Vermont Fiduciary Tax Return 2018 Form FIT-168



- File this application on or before the due date of the Vermont Fiduciary Tax Return.
- With the filing of this application, you are granted an automatic five and one-half month extension of time to file the tax return.

Enter dates in the format: "MMDDYYYY"

Name of Estate or Trust			FEIN		
Sams Trust			12-8865362		
Name of Fiduciary		Title of Fiduciary	Tax Year Begin Date		Tax Year End Date
Tim Jones		Trustee	01012018		12312018
Mailing Address of Fiduciary (Number and street/read or PO Box)					
133 State Street					
Additional Line for Mailing Address of Fiduciary, if needed					
City			State	ZIP Code	
Montpelier			VT	05602	
Foreign Country (if not United States)					
For Department Use Only					

Payment to accompany extension request

1. Estimated tax liability	1	2500	
2. Previous payments	2		
3. Amount of TAX DUE with this application (Line 1 minus Line 2)	3	2500	

Make check payable to **Vermont Department of Taxes**

An extension of time to file a Vermont fiduciary tax return does not extend the time for paying the tax. Any tax due and unpaid by the original due date will bear interest and penalty at the statutory rate. Returns filed after the due date without an authorized extension are subject to a late filing fee.

Mail to:

Vermont Department of Taxes
PO Box 1700
Montpelier, VT 05601-1700

Case 10: FIT-168, Extension without payment

Application for Extension of Time to File Vermont Fiduciary Tax Return 2018 Form FIT-168



- File this application on or before the due date of the Vermont Fiduciary Tax Return.
- With the filing of this application, you are granted an automatic five and one-half month extension of time to file the tax return.

Enter dates in the format: "MMDDYYYY"

Name of Estate or Trust			FEIN		
Oak Tree Estate			83-8888888		
Name of Fiduciary		Title of Fiduciary	Tax Year Begin Date		Tax Year End Date
Margaret Tree		Executrix	01012018		12312018
Mailing Address of Fiduciary (Number and street/read or PO Box)					
133 State Street					
Additional Line for Mailing Address of Fiduciary, if needed					
			Check ONE		
			<input type="checkbox"/> Bankruptcy Estate		
			<input checked="" type="checkbox"/> Estate		
			<input type="checkbox"/> Grantor Trust		
			<input type="checkbox"/> Revocable Trust		
			<input type="checkbox"/> Irrevocable Trust		
City	State	ZIP Code			
Montpelier	VT	05602			
Foreign Country (if not United States)			For Department Use Only		

Payment to accompany extension request

1. Estimated tax liability	1	500	
2. Previous payments	2	500	
3. Amount of TAX DUE with this application (Line 1 minus Line 2)	3	0	

Make check payable to **Vermont Department of Taxes**

An extension of time to file a Vermont fiduciary tax return does not extend the time for paying the tax. Any tax due and unpaid by the original due date will bear interest and penalty at the statutory rate. Returns filed after the due date without an authorized extension are subject to a late filing fee.

Mail to:

Vermont Department of Taxes
PO Box 1700
Montpelier, VT 05601-1700

Case 11: FIT-160, Payment ou he

Instructions for Vermont Fiduciary Income Tax Return Payment Voucher Form FIT-160

General Information

Use Form FIT-160 to direct a payment for Fiduciary Income tax accounts, which include trusts and estates. Do not include Form FIT-160 if you are making payments with another return or form, such as:

- FIT-161 - VT Fiduciary Income Tax Return
- FIT-168 - Application for Extension of Time

FIT-160 may be used, for example, if:

- You mailed your form or payment coupon, but forgot to include a check.

u r y u r a r r a r r d y u r d c u
electronically, and you want to send a check separately.

Instructions

- Print in blue or black ink.
- Enter the beginning and ending date of the entity's tax year in the required format -- MMDDYYYY.
r F d r a y r d i c a i u r F
- Enter the trust or estate name and address, including country, if other than the United States.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.

Form FIT-160 Instructions
Rev. 10/18

DEPT USE ONLY

Please PRINT in BLUE or BLACK INK

Vermont Fiduciary Income Tax Return Payment Voucher Form FIT-160



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USE THIS FORM IF NOT SUBMITTING PAYMENT WITH FORM FIT-161
If you filed electronically, DO NOT include a copy of that return with this payment.

Name of Estate or Trust		FEIN
Name of Fiduciary	Title of Fiduciary	Tax Year BEGIN date (MMDDYYYY)
Mailing Address of Fiduciary (Number and Street/Road or PO Box)		Tax Year END date (MMDDYYYY)
Additional Line for Mailing Address of Fiduciary, if needed		Check ONE: <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Irrevocable Trust For Department Use Only
City	State ZIP Code	
Foreign Country (if not United States)		

Amount of this payment. If "\$0", DO NOT file00

Vermont Department of Taxes 133 State Street Montpelier, VT 05633-1401
Phone: (802) 828-5723



5454

MAIL THIS VOUCHER AND YOUR PAYMENT, ON OR BEFORE THE DUE DATE, TO THE ABOVE ADDRESS.

Form FIT-160
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Case 12: FIT-165 Estimated Payment

Instructions for Vermont Fiduciary Estimated Tax Payment Voucher Form FIT-165

Estimated payments are now required for estates and trusts. This voucher is irrid r y u r i i a d ay ardy ur duciary a liability. Please complete the coupon above with all information pertaining to the estate or trust *including the Federal ID Number*, and send it to the address shown below.

<u>Payment Dates</u>	
1st payment	APR 15
2nd payment	JUN 15
3rd payment	SEP 15
4th payment	JAN 15

Mail payment voucher to:

Vermont Department of Taxes
Taxpayer Services Division-Income Tax
PO Box 1700
Montpelier, VT 05601-1700

E-mail: tax.estate@vermont.gov
Telephone: (802) 828-6820
Fax: (802) 828-2720

Form FIT-165 Instructions
Rev. 10/18

DEPT USE ONLY

Please PRINT in BLUE or BLACK INK

Vermont Fiduciary Estimated Tax Payment Voucher Form FIT-165



* 1 8 1 6 5 1 1 0 0 *

Name of Estate or Trust			FEIN
Name of Fiduciary		Title of Fiduciary	Tax Year BEGIN date (MMDDYYYY)
Mailing Address of Fiduciary (Number and Street/Road or PO Box)			Tax Year END date (MMDDYYYY)
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE: <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust For Department Use Only
City	State	ZIP Code	
Foreign Country (if not United States)			

Amount of this payment \$.00

Vermont Department of Taxes 133 State Street Montpelier, VT 05633-1401
Phone: (802) 828-5723

5454 MAIL THIS VOUCHER AND YOUR PAYMENT, ON OR BEFORE THE DUE DATE, TO THE ABOVE ADDRESS.

Form FIT-165
Rev. 10/18