

Vermont's 2018 Tax Forms

Please be aware these are **DRAFTS**.

If a form changes significantly a new set of forms will be posted.
Minor changes will not result in any updated posting of the forms.

Vermont Income Tax Return

2018 FORM IN-111

DEPT
USE
ONLY



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

Please PRINT in BLUE or BLACK INK

Social Security Number Last Name MI First Name Driver's License Number & State Check if Deceased

Spouse Social Security Number Spouse Last Name MI Spouse First Name Driver's License Number & State Check if Deceased

Mailing Address (Number and Street/Road or PO Box)

City State ZIP Code Check if Amended Return Check if Recomputed Return

Vermont School District Code 911/Physical Street Address on 12/31/2018

Filing Status
Check One Single Married/CU filing jointly Married/CU filing separately Head of Household Qualifying Widow(er)

2018 Vermont Standard Deduction
Married filing Jointly or Qualifying Widow(er) \$12,000
Single or Married Filing Separately \$6,000
Head of Household \$9,000

Vermont Personal Exemption 2018 Amount \$4,150

1. Federal Adjusted Gross Income (Federal Form 1040, Line 7)	Check to indicate loss →	1		.00
2. Net Modifications to federal AGI (Schedule IN-112, Part I, Line 12)	Check to indicate loss →	2		.00
3. Federal AGI with Modifications (Add Lines 1 and 2)	Check to indicate loss →	3		.00
4. 2018 Vermont Standard Deduction from box at left Please see instructions if you or your spouse checked any standard deduction boxes on page 1 of federal 1040		4		.00
5. Personal Exemptions:				
5a. Enter 1 for yourself if no one can claim you as a dependent		5a		Amount Due (From Page 2, Line 31) <input type="text"/> .00
5b. Enter 1 for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er)		5b		
5c. Enter number of dependents claimed on federal Form 1040		5c		
5d. Add Lines 5a through 5c		5d		
5e. Multiply Line 5d by 2018 Personal Exemption from box at left		5e		
6. Add Lines 4 and 5e		6		.00
7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-)		7		.00
8. Vermont Income Tax from tax table or tax rate schedule (If Line 1 is greater than \$150,000, see instructions)		8		.00
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16)	Check to indicate loss →	9		.00
10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-)		10		.00
11. <input type="text"/> .00 x 5% = 12. <input type="text"/> .00		13.	<input type="text"/>	.00
Tax-Deductible Charitable Contribution (See instructions)		Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000)		
14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-)		14		.00
15. Income Adjustment (Schedule IN-113, Line 37, or 100.0000%)		15	%	
16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15)		16		.00

Taxpayer Last Name Social Security Number



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17. .00 + 18. .00 = 19. .00

Other State Credit (Schedule IN-117, Line 21)

Vermont Tax Credits (Schedule IN-119, Part II)

Total Vermont Credits (Add Lines 17 and 18)

20. Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-)

20 .00

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart)

21 .00

Check here to certify no Use Tax is due.

22. Total Vermont Taxes (Add Lines 20 and 21)

22 .00

Contributions

Green Up Vermont

Nongame Wildlife Fund

Children's Trust Fund

Vermont Veterans Fund

Total Contributions

23a. .00 + 23b. .00 + 23c. .00 + 23d. .00 = 23e. .00

24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)

24 .00

25a. 2018 Vermont Tax Withheld from W-2, 1099

25a .00

25b. 2018 Estimated Tax payments, amount carried forward from 2017, and payment made with 2018 extension

25b .00

25c. Refundable Credits (Schedule IN-112, Part II)

25c .00

25d. 2018 Vermont Real Estate Withholding from Form RW-171

25d .00

25e. 2018 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5

25e .00

25f. Total Payments and Credits (Add Lines 25a through 25e)

25f .00

26. Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f

26 .00

27a. Refund to be credited to 2019 Estimated Tax Payment

27a .00

27b. Refund to be credited to 2019 Property Tax Bill

27b .00

28. REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26)

28 .00

29. If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instruction on tax due

29 .00

30. Interest and Penalty on Underpayment of Estimated Tax (Worksheet IN-152, or IN-152A)

31. AMOUNT DUE Add Lines 29 and 30

31 .00

For Amended Returns Only: Original refund received Refund due now Original Payment Amount Due Now

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

Signature Date Date of Birth (MMDDYYYY) Telephone Number

Signature (if a joint return, BOTH must sign.) Date Date of Birth (MMDDYYYY) Telephone Number

Preparer's Signature Date Preparer's SSN or PTIN Telephone Number

Firm's Name (or your name if self-employed) and address EIN

May the Department of Taxes contact your preparer? YES

Keep a copy for your records.

Vermont Tax Adjustments and Credits 2018 Schedule IN-112

Please PRINT in
BLUE or BLACK INK



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INCLUDE WITH FORM IN-111

Taxpayer's Last Name	First Name	Initial	Taxpayer's Social Security Number

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)	1	.00
2. Interest and dividend income from Vermont state and local obligations included in Line 1	2	.00

3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1)	3	.00
4. Bonus Depreciation Allowed under Federal Law for 2018	4	.00
5. Total Additions (Add Line 3 and Line 4)	5	.00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

6. Interest Income from U.S. Obligations	6	.00
7. Capital Gains Exclusion (Schedule IN-153, Line 21)	7	.00
8. Adjustment for Prior Years' Bonus Depreciation	8	.00
9. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040)	9	.00
10. Social Security benefits exempt from taxation (see instructions)	10	.00
11. Total Subtractions (Add Lines 6 through 10)	11	.00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

12. Subtract Line 11 from Line 5. Enter on Form IN-111, Line 2. This can be a negative number.	12	.00
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← Check to indicate loss

Taxpayer's Last Name	Social Security Number
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PART II REFUNDABLE CREDITS

Lines 1 and 2 are for FULL-YEAR residents

- Low Income Child & Dependent Care Credit**
If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly), and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.
- Renter Rebate (From Form PR-141, Line 9)**

1		.00
2		.00

**VERMONT EARNED INCOME TAX CREDIT
ELIGIBILITY QUESTIONS MUST BE ANSWERED**

For FULL-YEAR residents and PART-YEAR residents

- Enter number of qualifying children.
- Enter number of qualifying children under the age of 18.
- Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2018?
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

A	
B	
Yes	No

FULL-YEAR RESIDENTS: Answer eligibility questions above and complete Lines 3 and 4

- Earned income tax credit (Reported from federal Form 1040)
- Vermont Earned Income Tax Credit (Multiply Line 3 by 36%)

3		.00
4		.00

PART YEAR RESIDENTS: Answer eligibility questions above and complete Lines 5-11

Enter figures in Column A from your federal EITC worksheet and Schedule IN-113

For Vermont Portion, enter income earned while a Vermont resident as shown on Schedule IN-113, Column B, Lines 1, 8, 10, and 11

	A. Federal Amount \$		B. Vermont Portion \$	
5. Wages, salaries, tips, etc. (Schedule IN-113, Line 1)	5A	.00	5B	.00
6. Other earned income (Schedule IN-113, Lines 8, 10, and 11) ← Check to indicate loss	6A	.00	6B	.00
7. Total earned income (Add Lines 5 and 6)	7A	.00	7B	.00
8. Earned income tax credit adjustment (Divide Line 7B by Line 7A and enter here, but not more than 100%).	8			%
9. Earned income tax credit (Reported on federal Form 1040)	9	.00		
10. Multiply Line 9 by 36% and enter the result here	10			.00
11. Vermont Earned Income Tax Credit (Multiply Line 10 by Line 8)	11			.00
12. TOTAL REFUNDABLE CREDITS (Add Lines 1 and 2 to Line 4 or Line 11. Enter this amount on the IN-111, Line 25c)	12			.00



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Vermont Income Adjustment Calculations

2018 Schedule IN-113



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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	Initial	Taxpayer's Social Security Number

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 2018		Name of State(s), Canadian province or country during non-Vermont residency (use standard 2-character abbreviation)
From (MMDDYYYY):	To (MMDDYYYY):	

	A. Federal Amount \$			B. Vermont Portion \$		
1. Wages, salaries, tips, etc.	1	.00		1	.00	
2. Taxable interest.	2	.00		2	.00	
3. Ordinary dividends.	3	.00		3	.00	
4. Taxable IRA pensions and annuities.	4	.00		4	.00	
5. Taxable Social Security.	5	.00		5	.00	
6. Taxable refunds of state and local income taxes.	6	.00		6	.00	
7. Alimony received.	7	.00		7	.00	
8. Business income or loss.	<input type="checkbox"/> ← Check to indicate loss	8	.00	<input type="checkbox"/> ← Check to indicate loss	8	.00
9. Capital gain or loss.	<input type="checkbox"/> ← Check to indicate loss	9	.00	<input type="checkbox"/> ← Check to indicate loss	9	.00
10. Rents, royalties, partnerships, S corporations, trusts, etc.	<input type="checkbox"/> ← Check to indicate loss	10	.00	<input type="checkbox"/> ← Check to indicate loss	10	.00
11. Farm income or loss.	<input type="checkbox"/> ← Check to indicate loss	11	.00	<input type="checkbox"/> ← Check to indicate loss	11	.00
12. Unemployment compensation.		12	.00		12	.00
13. Other: Specify.	<input type="checkbox"/> ← Check to indicate loss	13	.00	<input type="checkbox"/> ← Check to indicate loss	13	.00
14. TOTAL INCOME (Add Lines 1-13) . . .	<input type="checkbox"/> ← Check to indicate loss	14	.00	<input type="checkbox"/> ← Check to indicate loss	14	.00

Taxpayer's Last Name	Social Security Number
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A. Federal Amount \$

B. Vermont Portion \$

	A. Federal Amount \$	B. Vermont Portion \$
15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040) Self _____ Spouse _____	15 .00	15 .00
16. Student Loan Interest (Reported on Form 1040)	16 .00	16 .00
17. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040)	17 .00	17 .00
18. Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040)	18 .00	18 .00
19. Health Savings Account (Reported on Form 1040)	19 .00	21 .00
20. Moving Expenses (Reported on Form 1040)	20 .00	20 .00
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040)	21 .00	21 .00
22. Alimony Paid (Reported on Form 1040)	22 .00	22 .00
23. Domestic Production Activities (Reported on Form 1040)	23 .00	23 .00
24. Educator Expenses and Tuition & Fees (Reported on Form 1040)	24 .00	24 .00
25. Deductions not listed above but reported on Form 1040	25 .00	25 .00
26. TOTAL ADJUSTMENTS (Add Lines 15-25)	26 .00	26 .00
27. Adjusted Gross Income (Subtract Line 26A from Line 14A)	← Check to indicate loss	27 .00
28. Vermont Portion of AGI (Subtract Line 26B from Line 14B)	← Check to indicate loss	28 .00
29. Non-Vermont Income (Subtract Line 28 from Line 27) Also enter on Part II, Line 31 below . .	← Check to indicate loss	29 .00
PART II. Adjustment for Vermont Exempt Income		
30. Adjusted Gross Income. If Part I completed, enter Line 27 amount. Otherwise, enter amount from Form IN-111, Line 1	← Check to indicate loss	30 .00
31. Non-Vermont Income (Line 29 above)	← Check to indicate loss	31 .00
32. Military pay. Number of months on active duty _____ (See instructions) .	32 .00	
33. Railroad Retirement income	33 .00	
34. Bond/note interest income from	34 .00	
<input type="checkbox"/> VSAC <input type="checkbox"/> Build America <input type="checkbox"/> Vermont Telecom Authority <input type="checkbox"/> Vermont public Power Supply Authority		
35. Total (Add Lines 31-34)	← Check to indicate loss	35 .00
36. Vermont Income (Subtract Line 35 from Line 30)	← Check to indicate loss	36 .00
37. INCOME ADJUSTMENT % (Divide Line 36 by Line 30 out to the fourth decimal place) Also enter on Form IN-111, Line 15 (See instructions)		37 %

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

2018 Schedule IN-117



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For Residents and Some Part-Year Residents ONLY.

INCLUDE WITH FORM IN-111

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.

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name _____	First Name _____	MI _____	Taxpayer's Social Security Number _____
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1.	Name of state or Canadian province. Use standard two-letter abbreviation			1	
2.	Enter Adjusted Gross Income taxed in another state or Canadian province that is also subject to Vermont income tax. This entry cannot be more than entry on Form IN-111, Line 1	<input type="checkbox"/>	Check to indicate loss	2	.00
3.	2018 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont			3	.00
4.	Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont			4	.00
5.	Add Lines 2-4			5	.00
6.	Bonus Depreciation subtracted from income in another state or Canadian province in tax year 2018			6	.00
7.	U.S. Government interest income subtracted from income in another state or Canadian province in tax year 2018.			7	.00
8.	Add Lines 6 and 7			8	.00
9.	Modified Adjusted Gross Income for income taxed in another state or Canadian province AND taxed in Vermont (Subtract Line 8 from Line 5)			9	.00
10.	Adjusted Gross Income from Form IN-111, Line 1	<input type="checkbox"/>	Check to indicate loss	10	.00
11.	Non-Vermont state/local obligations from Form IN-112 Part I, Line 3.	<input type="checkbox"/>	Check to indicate loss	11	.00
12.	Bonus Depreciation from IN-112 Part I, Line 4			12	.00
13.	Add Lines 10-12			13	.00
14.	U.S. Government interest income from IN-112 Part I, Line 6			14	.00
15.	Bonus Depreciation from Form IN-112 Part I, Line 8			15	.00
16.	Add Line 14 and 15.			16	.00
17.	Subtract Line 16 from Line 13.			17	.00
18.	Vermont income tax from Form IN-111, Line 14.			18	.00
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	.00
20.	Income tax paid to another state or Canadian province based on modified adjusted gross income from Line 9 above.			20	.00
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 IN-111, Line 17.			21	.00

Vermont Tax Adjustments and Non-Refundable Credits

2018 Schedule IN-119

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

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number
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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)	1		.00
2. Recapture of Federal Investment Tax Credit (Reported on Form 1040)	2		.00
3. Tax from federal Form 4972	3		.00
4. Add Lines 1 through 3.	4		.00
5. Multiply Line 4 by 24%	5		.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 Child & Dependent Care Expenses (Reported on Form 1040)	8		.00
9. Credit from the Elderly or the Disabled (Federal Schedule R)	9		.00
10. Investment Tax Credit - Vermont-based only (See instructions)	10		.00
11. Vermont Farm Income Averaging Credit (From worksheet in instructions)	11		.00
12. Add Lines 8 through 11.	12		.00
13. Multiply Line 12 by 24%	13		.00
14. Vermont-based Business Solar Energy Credit carryforward	14		.00
15. Add Lines 13 and 14.	15		.00

NET ADJUSTMENTS TO VERMONT TAX

16. Subtract Line 15 from Line 7. Enter on Form IN-111, Line 9	16	<input type="checkbox"/> Check to indicate loss	.00
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Taxpayer's Last Name	Social Security Number
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PART II VERMONT INCOME TAX CREDITS

INCLUDE WITH FORM IN-111

	2018 Contribution eligible for credit			Credit
1. Vermont Higher Education Investment (32 V.S.A § 5825a) See instructions.	<input type="text"/>	TIMES (X) .10 =		<input type="text"/>

For credits earned through an S-Corporation, LLC, or Partnership, enter name and FEIN of the entity

Name of entity	FEIN
<input type="text"/>	<input type="text"/>

If credits from more than one business entity, fill out a separate IN-119 for each entity.

	Column A Earned in 2018	PLUS (+)	Column B Carryforward	EQUALS (=)	Column C
2. Charitable Housing (32 V.S.A. § 5830c)	2 .00		2 .00		2 .00
3. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)	3 .00		3 .00		3 .00
4. Research & Development (32 V.S.A. § 5930ii)	4 .00		4 .00		4 .00

Prior approval required from Vermont Housing Finance Agency for Line 1

5. Affordable Housing (32 V.S.A § 5930u)	5 .00		5 .00		5 .00
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a))	6 .00		6 .00		6 .00
7. Facade Improvement (32 V.S.A. § 5930cc(b))	7 .00		7 .00		7 .00
8. Code Improvements (32 V.S.A. § 5930cc(c))	8 .00		8 .00		8 .00

9. Add Column C, Lines 1-8. If no credit claimed on Line 10, enter this amount on Form IN-111, Line 18	9	.00
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Tax Credit Calculation Worksheet

10. Vermont Entrepreneur's Seed Capital Fund (32 V.S.A. § 5830b)	10	.00
11. Enter adjusted Vermont income tax amount from Form IN-111, Line 16	11	.00
12. Enter credit for income tax paid to another state or Canadian province from Form IN-111, Line 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. The result cannot be less than zero	15	.00
16. Multiply Line 15 by 50%	16	.00
17. Enter the lesser of Line 10 or Line 16	17	.00
18. Total Credits Allowable. Enter the total of Lines 14 and 17	18	.00
19. TOTAL INCOME TAX CREDITS AVAILABLE. Enter the lesser of Line 13 or Line 18. Enter this amount on Form IN-111, Line 18	19	.00



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Vermont Application for Extension of Time to File Form IN-111 Vermont Form IN-151



Complete this application by **April 15** of the current year if you are unable to file your Vermont Income Tax Return before the due date of **April 15**. By completing this application, you are requesting an automatic six-month extension of time to file.

NOTE: This extension does *not* apply to the Homestead Declaration **OR** Property Tax Adjustment Claim. Form HS-122 is due **April 15** of the current year. Late filed Homesteads will be charged a late filing penalty up to 8% of the corrected education tax.

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number	
Spouse's or CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's Social Security Number	
Mailing Address				
City			State	ZIP Code

TAX CALCULATION WORKSHEET

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

An extension only allows additional time to file the Vermont income tax return and avoids a late filing penalty. If tax is due, interest and late payment penalty accrue from **April 16** of the current year to the date of payment.

1. Estimated individual income tax liability	1		.00
2. Previous payments	2		.00
3. Amount of tax paid with extension.	3		.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 checks payable to Vermont Department of Taxes and mail with this form to the address above.

Vermont Capital Gain Exclusion Calculation 2018 Schedule IN-153

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

Taxpayer's Last Name	First Name	MI	Taxpayer's Social Security Number

PART I. FLAT EXCLUSION

1. Enter smaller of Line 15 or 16 from Federal Form 1040, Schedule D	1	.00
2. Enter amount from:		
2a. Federal Form 1040, Schedule D, Line 18	2a	.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	.00
If you filed Federal Form 4952, complete Lines 5 through 7		
5. Enter amount from:		
5a. Federal Form 4952, Line 4g	5a	.00
5b. Federal Form 4952, Line 4e	5b	.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	5e	.00
6. Add Lines 5d and 5e; enter result here	6	.00
7. Divide Line 5c by Line 6; enter result here	7	.00
8. Subtract Line 7 from Line 4. Entry cannot be less than zero.	8	.00
9. Enter the smaller of Line 8 or \$5,000	9	.00



Taxpayer's Last Name	Social Security Number

PART II. PERCENTAGE EXCLUSION

(Use this section only if you have eligible gains. See Technical Bulletin 60 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 assets held for three years or less	11	.00
12. Assets held for more than three years. Subtract Line 11 from Line 10. Entry cannot be less than zero	12	.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 or nonprimary home	13a	.00
13b. Depreciable personal property (except for farm property or standing timber)	13b	.00
13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments	13c	.00
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 of net adjusted capital gain eligible for exclusion	15	.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 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	.00
17. Subtract Line 16 from Line 15	17	.00
18. Multiply Line 17 by 40%; enter result here	18	.00

PART III. CAPITAL GAIN EXCLUSION

19. Enter the greater of Line 9 or Line 18	19	.00
20. Multiply $\frac{\text{Federal Taxable Income}}{\text{Federal Taxable Income}}$ x 40% and enter result here	20	.00
21. Enter the smaller of Line 19 or Line 20. This is your capital gain exclusion. Enter on Form IN-112, Part I, Line 7	21	.00



Vermont Renter Rebate Claim 2018 Form PR-141

For the year
Jan 1 - Dec 31, 2018

Must Be Filed With: Household
Income (Schedule HI-144) and
Landlord's Certificate (Form LC-142)



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Claimant's Last Name	First Name	MI	Claimant's Social Security Number
Spouse's or CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box)			Claimant's Date of Birth (MM DD YYYY)
City	State	ZIP Code	Federal Filing Status (Single=S; Head of Household=H; Joint=J; Separate=P)
Physical Location of Rental Property (Use a number, street/road name. Do not use a PO Box or "Same")			E-file Certificate Number (From LC-142), if available
1. Vermont School District Code	2. City/Town of Legal Residence on Dec. 31 2018	State	Will you be using Renter Rebate to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No

ALL Eligibility questions must be answered. You must have rented all 12 months in 2018. See instructions for exception.

- Q1. Were you domiciled in Vermont all of calendar year 2018? Yes, Go to Q2 No, STOP. You are not eligible.
- Q2. Were you claimed as a dependent by another taxpayer in 2018? Yes, STOP. You are not eligible No, Go to Q3
- Q3. Did you rent in Vermont all 12 months in calendar year 2018? Yes, Complete this form. No, STOP. You are not eligible.

REBATE CALCULATION: Before doing rebate calculation, complete Household Income (Schedule HI-144).
You MUST include Schedule HI-144 and Form LC-142 with this Form.

3. Allocable Rent (from Form LC-142)	3	.00								
4. Home Use. If more than 25% of this rental is used for business, see instructions. If no business use, enter 100.00%	4	%								
5. Allowable Rent for Rebate Claim (Multiply Line 3 by Line 4)	5	.00								
6. Household Income (Schedule HI-144, Line Y) If more than \$47,000 you are not eligible.	6	.00								
6a. If Amended Schedule HI-144, Household Income, is included, check here: <input type="checkbox"/>										
7. Maximum Percentage of Income for Rent	7	%								
<table border="1"> <tr> <td>If Line 6 Household Income is:</td> <td>\$0 - 9,999</td> <td>\$10,000 - 24,999</td> <td>\$25,000 - 47,000</td> </tr> <tr> <td>Enter this % on Line 7:</td> <td>2.0%</td> <td>4.5%</td> <td>5.0%</td> </tr> </table>			If Line 6 Household Income is:	\$0 - 9,999	\$10,000 - 24,999	\$25,000 - 47,000	Enter this % on Line 7:	2.0%	4.5%	5.0%
If Line 6 Household Income is:	\$0 - 9,999	\$10,000 - 24,999	\$25,000 - 47,000							
Enter this % on Line 7:	2.0%	4.5%	5.0%							
8. Maximum Rent for Household Income (Multiply Line 6 by Line 7 and enter result here. If Line 8 is more than Line 5, you do not qualify for a renter rebate)	8	.00								
9. Renter Rebate Amount (Subtract Line 8 from Line 5 and enter result here.) If result is zero, you do not qualify for a rebate. If using your rebate to pay your Vermont Income Tax liability, also enter this amount on Schedule IN-112, Part II, Line 2.	9	.00								

MAXIMUM REBATE AMOUNT IS \$3,000.

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	Date	Telephone Number
Signature (If a joint return, BOTH must sign.)	Date	Telephone Number
Preparer's Signature	Date	Preparer's SSN or PTIN
Firm's Name (or your name if self-employed) and address		EIN

May the Department of Taxes contact your preparer? YES

Please PRINT in BLUE or BLACK INK

Vermont Household Income 2018 Schedule HI-144

For the year Jan. 1-Dec. 31, 2018

This schedule must be included with the 2018 Renter Rebate Claim (Form PR-141) OR the 2019 Property Tax Adjustment Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
Spouse's or CU Partner's Last Name	First Name	MI	Claimant's Date of Birth

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2018. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

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 and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief	a .00	a .00	a .00	a .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b .00	b .00	b .00	b .00
c. Unemployment compensation/worker's compensation	c .00	c .00	c .00	c .00
d. Wages, Salaries, tips, etc. (See instructions for dependent's exempt income.)	d .00	d .00	d .00	d .00
e. Interest and dividends	e .00	e .00	e .00	e .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f .00	f .00	f .00	f .00
g. Alimony, support money, child support, cash gifts	g .00	g .00	g .00	g .00
h. Business income. If the amount is a loss, enter -0-, See instructions for offsetting a loss	h .00	h .00	h .00	h .00
i. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-, See instructions for offsetting a loss	i .00	i .00	i .00	i .00
j. Taxable pensions, annuities, IRA and other retirement fund and distributions. See Instructions	j .00	j .00	j .00	j .00
k. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	k .00	k .00	k .00	k .00
l. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line l instructions for only exception to offset a loss	l .00	l .00	l .00	l .00
m. Other income (see instructions for examples of other income) Please Specify _____	m .00	m .00	m .00	m .00
n. Total Income: Add Lines a through m	n .00	n .00	n .00	n .00



Taxpayer's Last Name	Social Security Number
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	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
o. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment 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. Include W-2 and/or Federal Schedule SE if not included with income tax filing	o 0.00	o 0.00	o 0.00
p. Child support paid. You must include proof of payment. See instructions	p 0.00	p 0.00	p 0.00

Support paid to: Last Name	First Name	MI	Social Security Number
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q. Allowable adjustments from Federal Form 1040			
q1. Business expenses for Reservists	q1 0.00	q1 0.00	q1 0.00
q2. Alimony paid	q2 0.00	q2 0.00	q2 0.00
q3. Tuition and fees	q3 0.00	q3 0.00	q3 0.00
q4. Self-employed health insurance deduction	q4 0.00	q4 0.00	q4 0.00
q5. Health Savings Account deduction	q5 0.00	q5 0.00	q5 0.00
r. Add Lines o, p, and total of Lines q1 to q5 for each column.	r 0.00	r 0.00	r 0.00
s. Subtract Line r from Line n of each column. If a negative amount, enter -0-	s 0.00	s 0.00	s 0.00
t. Add all three amounts from Line s. If a negative amount, enter -0-			t 0.00
u. Complete if born Jan 1, 1954 and after. Enter interest and dividend income from Lines e and f.	u 0.00	u 0.00	u 0.00
v. Add all three amounts from Line u.			v 0.00
w.			w 10 000.00
x. Subtract Line w from Line v. If Line w is more than Line v, enter -0-			x 0.00
y. HOUSEHOLD INCOME. Add Line t and Line x.			y 0.00

RENTERS

If Line y Household income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2019, but can be filed up to Oct. 15, 2019.

If Household Income is more than \$47,000, you do not qualify for a renter rebate.

HOMEOWNERS

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

Homeowners with Household Income up to \$136,500 on Line y should complete Form HS-122, Section B. You may be eligible for a property tax adjustment. This schedule must be filed with the HS-122

Form HS-122 Due Date - April 15, 2019. Homeowners filing a property tax adjustment, Forms HS-122 and HI-144, between April 16 and Oct. 15, 2019 may still qualify for a property tax adjustment. A \$15 late filing fee will be deducted from the adjustment



* 1 8 1 4 4 1 2 W W *

Vermont Homestead Declaration AND Property Tax Adjustment Claim 2019 Form HS-122

DUE DATE: April 15, 2019. You may file up to Oct. 15, 2019, but the town may assess a penalty. For details on late filing, see the 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 Adjustment Claim: To be considered for a Property Tax Adjustment, you must file a **1)** Homestead Declaration (Section A of this form), **2)** Property Tax Adjustment 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 www.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. If your homestead is leased to a tenant on April 1, you may still claim it as a homestead if it is not leased for more than 182 days in the 2019 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name	First Name	MI	Claimant's Social Security Number
Spouse's or CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's Social Security Number
Mailing Address			Claimant's Date of Birth (MMDDYYYY)
City			State ZIP Code
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.")			Federal Filing Status (Single=S; Head of Household=H; Joint=J; Separate=P)
A2. City/Town of Legal Residence on April 1, 2019	State	A3. SPAN Number - REQUIRED (From the 2018/2019 property tax bill)	

A4. Business Use of Dwelling	A4		%
A5. Rental Use of Dwelling	A5		%

A6. 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? Yes No

- A7-A10 Special Situations (see instructions for more information). Check the following if it applies:
- | | |
|---|--|
| <input type="checkbox"/> A7. Grantor and sole beneficiary of a revocable trust owning the property
<input type="checkbox"/> A8. Life estate holder of the property | <input type="checkbox"/> A9. Homestead property crosses town boundaries (File a declaration for each town.)
<input type="checkbox"/> A10. Residing in a dwelling on the homestead parcel owned by a related farmer. |
|---|--|

Mail to: Vermont Department of Taxes
PO Box 1881
Montpelier, VT 05601-1881



Taxpayer's Last Name Social Security Number



* 1 9 1 2 2 1 2 W W *

DUE DATE: April 15, 2019. Claims accepted up to Oct. 15, 2019

SECTION B. PROPERTY TAX ADJUSTMENT CLAIM
 For Household Income up to \$136,500. Complete and attach Schedule HI-144.

To qualify, you must meet the requirements for filing a homestead declaration in addition to the following requirements. ALL eligibility questions must be answered.

- B1. Were you domiciled in Vermont all of calendar year 2018? Yes, Go to Line B2 No, STOP
- B2. Were you claimed as a dependent in 2018 by another taxpayer? Yes, STOP No, Go to Line B3.
- B3. Do you anticipate selling this Vermont housesite on or before April 1, 2019? Yes, STOP No, Continue

Amounts for Lines B4-B6 are found on the 2018/2019 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value	B4	.00
B5. Housesite Education Tax	B5	.00
B6. Housesite Municipal Tax	B6	.00
B7. Ownership Interest	B7	%
B8. Household Income (Schedule HI-144, Line y). You MUST attach Schedule HI-144	B8	.00

B8a. If Amended Schedule HI-144, Household Income, is included, check here:

Complete the following ONLY if applicable. See instructions for details.

Lot Rent

B9. E-file Certificate Number (From Form LC-142)	B9	
B10. Mobile Home Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.)	B10	.00
OR Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park		
B11. Allocated Education Tax	B11	.00
B12. Allocated Municipal Tax	B12	.00
OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)		
B13. Contiguous property Education Tax	B13	.00
B14. Contiguous property Municipal Tax	B14	.00

MAXIMUM ADJUSTMENT AMOUNT IS \$8,000

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	Date	Telephone Number
Signature (If a joint return, BOTH must sign.)	Date	Telephone Number
Preparer's Signature	Date	Preparer's SSN or PTIN
Firm's Name (or your name if self-employed) and address		EIN

May the Department of Taxes contact your preparer? YES