Vermont Fiduciary Income Test Package for Tax Year 2019



Vermont Test Cases

FIT Test 1:

Required Vermont Forms/Schedules: FIT-161

Taxpayer(s) Information:

Name of Estate or Trust: Marvin Brooks Estate

03-3249556 Federal Employer ID: Lauren Brooks Name or Fiduciary: Executrix Title of Fiduciary: 04/01/2019 Date of Death: 133 State St. Mailing Address: Montpelier City: Vermont State: 05633 Zip Code: US Country:

Tax Year Begin Date: 01012019
Tax Year End Date: 12312019
Type of Estate or Trust: Estate

Return Information:

Distributions on 1041 Line 18: None Non-VT municipal bond income: None

Any trust beneficiaries skip

persons : No Qualified settlement fund: No

Federal taxable income: 16,000.00 State & local income taxes: 1,100

Interest income from US

Obligations: 1,000.00
Estimated payments made: 1,200.00
Carry forward from prior years: 200.00

Overpayent applied to future

year: Yes

2019 Form FIT-161

Vermont Fiduciary Return of Income

For 2019 or fiscal YEAR ending:



	ne of Estate or Trust			FEIN	Date of Death (MMDDYYYY) 04012019			
	MARVIN BROOKS ESTATE			033249556			DVAAAA	
	ne of Fiduciary LAUREN BROOKS			Title of Fiduciary EXECUTRIX		Tax year BEGIN 01012		(וווווע)
		, Days)				^^^		
	ling Address of Fiduciary (Number and Street/Road or PO 133 STATE STREET	вох)		State of Domicile at Death and/or Creation of Trust Tax year END date (MMDI 12312019				
				Check ONE		12312	019	
Add	litional Line for Mailing Address of Fiduciary, if needed				Bank	kruptcy Granto	or Irre	evocable
City		Ctoto	ZIP Code	Estate Revocable Trust	Esta		Tru	ıst
City		State	05633					
	MONTPELIER eign Country	VI	03033	Check here if this		ck here if this		nere if this
FUI	eigh Country			is an EXTENDED return	retur	AMENDED [is your F return	IINAL
A.	Were any distributions reported on federal Fo	orm 1041	, Line 18, made to non	resident beneficiaries?			\neg	X No
В.						L		
2.	Line 2a and FIT-166, Part I						Yes	X No
						L		<u></u>
C.	Are any present or future trust beneficiaries s	skip perso	ons?				Yes	X No
		1 1				L		
D.	Is this return for a Qualified Settlement Fund	(federal	Form 1120-SF)?				Yes	X No
						L		
1	E 1 1/ 11 : C E 1041 I:	22	1:0 1 :	C				
1.	Federal taxable income from Form 1041, Lin Qualified Settlement Fund (from federal Form			Of Chec	k to ate 1		1600	00 00
	Quanticu Settienient Fund (from federal For	III 1120-k	51')	loss	·· 1			00
2a.	Income from Non-Vermont state and local of	hligation	s (from Schedule FIT-	166 Part I Line 3)	29			.00
<i>2</i> a.	meome from twon-vermone state and rocar o	ongation	s (Holli Schedule 111-	100, 1 art 1, Line 3)	2a			•••
2b.	Bonus Depreciation allowed under federal la	w for 20	19		2h.			.00
_~~								
2c.	State and local income taxes included on fed-	eral Forn	n 1041, Line 11. (see ir	structions)	2c.		110	00.00
								_
3.	Federal Taxable Income with Additions (Add	d Lines 1	, 2a, 2b, and 2c.)	← indications	ate 3.		1710	00.00
	`		,	1055				
4a.	Interest income from U.S. Obligations				4a . _		100	00.00
4b.	Capital Gains Exclusion (from Schedule FIT	-162, Lir	e 21. If less than zero	, enter -0)	4b			00
	•				_			
4c.	Adjustment for prior years' Bonus Depreciat	ion			4c			00
4d.	Add Lines 4a, 4b, and 4c				4d		100	00.00
5.	Vermont taxable income (Line 3 minus Line	4d)		← indications	ite 5		1610	<u>00.00</u>
6.	Vermont tax from the tax rate schedule on pa	ige 2 of t	his form		6		114	<u> 19.00</u>
7.	Additions to Vermont Tax (from Schedule F	IT-166, F	Part II, Line 1c)		7			00
	•		•					
8.	Subtractions from Vermont Tax (From Scheo	dule FIT-	166, Part II, Line 2d).		8			00
9.	Vermont Tax with Additions and Subtraction	ıs (add L	ines 6 and 7, then subtr	act Line 8)	9			00
10.	Income Adjustment (from Schedule FIT-166	, Part III,	Line 10, or 100%)			1010	0.00	%

Name of Estate	or Trust		
MARVIN	BROOKS	ESTATE	
FEIN			
03324	49556		



11.	Adju	sted tax (Mu	ltiply Line 9 by I	Line 10)			11.	1149.00
12.	Other	r states credi	t (from Schedule	FIT-167, Line 21)			12.	.00
13.	Total	l Vermont tax	xes (Line 11 min	us Line 12)				1149.00
14.	Payn 14a.	nent Vermont Ta	ax Withheld on 1	1099	14a	•	.00	
							1200.00	
							.00	
		Attach copy	y of Form RW-1	1/1 or Sch. K-1V1				
							.00	
	14e.	2018 Overp	payment Applied	1		•	200.00	
14f.	Total	l Payments (A	Add Lines 14a, 1	4b, 14c, 14d, and 14	4e)		14f.	1400.00
15.	Over	payment: If I	Line 13 is less th	an Line 14f, subtrac	et Line 13 from L	ine 14f	15.	251.00
16.	Amo	ount of overpa	ayment to be cre	dited to 2020 Taxes			16.	251.00
17.								.00
18.								00
10.	DAL	ANCE DUE	7: 11 L/IIIC 141 15 1	ess man Line 13, su	.0tract Line 141 in			
-			Vermont 2019			_		ment Fund, tax is 8.95% of
		Taxable me is over	But not over	The Vermont Tax is	of the amount over	taxable inc		
		\$0	\$2,700	3.35%	\$0			15th day of the fourth month
	,	\$2,700	\$6,250	\$90.00 + 6.60%	\$2,700			ating or income year. Attach Form 1041, U.S. Income Tax
	,	\$6,250	\$9,550	325.00 + 7.60%	\$6,250	•		or federal Form 1120-SF for
	Ç	\$9,550		576.00 + 8.75%	\$9,550		taxable period.	Of leacial Form 1120-Of Tor
or m	ayer, h ade av ned by	is/her declara	ation further prov by other person of 	vides under 32 V.S.	A. §§ 5901-5903	this informatio	on has not been and will	repared by a person other than the not be used for any other purpose form is signed by the taxpayer and Daytime Telephone Number
		·	лисег 				Date	Daytime Telephone Intiliber
Prir	nted Nan	ne			Email Ad	dress (optional)		
Paid	d Prepar	rer's Signature				Check if self-employed	Date	Preparer's Telephone Number
Pr≏	narer's l	Printed Name			Prenarer	's Email Address (ontional)	

Check if the Department of Taxes may discuss this return with the preparer shown.

Keep a copy for your records.

FEIN

For Department Use Only
Ck. Amt. Init.

Preparer's SSN or PTIN

Form FIT-161 Rev. 10/19

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

Test 2:

Required Vermont Forms/Schedules: FIT-161, FIT-166

Taxpayer(s) Information:

Name of Estate or Trust:

Federal Employer ID:

O3-1239567

Name or Fiduciary:

Bob Lee

Title of Fiduciary:

Trustee

State, Canadian province or country

during non-VT Residency: MA

Mailing Address: 133 State St.
City: Montpelier
State: Vermont
Zip Code: 05633
Country: US

Tax Year Begin Date: 01012019
Tax Year End Date: 12312019

Type of Estate or Trust: Irrevocable Trust

Return Information:

Distributions on 1041 Line 18: Yes

Non-VT municipal bond income: None

Any trust beneficiaries skip persons: No

Qualified settlement fund: No

Federal taxable income: 20,000.00 Non-VT state & local obligations: 800.00 State & local income taxes: 1,000.00 Interest income from US Obligations: 300.00 Bonus depreciation allowed: 500.00 Prior year bonus depreciation adjustment: 300.00 R&D credit: 200.00 2,500.00 Interest income: VT Interest income: 2,500.00 Ordinary dividends: 1,000.00 VT ordinary dividends: 1,000.00 3,000.00 Capital gain or (loss): VT capital gain or (loss): 3,000.00

Rents, royalties, partnerships, SCorps,

trusts etc: 68,000.00

VT Rents, royalties, partnerships, SCorps,

trusts etc: 38,000.00
Other income: 1,000.00
VT other income: 1,000.00
Estimated payments made: 1,000.00
Non-resident estimated payments: 200.00
Carry forward from prior years: 450.00
Overpayent applied to future year: 600.00

2019 Form FIT-161

Vermont Fiduciary Return of Income

For 2019 or fiscal YEAR ending: *



	ne of Estate or Trust			FEIN	Date of Death (MMDDYYYY)		
	LEE TRUST			031239567	T		
	ne of Fiduciary			Title of Fiduciary		Tax year BEGIN date (MMDD)	YYYY)
	BOB LEE ing Address of Fiduciary (Number and Street/Road or PO	Pov)		TRUSTEE State of Domicile at Death	Tax year END date (MMDDYY	/VV\	
	ing Address of Fiduciary (Number and Street/Road of POLL 33 STATE STREET	DOX)		and/or Creation of Trust		12312019	11)
	itional Line for Mailing Address of Fiduciary, if needed			Check ONE		12312017	
7100	national Elite for Maining / nations of Financiary, it hoodes			Revocabl		kruptcy Grantor Irrev Trust Trust	ocable
City		State	ZIP Code	Trust	Esta	ite Trust Trus	ı.
ľ	MONTPELIER	VT	Check here if this	— Che	ck here if this — Check he	re if this	
Fore	eign Country		is an EXTENDED	is ar	n AMENDED is your FI		
				return	retui	rn return	
A.	Were any distributions reported on federal Fo	orm 1041	1 Line 18 made to no	onresident heneficiaries?		A 🔽	П.,
	Did the estate or trust have non-Vermont mu					Yes	N
ъ.	Line 2a and FIT-166, Part I					B	X No
							<u> </u>
C.	Are any present or future trust beneficiaries s	kip pers	ons?				N
D.	Is this return for a Qualified Settlement Fund	(federal	Form 1120-SF)?				X No
1.	Federal taxable income from Form 1041, Lin	e 22, or	modified gross incom	e of \square	heck to	0000	0 00
	Qualified Settlement Fund (from federal Form	m 1120-S	SF)	∐ ← ir	dicate 1	2000	<u>u.00</u>
2		1.1: .:	(C C 1 1 1 F)7	2166 D (111: 2)		80	0.00
2a.	Income from Non-Vermont state and local o	biigatior	is (from Schedule F11	-166, Part I, Line 3)	2a	00	<u>∪</u> .00
2b.	Bonus Depreciation allowed under federal la	w for 20	19		2h.	50	0.00
-20	Donat Doprovision unto Note distant routini in	101 20					_•••
2c.	State and local income taxes included on federal	eral Forn	n 1041, Line 11. (see	instructions)	2c	100	0.00
					heck to		• • •
3.	Federal Taxable Income with Additions (Add	l Lines 1	, 2a, 2b, and 2c.)		dicate 3	2230	<u>0.00</u>
	The state of the collins.				4	2.0	0.00
4a.	Interest income from U.S. Obligations				4a . _	30	<u>∪.</u> 00
4b.	Capital Gains Exclusion (from Schedule FIT-	-162 Lir	ne 21 - If less than zer	o enter -0-)	4h		.00
10.	Capital Gains Exercision (from Senedate 111	102, En	10 21. 11 1035 than 201	o, enter o .j			_•••
4c.	Adjustment for prior years' Bonus Depreciat	ion			4c	30	0.00
4d.	Add Lines 4a, 4b, and 4c				4d	60	<u>0.00</u>
				Π.9	heck to	01.50	
5.	Vermont taxable income (Line 3 minus Line	4d)		L 🗲 🛚	idicate 5. –	2170	<u>u.uu</u>
,	Western the Country to the second of the second	2 . 64	1.1 C			163	9 00
6.	Vermont tax from the tax rate schedule on pa	ige 2 of t	this form		6	103	<u>_</u> .00
7.	Additions to Vermont Tax (from Schedule Fl	T-166 I	Part II Line 1c)		7		.00
, •	reactions to vermont ray (non senedule r		шт п, шт тој		· · · · · · /• _		_•••
8.	Subtractions from Vermont Tax (From Scheo	dule FIT-	-166, Part II, Line 2d)		8.	20	0.00
			, , , , , ,		_		
9.	Vermont Tax with Additions and Subtraction	ıs (add L	ines 6 and 7, then sub	tract Line 8)	9	143	<u>9.00</u>
							•
10.	Income Adjustment (from Schedule FIT-166	, Part III	, Line 10, or 100%).			10 . 60,26_	%

Name of Estate or Trust
LEE TRUST
FEIN
031239567



11.	Adjusted tax (Mu	ultiply Line 9 by	Line 10)			11	867 .0 0		
12.	Other states cred	it (from Schedule	e FIT-167, Line 21)				00		
13.	Total Vermont ta	xes (Line 11 mir	nus Line 12)				867 .00		
14.		ax Withheld on	1099		a	.00.			
						1000.00			
	14c. Vermont R	Real Estate Withh	olding			.00			
	Attach cop	y of Form RW-	1/1 or Sch. K-1V1			200.00			
	14u. Nomeside	nt Fayments non	1 FOIII W11-435	140	u				
	14e. 2018 Over	payment Applied	I		e	450.00			
14f.	Total Payments (Add Lines 14a, 1	4b, 14c, 14d, and 14	4e)		14f	1650 .0 0		
15.	Overpayment: If	Line 13 is less th	an Line 14f, subtrac	et Line 13 from l	Line 14f				
16.	Amount of overp	ayment to be cre	dited to 2020 Taxes				600 .0 0		
17.	Amount of overp	ayment to be RE	FUNDED (Line 15	minus Line 16)			183 .0 0		
18.	BALANCE DUI	E: If Line 14f is l	ess than Line 13. su	btract Line 14f t	from Line 13	318	00		
					_				
F						for a Qualified Settle e income.	ement Fund, tax is 8.95% of		
	income is over	But not over	Tax is	over]				
	\$0	\$2,700	3.35%	\$0					
	\$2,700	\$6,250	\$90.00 + 6.60%	\$2,700	ı		Form 1041, U.S. Income Ta		
L	\$6,250	\$9,550	325.00 + 7.60%	\$6,250			s, or federal Form 1120-SF fo		
	\$9,550		576.00 + 8.75%	\$9,550	1	ne taxable period.	,, 0		
axpa or m etai	ayer, his/her declar	ration further pro ny other person c r.	vides under 32 V.S.	A. §§ 5901-5903	this inform	nation has not been and wil	prepared by a person other than the ll not be used for any other purpos form is signed by the taxpayer and Daytime Telephone Number		
Prir	ited Name			Email A	Address (option	al)			
						,			
Pai	d Preparer's Signature				Check if self-employed	Date	Preparer's Telephone Number		
Pre	parer's Printed Name			Prepare	er's Email Addr	ess (optional)	1		
Firn	n's Name (or yours if se	elf-employed) and ad	dress			Preparer's SSN or PTIN	FEIN		
	Check if	the Department of	Taxes may discuss shown.			Keep a cop	oy for your records.		
			shown.			For Department Use Only			
	5454	l		Page 2	of 2	A. AIIIL IIIIL	Rev. 10/19		

2019 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



Attach to Form FIT-161

Na	me of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)		
L	EE TRUST	031239567	12312019		
PAI	RT I Taxable Municipal Bond Income				
1.	Total interest and dividend income from all state and local obligations exen federal tax (see Line-by-Line Instructions).		1000 .00		
2.	Interest and dividend income from Vermont state and local obligations inclu	uded in Line 1	200.00		
3.	Income from non-Vermont state and local obligations to be added to Vermo (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on For		80000		
4.	If all municipal bond income was distributed , check here.				
1.	Additions to Vermont Tax 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)	00			
	(from federal Form 4255)	.00			
1c.	Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 7	1c.	.00		
2	Subtractions from Vermont tax				
	2a. Investment tax credit - Vermont-based only (from federal Form 3468)	.00			
	2b. Multiply Line 2a by 24%	.00			
	2c. Research & Development Credit, 32 V.S.A. § 5930d				
2d.	Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 8	2d.	200 .00		



Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
LEE TRUST	031239567	12312019

PART III INCOME ADJUSTMENT CALCULATION

Dates of Vermont residency in 2019

Nonresidents and Part-Year Residents must complete this section.

	From (MMDDYYYY):	To (MMDDYYYY):		country during non-Verm (use standard 2-characte	ont residency	MA
		A Federal A			B. Vermont Po	rtion \$
1.	Interest income	1A.	2500 .00	1	IB	<u> 2500</u> .00
2.	Total ordinary dividends	2A.	1000.00) 2	2B	1000.00
3.	Business income (or loss) ☐ ← inc	neck to dicate 3A.	.00	Check to indicate loss 3	BB	.00
4.	Capital gain (or loss)	neck to dicate 4A.	3000 .00	Check to indicate loss 4	IB	3000.00
	Rents, royalties, partnerships,	neck to dicate 5A.			5B	38000.00
6.	Farm income (or loss)	neck to dicate 6A	.00	Check to indicate loss	бВ	00
7.	Ordinary gain (or loss)	neck to dicate 7A	.00	Check to indicate loss	7B	00
8.	Other income (specify type of income) ———————————————————————————————————	neck to dicate 8A.	1000.00	Check to indicate loss	BB	1000.00
9.	Total income (Add Lines 1 through 8))B	45500 .0 0
	Adjustment percentage. Divide Line 9B by right of the decimal. Enter here and on For	y Line 9A. Express as a	percentage, with tv	vo digits to the	1060).26 %

FIT Test 3:

Required Vermont Forms/Schedules: FIT-161, FIT-162

Taxpayer(s) Information:

Name of Estate or Trust: Hubert Mann Trust

Federal Employer ID: 03-6699887 Name of Fiduciary: Strong Mann

Title of Fiduciary: Trustee
State of domicile: VT

Mailing Address: 133 State St.
City: Montpelier
State: Vermont
Zip Code: 05633
Country: US

Tax Year Begin Date: 01012019
Tax Year End Date: 12312019

Type of Estate or Trust: Irrevocable Trust

Return Information:

Distributions on 1041 Line 18:

None

Non-VT municipal bond income:

Any trust beneficiaries skip persons:

Qualified settlement fund:

No

 Federal taxable income:
 45,000.00

 State & local income taxes:
 8,000.00

 Form 1041 sch. D line 18a(s):
 38,500.00

 Form 1041 sch. D lime 18b(2):
 2,800.00

Net capital gain from sale of assets held

for less than 3 years: 700.00

Stocks or bonds publicly traded or traded

on an exchange: 35,000.00
Estimated payments made: 2,000.00
Real estate withholding payments: 5,000.00
Overpayent applied to future year: Yes

2019 Form FIT-161

Vermont Fiduciary Return of Income

For 2019 or fiscal YEAR ending: * 1 9 1 6 1 1 1 0 0

	ne of Estate or Trust			FEIN	Date of Death (MMDDYYYY)			
	HUBERT MANN TRUST ne of Fiduciary			036699887 Title of Fiduciary		Tax year BEGIN date (MMDDYYYY)		
	STRONG MANN			TRUSTEE	01012	•	111)	
	ling Address of Fiduciary (Number and Street/Road or PO	Box)		State of Domicile at Death		Tax year END da		Y)
	133 STATE STREET			and/or Creation of Trust		12312	019	
Add	itional Line for Mailing Address of Fiduciary, if needed			Check ONE Estate Revocable Trust	Banl Esta	kruptcy Granto	or Irrevoor	cable
City		State	ZIP Code					
	MONTPELIER sign Country	VT	05633	Check here if this is an EXTENDED		ck here if this AMENDED	Check here	
1 010	July Country			return	retur		return	, ,,_
	W 1147 (1 4 1 6 1 1 E	1041	T: 10 1 .	.1 .1		. 1		$\overline{}$
	Were any distributions reported on federal For Did the estate or trust have non-Vermont mur						Yes	×Ν
Б.	Line 2a and FIT-166, Part I					В.	່ Yes [×N
						ı	_	스)''
C.	Are any present or future trust beneficiaries s	skip perso	ons?				Yes	×N
D	Is this return for a Qualified Settlement Fund	(fadaral	Form 1120 SE)2			1 a	_ ;	
υ.	is this return for a Quantied Settlement Fund	(ieuciai	Form 1120-SF)!				Yes	×N
1	Federal taxable income from Form 1041, Lin	12 22 or 1	modified gross income	of				
1.	Qualified Settlement Fund (from federal Form	m 1120-S	SF)	Ch ind ind	eck to icate 1		45000	.00
					-			_
2a.	Income from Non-Vermont state and local o	bligation	s (from Schedule FIT-	166, Part I, Line 3)	2a			00
2b.	Bonus Depreciation allowed under federal la	w for 20	19		2b			0(
2c.	State and local income taxes included on federal	eral Forn	n 1041, Line 11. (see in	nstructions)	2c		8000	.00
	Federal Taxable Income with Additions (Add			☐ € Ch	eck to		E2000	00
3.	Federal Taxable Income with Additions (Add	d Lines 1	, 2a, 2b, and 2c.)	·····	s 3. –		53000	UC
4a.	Interest income from U.S. Obligations				4a . _			.00
	-						F000	-
4b.	Capital Gains Exclusion (from Schedule FIT-	-162, Lin	e 21. If less than zero	, enter -0)	4b		5000	00
4c.	Adjustment for prior years' Bonus Depreciati	ion			4c.			.00
	regulations for prior years. Bonus Bepreside	1011			_			_•••
4d.	Add Lines 4a, 4b, and 4c				4d		5000	00
5.	Vermont taxable income (Line 3 minus Line	4d)		Ch ind ios	eck to icate 5		48000	00
6.	Vermont tax from the tax rate schedule on pa	ige 2 of t	his form		6		3940	00
-	A 11'4' 4. W T (C C.1 1.1. F)	TT 1// T	New H. Time 1sX					
7.	Additions to Vermont Tax (from Schedule Fl	11-100, F	raft II, Line Ic)		· · · · · /• _			00
8.	Subtractions from Vermont Tax (From Scheo	dule FIT-	166, Part II, Line 2d).		8			00
9.	Vermont Tax with Additions and Subtraction	ns (add L	ines 6 and 7, then subtr	ract Line 8)	9		3940	00
10.	Income Adjustment (from Schedule FIT-166)	, Part III,	Line 10, or 100%)			1010	0.00	_%

Name of Estate or Trust	
HUBERT MANN TRUST	
FEIN	
036699887	* 1 9 1 6

*	1	_	-	_	-	2	_	_	

11.	Adjusted tax (Mu	ltiply Line 9 by	Line 10)		11	3940.00
12.	Other states credi	t (from Schedule	e FIT-167, Line 21)		12	.00
13.	Total Vermont ta	xes (Line 11 mir	nus Line 12)		13	3940.00
14.	Payment 14a. Vermont T	ax Withheld on	1099	14a	.00	
	14b. Estimated	Гах or Extensior	Payments	14b.	2000.00	
	14c. Vermont R	eal Estate Withh	nolding	14c	5000.00	
		•		14d	.00	
	14e. 2018 Overp	payment Applied	1	14e	.00	
14f.	Total Payments (A	Add Lines 14a, 1	14b, 14c, 14d, and 14	4e)	14f	7000.00
15.	Overpayment: If	Line 13 is less th	nan Line 14f, subtrac	et Line 13 from L	ine 14f	3060.00
16.	Amount of overpa	ayment to be cre	edited to 2020 Taxes		16	3060.00
17.	Amount of overpa	ayment to be RE	EFUNDED (Line 15	minus Line 16) .	17.	.00
18.	BALANCE DUE	E: If Line 14f is l	less than Line 13, su	btract Line 14f fr	om Line 13 18.	.00
Γ		Vermont 2019 Tax Schedule			If filing for a Qualified Settlement Fund, tax is	ent Fund, tax is 8.95% o
	If Taxable income is over	But not over	The Vermont Tax is	of the amount over	taxable income.	
	\$0	\$2,700	3.35%	\$0	File this return no later than the	•
	\$2,700	\$6,250	\$90.00 + 6.60%	\$2,700	following the close of the opera-	

\$6,250 \$9,550 325.00 + 7.60% \$6,250 \$9,550 576.00 + 8.75% \$9,550

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.

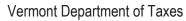
I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose 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		Date	Daytime Telephone Number
Printed Name	Email Address (optional	al)	
Paid Preparer's Signature	Check if	Date	Preparer's Telephone Number
	self-employed		
Preparer's Printed Name	Preparer's Email Addre	ess (optional)	
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	FEIN
Check if the Department of Taxes may discuss this return with the preparer shown.		Кеер а сору	for your records.
this return with the preparer shown.		For Department Use Only	
		1 of Department Oct Only	Form FIT-161

5454

LCk. Amt.

Rev. 10/19



2019 Schedule FIT-162

Capital Gains Exclusion Calculation for Estates or Trusts



Attach to Form FIT-161

	ne of Estate or Trust HUBERT MANN TRUST	FEIN 036699887	Tax Year End Date (MMDDYYYY) 12312019
PAF	RT I Flat Exclusion		
1.	Enter lesser of Line 18a(2) or 19(2) from federal Form 1041, Schedule D	.1.	38500.00
2.	Enter amount from: 2a. Federal Form 1041, Schedule D, Line 18b(2)	2800.00	
	2b. Federal Form 1041, Schedule D, Line 18c(2) 2b.	.00	
3.	Add Lines 2a and 2b	3.	2800.00
4.	Subtract Line 3 from Line 1. <i>Entry cannot be less than zero.</i>	4.	35700.00
If yo	u filed federal Form 4952, complete Lines 5 through 7		
5.	Enter amount from: 5a. Federal Form 4952, Line 4g	.00	
	5b. Federal Form 4952, Line 4e	.00	
5c.	Multiply Line 5a by Line 5b. Enter result here	5c.	.00.
	5d. Federal Form 4952, Line 4b	.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		.00.
8.	Subtract Line 7 from Line 4. <i>Entry cannot be less than zero.</i>	8.	35700 .0 0
9.	Enter the lesser of Line 8 or \$5,000	9.	5000.00

(continued on next page)

Schedule FIT-162 Rev. 10/19



Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
HUBERT MANN TRUST	036699887	12312019

PAR	Percentage Exclusion (Use this section only if you have eligible gains. See Tecmore information, or continue on to Part III)	hnical Bu	ılletin TB-60, Taxation of Gain on t	he Sale of Capital Assets, for
10.	Enter the amount from Part I, Line 4	10.	35700 .00	
11.	Enter amount of adjusted net capital gain from the sale of assets held for three years or less	11	700.00	
12.	Assets held for more than three years. Subtract Line 11 from Line 10. <i>Entry cannot be less than zero.</i>	12	35000.00	
Ente	the amount of net adjusted capital gain from the sale of the follow	ing 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	35000.00	
14.	Add Lines 13a through 13c	14	35000.00	
15.	Subtract Line 14 from Line 12. Enter result here. <i>Entry cannot be less than zero.</i> This is the amount of net capital gain eligible for exclusion	15	.00	
Line	16 federal Form 4952 information. If no investment interest exp Part I of this form. Otherwise, you may need to recompute federa 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. <i>Entry cannot be less than zero.</i> .			.00
18.	Multiply Line 17 by 40%. Enter result here. (If amount is greater than \$350,000, see additional instructions.) .			
PAR	RT III Capital Gain Exclusion			
19.	Enter the greater of Line 9 or Line 18			5000.00
20.	Multiply 45000.00 x 40%. En	ter result	here 20. _	18000.00
21.	Enter the lesser of Line 19 or Line 20. This is the capital gain exc Enter on Form FIT-161, Line 4b.	lusion.	.21. _	5000.00

Schedule FIT-162 Rev. 10/19

FIT Test 4:

Required Vermont Forms/Schedules: FIT-161, FIT-167

Taxpayer(s) Information:

Name of Estate or Trust: Estate of William Broom

Federal Employer ID: 89-6549237 Name or Fiduciary: Milicent Peters

Title of Fiduciary: Executrix

Other state where income was earned: TX

Mailing Address: 133 State St.
City: Montpelier
State: Vermont
Zip Code: 05633
Country: US

Tax Year Begin Date:01012019Tax Year End Date:12312019Type of Estate or Trust:Estate

Return Information:

Distributions on 1041 Line 18: Yes

Non-VT municipal bond income: None

Any trust beneficiaries skip persons: No

Qualified settlement fund: No

Federal taxable income: 50,000.00
Bonus depreciation allowed: 1,000.00
State & local income taxes: 2,000.00
Prior year bonus depreciation adjustment: 500.00
Income taxed in another state: 40,000.00
Total income: 115,000.00
Tax withheld from 1099: 1,400.00

2019 Form FIT-161

Vermont Fiduciary Return of Income

For 2019 or fiscal YEAR ending:



	ne of Estate or Trust ESTATE OF WILLIAM BROOM	FEIN 896549237	Date of Death (MMDDYYYY) 03022019					
	ESTATE OF WILLIAM BROOM ne of Fiduciary			Title of Fiduciary		Tax year BEG I		DYYYY
	MILICENT PETERS			EXECUTRIX		1 '	2019	D1111)
	ling Address of Fiduciary (Number and Street/Road or PO	Box)		State of Domicile at Death		Tax year END		YYYY)
	133 STATE STREET	- /		and/or Creation of Trust		1 '	2019	,
Add	itional Line for Mailing Address of Fiduciary, if needed			Check ONE				
				Estate Revocable Trust	Bank Esta			revocable rust
City		State	ZIP Code					
	MONTPELIER	VT	05633	Check here if this	Chec	ck here if this		here if this
Fore	eign Country			is an EXTENDED return	is an retur	n AMENDED m	is your return	FINAL
						··		
A.	Were any distributions reported on federal Fo	orm 1041	, Line 18, made to non	resident beneficiaries?			. 🔽 _{Vas}	No
	Did the estate or trust have non-Vermont mu						<u> </u>	
	Line 2a and FIT-166, Part I					B	· Yes	X No
							ш	
C.	Are any present or future trust beneficiaries s	skip perso	ons?				· Yes	X No
_						_		_
D.	Is this return for a Qualified Settlement Fund	(federal	Form 1120-SF)?				· Yes	× No
1.	Federal taxable income from Form 1041, Lin			of Che	ck to		EOO	00.00
	Qualified Settlement Fund (from federal Form	m 1120-8	SF)	····· Lindic	1			<u>00.00</u>
2a.	Income from Non-Vermont state and local o	bligation	s (from Schedule FIT-	166 Part I Line 3)	20			.00
2a.	meome from twon-vermone state and rocar o	ongation	s (nom senedule 111-	100, 1 art 1, Eme 3)	· · · · • · · · –			00
2b.	Bonus Depreciation allowed under federal la	w for 20	19		2b		10	00.00
2c.	State and local income taxes included on fed	eral Forn	n 1041, Line 11. (see in	structions)	2c		200	<u>00.00</u>
				Che	ck to		E 2 0	00 00
3.	Federal Taxable Income with Additions (Add	d Lines 1	, 2a, 2b, and 2c.)	loss	3			<u>00.00</u>
4a.	Interest income from U.S. Obligations							.00
та.	interest income from 0.5. Congations				· · · ¬u• _			00
4b.	Capital Gains Exclusion (from Schedule FIT	-162, Lir	e 21. If less than zero	enter -0)	4b.			.00
	`			,	_			
4c.	Adjustment for prior years' Bonus Depreciat	ion			4c		5	<u>00.00</u>
							_	00.00
4d.	Add Lines 4a, 4b, and 4c				4d		50	<u>00.00</u>
_	Vermont taxable income (Line 3 minus Line	4.15		Che	ck to		525 (00.00
5.	vermont taxable income (Line 3 minus Line	40)		loss	5			<u>50</u> .00
6.	Vermont tax from the tax rate schedule on pa	ige 2 of t	his form		6		43	34 .00
0.	vermont tax from the tax rate senedule on pe	ige 2 or t	mis 101m		· · · · · • –			<u></u> .00
7.	Additions to Vermont Tax (from Schedule F	IT-166, F	Part II, Line 1c)		7.			00
	`	•			_			_
8.	Subtractions from Vermont Tax (From Scheo	dule FIT-	166, Part II, Line 2d).		8			00
								24.00
9.	Vermont Tax with Additions and Subtraction	ıs (add L	ines 6 and 7, then subtr	ract Line 8)	9		43	34 .00
10	T	D : 777	T: 10 1000/			. 1	00 00	0/
10.	Income Adjustment (from Schedule FIT-166	, Part III,	Line 10, or 100%)			10⊥	<u> </u>	%

Name of Estate or Trust					
ESTATE	OF	WILLIAM	BROOM		
FEIN					
89654	37				



11.	Adjusted tax (Multiply Line 9 by Line 10).	11.	4334.00
12.	Other states credit (from Schedule FIT-167, Line 21)	12	1501.00
13.	Total Vermont taxes (Line 11 minus Line 12)	13	2817.00
14.	Payment 14a. Vermont Tax Withheld on 1099 14a. 14a. 1400 .0	0	
	14b. Estimated Tax or Extension Payments	0	
	14c. Vermont Real Estate Withholding	0	
	14d. Nonresident Payments from Form WH-435	0	
	14e. 2018 Overpayment Applied	0	
14f.	Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)	. 14f	1400.00
15.	Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f	15	.00.
16.	Amount of overpayment to be credited to 2020 Taxes.	16	.00.
17.	Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17.	.00.
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18	1417.00

Vermont 2019 Tax Schedule						
If Taxable income is over	But not over	The Vermont Tax is	of the amount over			
\$0	\$2,700	3.35%	\$0			
\$2,700	\$6,250	\$90.00 + 6.60%	\$2,700			
\$6,250	\$9,550	325.00 + 7.60%	\$6,250			
\$9,550		576.00 + 8.75%	\$9,550			

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.

retained by the preparer.			
Signature of Responsible Officer		Date	Daytime Telephone Number
Printed Name	Email Address (optional)	•	
Paid Preparer's Signature	Check if	Date	Preparer's Telephone Number
	self-employed		
Preparer's Printed Name	Preparer's Email Address	(optional)	
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	FEIN
		l	

Check if the Department of Taxes may discuss this return with the preparer shown.

Keep a copy for your records.

For Department Use Only
Ck. Amt. Init.

Form FIT-161 Rev. 10/19



Name of Estate or Trust

Vermont Department of Taxes

2019 Schedule FIT-167



Tax Year End Date (MMDDYYYY)

Vermont Credit for Tax Paid to Another State or Canadian Province for Fiduciaries

Attach to Form FIT-161

For Residents and Some Part-Year Residents Only

	ESTATE OF WILLIAM BROOM	896549237	12312019
You	must complete a separate Schedule FIT-167 for each state or Canadian province a	nd attach a copy of the othe	er state return. See instructions.
1.	Name of state or Canadian province. Use standard two-letter abbreviation		1TX
2.	Enter total income taxed in another state or Canadian province and also subject to Vermont tax	40000 .00	
3.	2019 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont		
4.	Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont		
5.	Add Lines 2 through 4. If negative, enter -0-		5. <u>40000</u> . 00
6.	Bonus Depreciation subtracted from income in another state or Canadian province in TY 20196	.00	
7.	U.S. Government interest income	.00	
8.	Add Lines 6 and 7.		8 .00
9.	Modified total income for income taxed in another state or Canadian province At (Line 5 minus Line 8)	ND taxed in Vermont	
10.	Total income (from federal Form 1041, Line 9)	115000 .00	
11.	Non-Vermont state/local obligations from Form FIT-161, Line 2a	.00	
12.	Bonus Depreciation from Form FIT-161, Line 2b	1000 .00	
13.	Add Lines 10 through 12. If negative, enter -0-	1;	3. <u>116000</u> .00
14.	U.S. Government interest income from Form FIT-161, Line 4a . 14.	.00	
15.	Bonus Depreciation from Form FIT-161, Line 4c	500 .00	
16.	Add lines 14 and 15	10	6. <u>500</u> .00
17.	Line 13 minus Line 16	1	7. <u>115500</u> .00
18.	Vermont income tax from Form FIT-161, Line 6	4334.00	
19.	Computed tax credit (Divide Line 9 by Line 17, and multiply result by Line 18.) Line 9 40,000.00 Y Line 18 4,334.00		
	Line 17		91501 .00
20.	Income tax paid to another state or Canadian province based on modified adjuste income from Line 9 above		o1650 .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 FIT-161, Line 12		ı1501 .00

FEIN

FIT Test 5:

Required Vermont Forms/Schedules: FIT-161, FIT-166 2 K-1VT-F

Taxpayer(s) Information:

Name of Estate or Trust: Wonder Woman Trust

Federal Employer ID: 30-1239567

Name or Fiduciary: Super Man

Title of Fiduciary: Trustee

Mailing Address: 268 Milwaukee Ave.

City: Kingman State: AZ Zip Code: 86409 Country: US

Tax Year Begin Date: 01012019
Tax Year End Date: 12312019

Type of Estate or Trust: Irrevocable Trust

Return Information:

Distributions on 1041 Line 18:

None
Non-VT municipal bond income:

Any trust beneficiaries skip persons:

No
Qualified settlement fund:

No

Federal taxable income: 3,000.00 1,000.00 Interest income from US obligations: 2,000.00 Interest & dividend income exempt from federal tax: 16,000.00 VT partnership income distributed to beneficiaries: 2,000.00 VT other income distributed to beneficiaries: 500.00 NRW distributed to trust via Partnership K-1VT: 500.00 Total NRW allocated to beneficiaries: Ocean Blue Beneficiary 1 Name: 456-78-9123 Beneficiary 1 SSN: Non-Resident Beneficiary 1 Residency Status: Individual Beneficiary 1 Type:

15 Short Rd. Beneficiary 1 Mailing Address: Rangeley Beneficiary 1 City: ME Beneficiary 1 State: 04970 Beneficiary 1 Zip Code: 50% % of Entity's Income: **Baby Blue** Beneficiary 2 Name: 321-65-4987 Beneficiary 2 SSN: Non-Resident Beneficiary 2 Residency Status: Individual Beneficiary 2 Type: 15 Main St. Beneficiary 2 Mailing Address: Lenox Beneficiary 2 City:

Beneficiary 2 State: MA
Beneficiary 2 Zip Code: 01240
% of Entity's Income: 50%

2019 Form FIT-161

For 2019 or fiscal YEAR ending:



Vermont Fiduciary Return of Income

D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Yess A. D. D. D. Yess A. D.									
Name of Fedocary Title of Fedocary Title of Fedocary Title of Fedocary TITLE STEE Ol 2012 019							Date of Death	(MMDDYYYY	()
SUPER MAN Additional United and Street/Road of PO Box 268 M LLWAUKEE AVE State Choose is of Doncies and Death and/or Creation of Trust 12312019							Tay year REGI	N date (MMC)DYYYY)
State of Dencide at Deeth and Greek PRO add or PO Box 268 MILWAUKEE AVE 12312019 National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling Address of Fluxiously, if needed Cate of National Line for Misling		•			•		l '	•	
Additional Line for Maling Address of Fluciary, if needed Cay State			Box)						YYYY)
Estate Revocable Renovable Renovab	2	268 MILWAUKEE AVE					1231	2019	
State A 2 2 2 2 2 2 2 2 2	Add	litional Line for Mailing Address of Fiduciary, if needed			1 C C C C C C C C C C C C C C C C C C C	Rank	runtcy Gra	ntor III	revocable
Check here if this Check here if this Sear AMENDED Sear AM	City		Ctoto	ZID Codo			te Trus	it Tr	ust
Foreign Country Sear ENTENDED Sear AMERDED S	•		1		0, 1, 1641	01			
A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. \[\] \[\gamma_{es} \] \[112	00107					
B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FIT-166, Part I. C. Are any present or future trust beneficiaries skip persons? C. Tyes D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Tyes D.					return	returi	n	return	
B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FIT-166, Part I. C. Are any present or future trust beneficiaries skip persons? C. Tyes D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Tyes D.		Wara any distributions reported on federal E	orm 1041	Line 18 made to nor	president beneficiaries?				
Line 2a and FIT-166, Part I. C. Are any present or future trust beneficiaries skip persons? C. Are any present or future trust beneficiaries skip persons? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Tyes S. A. 1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) 1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) 2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) 2b. Journal of the Settlement Fund (from federal Form 1041, Line 11. (see instructions) 2c. Journal of Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) 4c. Adjustment for prior years' Bonus Depreciation 4d. Add Lines 4a, 4b, and 4c. 4d. Journal of Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) 5. Vermont tax from the tax rate schedule on page 2 of this form 6. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 2d) 8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d) 9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) 9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) 9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8)								Yes	X No
C. Are any present or future trust beneficiaries skip persons? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. If yes In this return for a Qualified Settlement Fund (from federal Form 1120-SF)? D. If yes In this return for a Qualified Settlement Fund (from federal Form 1120-SF)? D. If yes In this return for a Qualified Settlement Fund (from federal Form 1120-SF)? D. If yes In this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. If yes In this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. If yes In the settlement Fund (federal Form 1120-SF)?	ъ.	Line 2a and FIT-166, Part I					B	. \square_{Yes}	No
D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D.								ш	
1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	C.	Are any present or future trust beneficiaries s	skip perso	ons?				Yes	X No
1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	ъ	Le this nature for a Overliffed Cattlemant Found	l (£2 d 2	E 1120 CE\2			D		
Qualified Settlement Fund (from federal Form 1120-SF)	р.	is this return for a Qualified Settlement Fund	(tederai	Form 1120-SF)?				Yes	X No
Qualified Settlement Fund (from federal Form 1120-SF)									
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)	1.	Federal taxable income from Form 1041, Lin Oualified Settlement Fund (from federal Form	ne 22, or i m 1120-8	modified gross income (F)	c of Check ← indica	cto te 1		30	00.00
2b. Bonus Depreciation allowed under federal law for 2019		Quantica Sectionient I and (from featur I on	11120 5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	loss				
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions). 2c	2a.	Income from Non-Vermont state and local of	bligation	s (from Schedule FIT-	166, Part I, Line 3)	2a			00
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions). 2c									00
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) 4a. Interest income from U.S. Obligations 4a. 1000.06 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) 4c. Adjustment for prior years' Bonus Depreciation 4d	2b.	Bonus Depreciation allowed under federal la	w for 20	19		2b			00
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) 4a. Interest income from U.S. Obligations 4a. 1000.06 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) 4c. Adjustment for prior years' Bonus Depreciation 4d	2c.	State and local income taxes included on fed-	eral Forn	n 1041 Line 11 (see ii	nstructions)	2c			.00
4a. Interest income from U.S. Obligations 4a. 1000,00 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) 4b									
4a. Interest income from U.S. Obligations 4a. 1000,00 4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) 4b	3.	Federal Taxable Income with Additions (Add	d Lines 1	, 2a, 2b, and 2c.)	← indica	te 3		30	<u>00.00</u>
Add Lines 4a, 4b, and 4c. Vermont taxable income (Line 3 minus Line 4d) Vermont tax from the tax rate schedule on page 2 of this form Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d) Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) 9. 6. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) 4b. 4c. 4d. 4d. 4d. 4d. 4d. 4d. 4d									00.00
4c. Adjustment for prior years' Bonus Depreciation 4c	4a.	Interest income from U.S. Obligations				4a			<u>00.00</u>
4c. Adjustment for prior years' Bonus Depreciation 4c	4h	Capital Gains Exclusion (from Schedule FIT	-162 Lin	e 21 If less than zero	enter -0-)	4h			.00
Add Lines 4a, 4b, and 4c	10.	Capital Gaills Exclusion (from Schedule 111	102, Em	ic 21. 11 less than 2010	, enter 0 .)	40			•••
Add Lines 4a, 4b, and 4c	4c.	Adjustment for prior years' Bonus Depreciat	ion			4c			00
5. Vermont taxable income (Line 3 minus Line 4d). ☐ ← Check to indicate loss of the star rate schedule on page 2 of this form									0.0
6. Vermont tax from the tax rate schedule on page 2 of this form	4d.	Add Lines 4a, 4b, and 4c				4d			00
6. Vermont tax from the tax rate schedule on page 2 of this form	5	Vermont tayable income (Line 3 minus Line	4d)		Checl ← indica	cto te 5		2.0	00 00
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)	J.	vermont taxable income (Eine 3 ininus Eine	¬u)		loss	J• _			<u>55</u> .00
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)	6.	Vermont tax from the tax rate schedule on pa	ige 2 of t	his form		6			67 .00
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)									0.0
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8)	7.	Additions to Vermont Tax (from Schedule F	IT-166, F	Part II, Line 1c)		7			00
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8)	0	Subtractions from Vormant Toy (From Salar	dula EIT	166 Dort II Lina 24)		ο			ሰበ
	0.	Subtractions from verificit 1ax (From Scheo	auic FII-	100, Fait II, Lille 20).		8			00
	9.	Vermont Tax with Additions and Subtraction	ns (add L	ines 6 and 7, then subt	ract Line 8)	9.			67 .00
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)									
	10.	Income Adjustment (from Schedule FIT-166	, Part III,	Line 10, or 100%)			101	00.00	%

Name of Estate or Trust	
WONDER WOMAN	TRUST
FEIN	
301239567	



11.	Adjusted tax (Multiply Line 9 by Line 10)	11.	67.00
12.	Other states credit (from Schedule FIT-167, Line 21)	12.	.00
13.	Total Vermont taxes (Line 11 minus Line 12)	13.	67.00
14.	Payment 14a. Vermont Tax Withheld on 1099	.00	
	14b. Estimated Tax or Extension Payments	.00	
	14c. Vermont Real Estate Withholding	.00	
	14d. Nonresident Payments from Form WH-435	00.	
	14e. 2018 Overpayment Applied	00	
14f.	Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)	14f.	.00
15.	Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f	15.	.00
16.	Amount of overpayment to be credited to 2020 Taxes.	16.	.00
17.	Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17.	.00
18.	BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13	18.	67 .00

Vermont 2019 Tax Schedule						
If Taxable income is over	But not over	The Vermont Tax is	of the amount over			
\$0	\$2,700	3.35%	\$0			
\$2,700	\$6,250	\$90.00 + 6.60%	\$2,700			
\$6,250	\$9,550	325.00 + 7.60%	\$6,250			
\$9,550		576.00 + 8.75%	\$9,550			

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

—		Voon a conv	for vour records
		P12345678	123456789
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	FEIN
Preparer's Printed Name	Preparer's Email Address	s (optional)	
Paid Preparer's Signature	Check if self-employed	Date	Preparer's Telephone Number
Printed Name	Email Address (optional)		
Signature of Responsible Officer		Date	Daytime Telephone Number
retained by the preparer.			

Check if the Department of Taxes may discuss this return with the preparer shown.

Keep a copy for your records.

For Department Use Only Ck. Amt.

Form FIT-161 Rev. 10/19

Save and go to Important Printing Instructions

2019 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



Attach to Form FIT-161

Name	e of Estate or Trust	FEIN	Tax Year End Date (MMDDYYY	Y)
MOI	NDER WOMAN TRUST	301239567	12312019	
PAR	T I Taxable Municipal Bond Income			
	Total interest and dividend income from all state and local obligations exem federal tax (see Line-by-Line Instructions)		2000	.00
2.	Interest and dividend income from Vermont state and local obligations inclu	ided in Line 1		.00
3.	Income from non-Vermont state and local obligations to be added to Vermo (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on For	ont taxable income.		
4.	If all municipal bond income was distributed , check here.			
PAR	T II ADDITIONS AND SUBTRACTIONS TO TAX			
	Additions to Vermont Tax 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)	.00		
	1b. Recapture of federal investment credit (from federal Form 4255)			
1c.	Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 7			.00
2 S	subtractions from Vermont tax			
	2a. Investment tax credit - Vermont-based only (from federal Form 3468)	.00		
	2b. Multiply Line 2a by 24%	.00		
	2c. Research & Development Credit, 32 V.S.A. § 5930d			
	Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 8			.00

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print

Schedule FIT-166 5 4 5 4 4 Page 1 of 2 Rev. 10/19





Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
WONDER WOMAN TRUST	301239567	12312019

PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Date	es of Vermont residency in 2019	1	I No	me of State(s), Canad	ian province or	
	From (MMDDYYYY):	To (MMDDYYYY):	cou	intry during non-Verming standard 2-characte	ont residency	
		A. Federal Amount \$			B. Vermont P	ortion \$
1.	Interest income	1A	00	1	В	00
2.	Total ordinary dividends	2A.	00	2	В	.00
3.	Business income (or loss)	Check to indicate 3A.	00	← Check to indicate loss	BB	00
4.	Capital gain (or loss)	Check to ndicate 4A.	00	← Check to indicate loss 4	В	00
5.	Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc	Check to ndicate 5A.	00	Check to ← indicate loss	5B	00
6.	Farm income (or loss)	Check to ndicate 6A	00	← Check to indicate loss	бВ	.00
7.	Ordinary gain (or loss)	Check to ndicate 7A	00	← Check to indicate loss	В	00
8.	Other income (specify type of income)	Check to	0.0	Check to		0.0
9.	TD + 1 *	Check to ndicate 8ACheck to ndicate 9A		Check to	BB BB	.00
10.	Adjustment percentage. Divide Line 9B t right of the decimal. Enter here and on Fo	by Line 9A. Express as a percentage	with two	digits to the		

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print

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Vermont Department of Taxes

Schedule FIT-K-1VTF

Vermont Beneficiary Information for Fiduciaries



This schedule is REQUIRED Attach to Form FIT-161

				7 111010			
Name of Estate or Trust			FEIN				ate (MMDDYYYY)
WONDER WOMAN TRUST			301239	567		12312	019
HEA	ADER INFO	RMATI	ON - REQUIRED	ITEM	s		
Entity Name					Fed	eral ID Number	
OR Individual Last Name (Beneficiary)	First Name			Initial	OR Soci	ial Security Numb	 Der
BLUE	OCEAN					£5678912	
Address 15 SHORT RD					Recipient To		
Address, Line 2 (if needed)					Residency Status	Vermont Resident	Nonresident
City RANGELEY		State ME	ZIP Code 04970		Chec	k here if this you	FINAL return
Foreign Country			Percentage of Estate's of percentage to two place				Calculate 50.00 %
VERMONT RESIDENT BENEFICIARY		Place	an "X" in the box le	eft of th	e line numb	er to indicate	a loss amount.
1. Beneficiary's share of distributed net income allo	ocated to Verm	ont		← Chind los	eck to icate 1		.00
2. Interest / dividends from obligations of other stat	tes						
					2		00
3. Interest / dividends from U.S. obligations					3		00
VEDMONT NONDECIDENT DENERICIA DV							
4a. Business Income	Check ← indicate	to			.00		
4a. Busiless income	1033				•00		
4b. Capital gain or loss					.00		
4c. Partnership, S Corporation, LLC				000	.00		
4d. Rent, royalties, estates, trusts	Check indicate loss	to e 4d.			.00		
4e. Farm income	1088	e 4e			.00		
4f. Other income	Check indicate loss	to e 4f.	1	000	.00		
4g. Total nonresident income				← Chind los	eck to icate 4g.		9000.00
PAYMENT INFORMATION	. 1, 4:4	<i>c</i>			-		250 00
5. Total annual nonresident estimated payments allo	ocated to this b	eneficiai	ry		5		<u>250</u> .00
6. Total annual real estate withholding payments all	located to this	beneficia	ary		6		.00
7. Other payments allocated to this beneficiary					7		.00

Schedule FIT-K-1VT-F Rev. 10/19

V

Vermont Department of Taxes

Schedule FIT-K-1VTF

Vermont Beneficiary Information for Fiduciaries



This schedule is REQUIRED Attach to Form FIT-161

Na	ne of Estate or Trust			FEIN			Tax Year End Da	ate (MMDDYYYY)
WONDER WOMAN TRUST			301239	9567		123120	019	
	HE	ADER INFO	RMATI	ON - REQUIRED	ITEM	S		
	Entity Name					Fe	deral ID Number	
0	R					OR 🙃		
ľ	Individual Last Name (Beneficiary)	First Name			Initial	30	cial Security Numb	
	BLUE	BABY) /
	ddress 15 MAIN ST					Recipient (I, C, S, L,	P, X, or T)	
A	ddress, Line 2 (if needed)					Residency Status	Vermont Resident	X Nonresident
С	ity		State	ZIP Code				
	LENOX		MA	01240		Che	ck here if this your	FINAL return
F	oreign Country			Percentage of Estate's of percentage to two place				Calculate 50.00 %
VFR	MONT RESIDENT BENEFICIARY		Plac	e an "X" in the box l	eft of th	e line num	ber to indicate	a loss amount.
					☐ Ch	aak ta		
1.	Beneficiary's share of distributed net income all	located to Vern	nont		← ind loss	icate 1.		.00
2.	Interest / dividends from obligations of other sta	ites				2		.00
2	Interest / dividends from U.S. obligations					2		.00
3.	interest / dividends from O.S. obligations	• • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • •		3.		
VER	MONT NONRESIDENT BENEFICIARY	Charl	. 10					
	4a. Business Income	Check indica loss	te 4a.		·	.00		
	4b. Capital gain or loss	☐ ← Check indica loss	to te 4b.			.00		
	4c. Partnership, S Corporation, LLC	Check indica	to to 4c.	8	000	.00		
	4d. Rent, royalties, estates, trusts	Check ← indica	to			.00		
		— 1033	r to					
	4e. Farm income	← indica	te 4e			.00		
	4f. Other income	∴ Check indica loss	to to 4f.	1	000	.00		
4g.	Total nonresident income				← Che	eck to icate 4g.		9000.00
	MENT INFORMATION							
5.	Total annual nonresident estimated payments al	located to this l	beneficia	ry		5		250.00
6.	Total annual real estate withholding payments a	llocated to this	benefici	ary		6		.00
7.	Other payments allocated to this beneficiary					7		.00

Schedule FIT-K-1VT-F Rev. 10/19

Test 6:

Required Vermont Forms/Schedules: FIT-161, FIT-162, FIT-166

Taxpayer(s) Information:

Name of Estate or Trust: Jet Dynasty Estate

Federal Employer ID: 03-0319906
Name or Fiduciary: Net Dynasty
Title of Fiduciary: Executor

State, Canadian province or country

during non-VT Residency: NH

Mailing Address: 145 Main St.
City: Brody
State: NH
Zip Code: 09555

 Date of Death:
 02/15/2019

 Tax Year Begin Date:
 01/01/2019

 Tax Year End Date:
 12/31/2019

Type of Estate or Trust: Estate

Return Information:

Distributions on 1041 Line 18: No
Non-VT municipal bond income: None
Any trust beneficiaries skip persons: No
Qualified settlement fund: No

Federal taxable income: 1,250,000.00

Income from non-VT state & local

obligations: 2,300.00
State & local income tax addback: 10,000.00
Sale of stocks & bonds capital gain: 36,000.00
Sale of partnership interest gain: 900,000.00
Date partnership interest sold: 10/01/2019
Nonresident payments: 25,000.00

Total interest income: 8,000.00 2,500.00

Total ordinary dividend income: 936,000.00 Total capital gains: 900,000.00

VT capital gains:

Total rents, royalties, partnerships, s-

corps, LLCs, other estates & trusts income: 1,000,000.00

VT rents, royalties, partnerships, s-corps,

LLCs, other estates & trusts income: 500,000.00

2019 Form FIT-161

Vermont Fiduciary Return of Income

For 2019 or fiscal YEAR ending:



B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FIT-166, Part I. C. Are any present or future trust beneficiaries skip persons? C. Yes No. No. Yes No. D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Yes No. Yes No. Yes No. I. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) I. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) I. Federal taxable income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part II, Line 11) See State and local income taxes included on federal Form 1041, Line 11, (see instructions) Interest income from U.S. Obligations Interest income from U.S. Obligations Aa									
Time of Fouciety EXECUTOR State of Fouciety DYNASTY EXECUTOR State of Domoile at Death and Greater of Fouciety DYNASTY Taxyer FRO date (MINDOYYYY) 12312019 State of Domoile at Death and Official of Host NH Taxyer FRO date (MINDOYYYY) 12312019 Tourism of Fouciety (Number and StreetRead or PO Box) State of Domoile at Death and Official of Host NH Taxyer FRO date (MINDOYYYY) 12312019 Tourism of Fouciety DYNASTY Tourism of Host DYNASTY Tourism of Host DYNASTY 12312019 Tourism of Host DYNASTY DYNASTY Tourism of Host DYNASTY					1			`	Y)
NET DYNASTY SERCUTOR 0.1012019 Malting Address of Fiduciary (Number and StreetRead or PO Box) State of Droncile at Death and/or Creation of Trust 12312019 1231201									2010000
State of Denicle at Death and Company (Multiple and Street/Road or PO Box) 14.5 MAIN ST		· ·			1		1 '		(۲۲۲۲
Additional Line for Mailing Address of Educiery, if needed Check ONE			Box)						YYYY)
Additional Line for Mailing Address of Feduciary, if needed City BRODY NH 2PS 55			2011)			NH	1 '	,	,
State State and local income taxes included on federal Form 1041, Line 12, or modified gross income of Qualified Settlement Fund (from Schedule FIT-166, Part I, Line 3)	Add	itional Line for Mailing Address of Fiduciary, if needed							
BRODY NH 09555 Check here if this check here if this sia n/MENCED return country check here if this sia n/MENCED check here this sia n					Estate Revocable Trust				
A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. Yes B. Did the estate or trust have non-Vermont municipal bond income? If "Ves," see instructions for both Line 2a and FIT-166, Part I. C. Are any present or future trust beneficiaries skip persons? C. Are any present or future trust beneficiaries skip persons? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Tyes N. Tyes	,		l						
A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. Yes Sh Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FTT-166, Part I. B. Yes Sh Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FTT-166, Part I. B. Yes Sh Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FTT-166, Part I. C. Are any present or future trust beneficiaries skip persons? C. Tyes Sh Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FTT-166, Part I. D. Tyes Sh Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FTT-166, Part I. Line 3b Did the estate of Check by Indicate I. D. Tyes Sh Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a. C. Cycleck by I. D. Tyes Sh Did the estate or trust have non-Vermont non-Vermont non-Vermont prom II20-SF). D. Tyes Sh Did the estate or trust have non-Vermont non-Verm			NH	09555	Check here if this			Check	here if this
A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. Yes Sh Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FTT-166, Part I. B. Yes Sh Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FTT-166, Part I. B. Yes Sh Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FTT-166, Part I. C. Are any present or future trust beneficiaries skip persons? C. Tyes Sh Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FTT-166, Part I. D. Tyes Sh Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FTT-166, Part I. Line 3b Did the estate of Check by Indicate I. D. Tyes Sh Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a. C. Cycleck by I. D. Tyes Sh Did the estate or trust have non-Vermont non-Vermont non-Vermont prom II20-SF). D. Tyes Sh Did the estate or trust have non-Vermont non-Verm	FOR	eign Country			return			return	FINAL
B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FIT-166, Part I. C. Are any present or future trust beneficiaries skip persons? C. Yes Xe Xe Xe Xe Xe Xe Xe									
B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and FIT-166, Part I. C. Are any present or future trust beneficiaries skip persons? C. Yes XN D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Tyes XN 1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) 1. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) 2. 2300.00 2. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) 2. 2300.00 2. State and local income taxes included on federal Form 1041, Line 11. (see instructions) 2. 10000.00 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) 4. Interest income from U.S. Obligations 4	A.	Were any distributions reported on federal Fo	orm 1041	, Line 18, made to nor	resident beneficiaries?			· Yes	X No
C. Are any present or future trust beneficiaries skip persons? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (from federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (from federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (from federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (from federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Is this return for print pass to the set of the federal Form 120-SF)? D. Is this return for print pass to the federal Form 120-SF)? D. Is this return for pass in the federal Form 120-SF)? D. Is this return for pass in the form 120-SF)? D. Is this return for pass in the federal Form 120-SF)? D. Is this return for pass in the federal Form 120-SF)? D. Is this return for pass in the federal Form 120-SF)? D. Is the federal Taxable income (Line 3 minus Line 120-Line 11. (see instructions)? D. Is the federal Taxable income (Line 3 minus Line 4d). D. Is the federal Taxable income (Line 3 minus Line 4d). D. Is the federal Taxable income (Line 3 minus Line 4d). D. Is the federal Taxable income (Line 3 minus Line 4d). D. Is the federal Taxable income form Vermont Tax (from Schedule FIT-166, Part II, Line 1c). D. It the federal Taxable income form Vermont Tax (from Schedule FIT-166, Part II, Line 1c). D. It the federal Taxable income of federal Form 120-SF. D. It the federal Taxable income of federal Line Sh. D. It the federal Taxable income of federal Line Sh. D. It the federal Taxable income of federal Line Sh	B.	Did the estate or trust have non-Vermont mu	nicipal b	ond income? If "Yes,"	see instructions for both		_		_
D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D.		Line 2a and FIT-166, Part I					В	· Yes	× No
D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D.	C	Are any present or future trust beneficiaries s	kin nersa	one?			C	Пу	
1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	С.	The any present of future trust beneficiaries s	skip perse	ліз:				· L Yes	NO.
1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	D.	Is this return for a Qualified Settlement Fund	(federal	Form 1120-SF)?			. D	. \square_{Yes}	No
Qualified Settlement Fund (from federal Form 1120-SF)								□	
Qualified Settlement Fund (from federal Form 1120-SF)	1.	Federal taxable income from Form 1041. Lin	ie 22. or i	modified gross income	of Chec	nk to			
b. Bonus Depreciation allowed under federal law for 2019		Qualified Settlement Fund (from federal Form	m 1120-S	SF)	← indic	ate 1		12500	<u>00.00</u>
b. Bonus Depreciation allowed under federal law for 2019								0.0	00.00
State and local income taxes included on federal Form 1041, Line 11. (see instructions). 2c. 10000_00 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	2a.	Income from Non-Vermont state and local o	bligation	s (from Schedule FIT-	166, Part I, Line 3)	2a			00.00
State and local income taxes included on federal Form 1041, Line 11. (see instructions). 2c. 10000_00 3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	2b.	Bonus Depreciation allowed under federal la	w for 20	19		2h			.00
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) □ ← Interest income from U.S. Obligations □ ← Interest income from U.S. Obligat		Bonus Bepreciation and wear ander redefan ia	W 101 20	.,		20			•••
a. Interest income from U.S. Obligations	2c.	State and local income taxes included on federal	eral Forn	n 1041, Line 11. (see in	astructions)	2c		100	<u>00.00</u>
a. Interest income from U.S. Obligations					Che	ck to		10600	00.00
b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) c. Adjustment for prior years' Bonus Depreciation d. Add Lines 4a, 4b, and 4c. 5. Vermont taxable income (Line 3 minus Line 4d) 6. Vermont tax from the tax rate schedule on page 2 of this form 6. Vermont Tax (from Schedule FIT-166, Part II, Line 1c) 7. Additions to Vermont Tax (From Schedule FIT-166, Part II, Line 2d) 8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d) 9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) 9. 79567.00	3.	Federal Taxable Income with Additions (Add	d Lines 1	, 2a, 2b, and 2c.)	·····	ate 3		12623	00.00
b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0) c. Adjustment for prior years' Bonus Depreciation d. Add Lines 4a, 4b, and 4c. 5. Vermont taxable income (Line 3 minus Line 4d) 6. Vermont tax from the tax rate schedule on page 2 of this form 6. Vermont Tax (from Schedule FIT-166, Part II, Line 1c) 7. Additions to Vermont Tax (From Schedule FIT-166, Part II, Line 2d) 8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d) 9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) 9. 79567.00	10	Interest income from U.S. Obligations				10			00
Add Lines 4a, 4b, and 4c. 4d. 350000.00 5. Vermont taxable income (Line 3 minus Line 4d). 6. Vermont tax from the tax rate schedule on page 2 of this form. 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c). 8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d). 9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8). 9. 79567.00	та.	interest meonic from 0.5. Obligations				· · · ¬a• _			•00
Add Lines 4a, 4b, and 4c. 4d. 350000.00 5. Vermont taxable income (Line 3 minus Line 4d). 6. Vermont tax from the tax rate schedule on page 2 of this form. 7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c). 8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d). 9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8). 9. 79567.00	4b.	Capital Gains Exclusion (from Schedule FIT-	-162, Lin	e 21. If less than zero	, enter -0)	4b		3500	00.00
d. Add Lines 4a, 4b, and 4c									
5. Vermont taxable income (Line 3 minus Line 4d). ☐ ← Check to indicate loss of the star rate schedule on page 2 of this form	4c.	Adjustment for prior years' Bonus Depreciat	ion			4c			00
5. Vermont taxable income (Line 3 minus Line 4d). ☐ ← Check to indicate loss of the star rate schedule on page 2 of this form	4.3	A 11 T 4. 4b 1 4.				4.1		3500	00 00
6. Vermont tax from the tax rate schedule on page 2 of this form	4 a.								
6. Vermont tax from the tax rate schedule on page 2 of this form	5.	Vermont taxable income (Line 3 minus Line	4d)		Che indic	ck to ate 5.		9123	00.00
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)		(,		loss				
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)	6.	Vermont tax from the tax rate schedule on pa	ige 2 of t	his form		6		795	<u>67.00</u>
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d)									0.0
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8)	7.	Additions to Vermont Tax (from Schedule F)	IT-166, F	Part II, Line 1c)		7 . _			00
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8)	Q	Subtractions from Vermont Tay (From Sahar	dule EIT	166 Part II Lina 2d)		o			በበ
	0.	Subtractions from verificint rax (From Schee	auie FII-	100, 1 art 11, Lille 20).	• • • • • • • • • • • • • • • • • • • •	0			•••
	9.	Vermont Tax with Additions and Subtraction	ns (add L	ines 6 and 7, then subtr	ract Line 8)	9.		795	67 .00
0. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)									
	10.	Income Adjustment (from Schedule FIT-166	, Part III,	Line 10, or 100%)			10.	<u>71,92</u>	%

Name of Estate or Trust	1
JET DYNASTY ESTATE	
FEIN	
030319906	* 1 9



11.	Adjusted tax (Mu	ıltiply Line 9 by	Line 10)				11.	57225.00
12.	Other states credi	it (from Schedule	e FIT-167, Line 21)				12.	.00.
13.								57225.00
14.	Payment						.00	
							.00	
	14c. Vermont R Attach cop	Real Estate Withhov of Form RW-	olding		4c		.00	
		-		1	4d		<u>25000</u> .00	
	14e. 2018 Over	payment Applied	1		4e		.00	
14f.								25000.00
15.								.00
16.								.00
17								
17.								.00
18.	BALANCE DUI	E: If Line 14f is	less than Line 13, su	btract Line 14	f from Lir	ne 13	18.	32225.00
[_		nent Fund, tax is 8.95% of	
	If Taxable income is over	But not over	The Vermont Tax is	of the amoun over	t taxable income.			
Ì	\$0	\$2,700	3.35%	\$0	' I			15th day of the fourth month
	\$2,700	\$6,250	\$90.00 + 6.60%	\$2,700	, ,	_	•	ting or income year. Attach orm 1041, U.S. Income Tax
[\$6,250	\$9,550	325.00 + 7.60%	\$6,250	1 I	_		or federal Form 1120-SF for
[\$9,550		576.00 + 8.75%	\$9,550	\ I		taxable period.	57 10401417 01111 1120 01 101
taxp or m retai	ayer, his/her declar	ration further pro ny other person c r.	vides under 32 V.S.	A. §§ 5901-59	03 this int	formati	on has not been and will r	epared by a person other than the not be used for any other purpose rm is signed by the taxpayer and
Prir	nted Name			Emai	l Address (o	ptional)		
Pai	Paid Preparer's Signature				Check if self-emp		Date	Preparer's Telephone Number
Preparer's Printed Name				Prepa	arer's Email	Address	(optional)	
Firr	n's Name (or yours if se	elf-employed) and ad	dress				Preparer's SSN or PTIN	FEIN
	Check if	the Department of	Taxes may discuss shown.				Кеер а сору	for your records.
	inis retur	n with the preparei	SHOWH.				For Department Use Only	Form FIT-161
	5454	l		Page	2 of 2	Ck.	Amt. Init.	Rev. 10/19



2019 Schedule FIT-162

Capital Gains Exclusion Calculation for Estates or Trusts



Attach to Form FIT-161

	ne of Estate or Trust JET DYNASTY ESTATE	FEIN 030319906	Tax Year End Date (MMDDYYYY) 12312019
PAF	RT I Flat Exclusion		
1.	Enter lesser of Line 18a(2) or 19(2) from federal Form 1041, Schedule D		936000.00
2.	Enter amount from: 2a. Federal Form 1041, Schedule D, Line 18b(2)2a	.00	
	2b. Federal Form 1041, Schedule D, Line 18c(2) 2b.	.00	
3.	Add Lines 2a and 2b	3.	.00.
4.	Subtract Line 3 from Line 1. Entry cannot be less than zero.	4.	936000.00
f yo	ou filed federal Form 4952, complete Lines 5 through 7		
5.	Enter amount from: 5a. Federal Form 4952, Line 4g	.00	
	5b. Federal Form 4952, Line 4e		
5c.	Multiply Line 5a by Line 5b. Enter result here	5c.	.00.
	5d. Federal Form 4952, Line 4b	.00	
	5e Federal Form 4952, Line 4e	.00	
6.	Add Lines 5d and 5e. Enter result here.	6.	.00.
7.	Divide Line 5c by Line 6. Enter result here.		.00.
8.	Subtract Line 7 from Line 4. <i>Entry cannot be less than zero.</i>		936000.00
9.	Enter the lesser of Line 8 or \$5,000	9.	5000 .0 0

(continued on next page)





Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
JET DYNASTY ESTATE	030319906	12312019

PAF	(Use this section only if you have eligible gains. See Technical Bulletin TB-60, Taxation of Ga	in on the Sale of Capital Assets, for
	more information, or continue on to Part III)	
10.	Enter the amount from Part I, Line 4	0
11.		
12.		
Ente	r the amount of net adjusted capital gain from the sale of the following assets held for more than three yea	ars.
13a.	Real estate or portion of real estate used as a primary or nonprimary home	0
13b.	Depreciable personal property (except for farm property or standing timber)	0
13c.	Stocks or bonds publicly traded or traded on an exchange or any other financial instruments	0
14.	Add Lines 13a through 13c	0
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	0
Line	e 16 federal Form 4952 information. If no investment interest expense for ineligible assets reported on for Part I of this form. Otherwise, you may need to recompute federal Form 4952 to reflect only investmen the capital gain exclusion.	Pederal Form 4952, enter Line 7 from t interest income for assets eligible for
16.	Enter amount from Part I, Line 7, or recomputed federal Form 4952	0
17.	Subtract Line 16 from Line 15. Entry cannot be less than zero.	900000.00
18.	Multiply Line 17 by 40%. Enter result here. (If amount is greater than \$350,000, see additional instructions.)	
PAF	RT III Capital Gain Exclusion	
19.	Enter the greater of Line 9 or Line 18.	350000.00
20.	Multiply 1250000.00 x 40%. Enter result here	50000.00
21.	Enter the lesser of Line 19 or Line 20. This is the capital gain exclusion. Enter on Form FIT-161, Line 4b	350000.00

2019 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



Attach to Form FIT-161

Na	me of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
JI	ET DYNASTY ESTATE	030319906	12312019
PAI	RT I Taxable Municipal Bond Income		
1.	Total interest and dividend income from all state and local obligations exem federal tax (see Line-by-Line Instructions).		2300.00
2.	Interest and dividend income from Vermont state and local obligations inclu	ided in Line 1	.00
3.	Income from non-Vermont state and local obligations to be added to Vermon (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form		230000
4.	If all municipal bond income was distributed , check here.		
	RT II ADDITIONS AND SUBTRACTIONS TO TAX		
1.	Additions to Vermont Tax 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)	.00	
	1b. Recapture of federal investment credit (from federal Form 4255)		
1c.	Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 7	1c.	.00.
2	Subtractions from Vermont tax		
	2a. Investment tax credit - Vermont-based only (from federal Form 3468)	.00	
	2b. Multiply Line 2a by 24%	.00	
	2c. Research & Development Credit, 32 V.S.A. § 5930d		
2d.	Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 8		.00



Name of Estate or Trust	FEIN	Tax Year End Date (MMDDYYYY)
JET DYNASTY ESTATE	030319906	12312019

PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Date	es of Vermont residency in 2019			l Now	ne of State(s), Can	odion nr	rovinos or	
	From (MMDDYYYY):	To (MMDDYYYY)	:	cour	ntry during non-Ver standard 2-charac	mont re	sidency NH	
			A. Federal Amount \$				B. Vermont Portion \$	
1.	Interest income	1A	0. 0008	00		1B		00
2.	Total ordinary dividends	2A	2500 _. 0	0		2B		00
3.	Business income (or loss)	Check to ndicate oss 3A	.0	0	← Check to indicate loss	3B		00
4.	Capital gain (or loss)	Check to ndicate oss 4A	936000 .0	0	Check to indicate loss	4B	900000	00
5.	Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc	Check to ndicate oss 5A	10000000	00	Check to indicate loss	5B	500000	00
6.	Farm income (or loss)	Check to ndicate oss 6A	.0	00	← Check to indicate loss	6B		00
7.	Ordinary gain (or loss)	Check to ndicate oss 7A	.0	0	← Check to indicate loss	7B		00
8.	Other income (specify type of income)	Check to ndicate ss 8A	.0	00	Check to ← indicate loss	8B		00
9.	Total income (Add Lines 1 through 8)	Check to ndicate 9A.	1946500 .0	0	Check to indicate loss	9B	1400000	00
10.	Adjustment percentage. Divide Line 9B l right of the decimal. Enter here and on Fo	by Line 9A. Ex	xpress as a percentage, with	two c			10 71.92	

Test 7:

Required Vermont Forms/Schedules: FIT-168

2019 Form FIT-168

* 1 9 1 6 8 1 1 0 0 *

Application for Extension of Time to File Vermont Fiduciary Tax Return

• 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.

Name of Estate or Trust			FEIN	
SAMS TRUST				128869362
Name of Fiduciary				Title of Fiduciary
TIM JONES				TRUSTEE
Mailing Address of Fiduciary (Number and Street/Road or PO	Box)		Tax year BEGIN date (MMDDYYYY)	Tax year END date (MMDDYYYY)
133 STATE STREET			01012019	12312019
Additional Line for Mailing Address of Fiduciary, if needed		Check ONE Estate Revocable Bankruptcy Grantor Trust Irrevocable Trust		
City	State	ZIP Code		
MONTPELIER	VT	05602	For Departm	ent Use Only
Foreign Country			1	
Payment to accompany extension requ	est			
1. Estimated tax liability		1	2500.00	

An extension of time to file a Vermont fiduciary tax return does not extend the time for paying the tax. If any tax is due, you must pay the tax by the original due date. 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

Make check payable to Vermont Department of Taxes.

2500.00

Test 8:

Required Vermont Forms/Schedules: FIT-168

2019 Form FIT-168

* 1 9 1 6 8 1 1 0 0 *

Application for Extension of Time to File Vermont Fiduciary Tax Return

- 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.

Name of Estate or Trust				FEIN
OAK TREE ESTATE				83888888
Name of Fiduciary				Title of Fiduciary
MARGARET TREE				EXECUTRIX
Mailing Address of Fiduciary (Number and Street/Road or PO	Box)		Tax year BEGIN date (MMDDYYYY)	Tax year END date (MMDDYYYY)
133 STATE STREET			01012019	12312019
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE Revocable Bank Trust Esta	kruptcy Grantor Irrevocable te Trust
City	State	ZIP Code		
MONTPELIER	VT	05602	For Departm	ent Use Only
Foreign Country				
Devemont to accommon vertencies were	4			

Payment to accompany extension request

1.	Estimated tax liability	500.00	
2.	Previous payments	500.00	
3.	Amount of TAX DUE with this application (Line 1 minus Line 2)	3.	00

An extension of time to file a Vermont fiduciary tax return does not extend the time for paying the tax. If any tax is due, you must pay the tax by the original due date. 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

Test 8:

Required Vermont Forms/Schedules: FIT-160

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

General Information

Use Form FIT-160 to remit 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.
- You or your tax preparer filed your documents 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.
- Enter the Federal Employer Identification Number (FEIN).
- 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.

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print

Form FIT-160 Instructions Rev. 10/18

Vermont Department of Taxes

Form FIT-160

Vermont Fiduciary Income Tax Return Payment Voucher



Please PRINT in BLUE or BLACK INK

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	Tax year BEGIN date (MMDDYYYY)			
MING DYNASTY TRUST	456789100 01012019				
Name of Fiduciary			Title of Fiduciary	Tax year END date (MMDDYYYY)	
ALEX MING			TRUSTEE	12312019	
Mailing Address of Fiduciary (Number and Street/Road or PO Box)			Check ONE		
145 STATE STREET					
Additional Line for Mailing Address of Fiduciary, if needed			Estate Revocable Bankruptcy Grantor Irrevocable Trust Trust		
City	State	ZIP Code			
BURLINGTON VT 05633			Amount of this payment.		
Foreign Country			If "\$0," DO NOT file	2500 .	

Send return Vermont Department of Taxes and check to: PO Box 1700

Montpelier, VT 05601-1700

Phone: (802) 828-6820

For Department Use Only
Ck. Amt. Init.

Form FIT-160 Rev. 10/19

Test 9:

Required Vermont Forms/Schedules: FIT-165

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

Estimated payments are now required for estates and trusts. This voucher is provided for you to pay estimated payments toward your fiduciary tax liability. Please complete the coupon below with all information on the estate or trust *including the Federal ID Number*, and send it to the address shown below.

Payment Dates						
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. 10/19

Vermont Department of Taxes

Form FIT-165

Vermont Fiduciary Estimated Tax Payment Voucher



Please PRINT in BLUE or BLACK INK

Name of Estate or Trust	FEIN			
HERSHEY TRUST				036989777
Name of Fiduciary				Title of Fiduciary
ALMOND JOY		TRUSTEE		
Mailing Address of Fiduciary (Number and Street/Road or PO Box)			Tax year BEGIN date (MMDDYYYY)	Tax year END date (MMDDYYYY)
1500 SWEET RD			01012020	12312020
Additional Line for Mailing Address of Fiduciary, if needed	Check ONE Estate Revocable Bani Trust Esta	kruptcy Grantor Irrevocable tte Trust		
City	State	ZIP Code		
HERSHEY	PA	17033	Amount of	
Foreign Country			this payment	3000.00

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

For Department Use Only
Ck. Amt. Init.

Form FIT-165 Rev. 10/19