

# 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
Federal Employer ID:	03-3249556
Name or Fiduciary:	Lauren Brooks
Title of Fiduciary:	Executrix
Date of Death:	04/01/2019
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:	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
Overpayment 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 \*

Name of Estate or Trust <b>MARVIN BROOKS ESTATE</b>			FEIN <b>033249556</b>	Date of Death (MMDDYYYY) <b>04012019</b>
Name of Fiduciary <b>LAUREN BROOKS</b>			Title of Fiduciary <b>EXECUTRIX</b>	Tax year <b>BEGIN</b> date (MMDDYYYY) <b>01012019</b>
Mailing Address of Fiduciary (Number and Street/Road or PO Box) <b>133 STATE STREET</b>			State of Domicile at Death and/or Creation of Trust	Tax year <b>END</b> date (MMDDYYYY) <b>12312019</b>
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE <input checked="" type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust	
City <b>MONTPELIER</b>	State <b>VT</b>	ZIP Code <b>05633</b>	<input type="checkbox"/> Check here if this is an EXTENDED return <input type="checkbox"/> Check here if this is an AMENDED return <input type="checkbox"/> Check here if this is your FINAL return	
Foreign Country				

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? . . . . . **A.**  Yes  No
- 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. . . . . **B.**  Yes  No
- C. Are any present or future trust beneficiaries skip persons? . . . . . **C.**  Yes  No
- D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? . . . . . **D.**  Yes  No

1. Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) . . . . .	<input type="checkbox"/> ← Check to indicate loss	1. <u>16000.00</u>
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) . . . . .		2a. <u>.00</u>
2b. Bonus Depreciation allowed under federal law for 2019 . . . . .		2b. <u>.00</u>
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions). . . . .		2c. <u>1100.00</u>
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) . . . . .	<input type="checkbox"/> ← Check to indicate loss	3. <u>17100.00</u>
4a. Interest income from U.S. Obligations . . . . .		4a. <u>1000.00</u>
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-). . . . .		4b. <u>.00</u>
4c. Adjustment for prior years' Bonus Depreciation . . . . .		4c. <u>.00</u>
4d. Add Lines 4a, 4b, and 4c. . . . .		4d. <u>1000.00</u>
5. Vermont taxable income (Line 3 minus Line 4d). . . . .	<input type="checkbox"/> ← Check to indicate loss	5. <u>16100.00</u>
6. Vermont tax from the tax rate schedule on page 2 of this form . . . . .		6. <u>1149.00</u>
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c). . . . .		7. <u>.00</u>
8. Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d). . . . .		8. <u>.00</u>
9. Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8). . . . .		9. <u>.00</u>
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) . . . . .		10. <u>100.00 %</u>

Name of Estate or Trust <b>MARVIN BROOKS ESTATE</b>
FEIN <b>033249556</b>



- 11. Adjusted tax (Multiply Line 9 by Line 10) ..... **11.** 1149.00
- 12. Other states credit (from Schedule FIT-167, Line 21) ..... **12.** .00
- 13. Total Vermont taxes (Line 11 minus Line 12) ..... **13.** 1149.00
- 14. **Payment**
- 14a. Vermont Tax Withheld on 1099 ..... **14a.** .00
- 14b. Estimated Tax or Extension Payments ..... **14b.** 1200.00
- 14c. Vermont Real Estate Withholding ..... **14c.** .00  
Attach copy of Form RW-171 or Sch. K-1VT
- 14d. Nonresident Payments from Form WH-435 ..... **14d.** .00
- 14e. 2018 Overpayment Applied ..... **14e.** 200.00
- 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.** 251.00
- 16. Amount of overpayment to be credited to 2020 Taxes ..... **16.** 251.00
- 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.** .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.

Signature of Responsible Officer		Date	Daytime Telephone Number
Printed Name		Email Address (optional)	
Paid Preparer's Signature		<input type="checkbox"/> Check if self-employed	Date
Preparer's Printed Name		Preparer's Telephone Number	
Preparer's Email Address (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.

**Keep a copy for your records.**

For Department Use Only	
Ck. Amt.	Init.

Form FIT-161  
Rev. 10/19

**Test 2:****Required Vermont Forms/Schedules: FIT-161, FIT-166****Taxpayer(s) Information:**

Name of Estate or Trust:	Lee Trust
Federal Employer ID:	03-1239567
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
Interest income:	2,500.00
VT Interest income:	2,500.00
Ordinary dividends:	1,000.00
VT ordinary dividends:	1,000.00
Capital gain or (loss):	3,000.00
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
Overpayment applied to future year:	600.00

2019 Form FIT-161

Vermont Fiduciary Return of Income

For 2019 or fiscal YEAR ending:



\* 1 9 1 6 1 1 1 0 0 \*

Form with fields: Name of Estate or Trust (LEE TRUST), FEIN (031239567), Date of Death, Name of Fiduciary (BOB LEE), Title of Fiduciary (TRUSTEE), Tax year BEGIN date (01012019), Mailing Address of Fiduciary (133 STATE STREET), State of Domicile at Death and/or Creation of Trust, Tax year END date (12312019), Additional Line for Mailing Address of Fiduciary, if needed, City (MONTPELIER), State (VT), ZIP Code (05633), Foreign Country, and checkboxes for Estate, Revocable Trust, Bankruptcy Estate, Grantor Trust, Irrevocable Trust, and return types (EXTENDED, AMENDED, FINAL).

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. [X] Yes [ ] No
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. B. [ ] Yes [X] No
C. Are any present or future trust beneficiaries skip persons? C. [ ] Yes [X] No
D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. [ ] Yes [X] No

Main calculation table with rows 1-10. Row 1: Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) 20000.00. Row 2a: Income from Non-Vermont state and local obligations 800.00. Row 2b: Bonus Depreciation allowed under federal law for 2019 500.00. Row 2c: State and local income taxes included on federal Form 1041, Line 11. (see instructions) 1000.00. Row 3: Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) 22300.00. Row 4a: Interest income from U.S. Obligations 300.00. Row 4b: Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.) .00. Row 4c: Adjustment for prior years' Bonus Depreciation 300.00. Row 4d: Add Lines 4a, 4b, and 4c. 600.00. Row 5: Vermont taxable income (Line 3 minus Line 4d) 21700.00. Row 6: Vermont tax from the tax rate schedule on page 2 of this form 1639.00. Row 7: Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) .00. Row 8: Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d) 200.00. Row 9: Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) 1439.00. Row 10: Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) 60.26 %

Name of Estate or Trust <b>LEE TRUST</b>
FEIN <b>031239567</b>



- 11. Adjusted tax (Multiply Line 9 by Line 10) ..... **11.** 867.00
- 12. Other states credit (from Schedule FIT-167, Line 21) ..... **12.** .00
- 13. Total Vermont taxes (Line 11 minus Line 12) ..... **13.** 867.00
- 14. **Payment**
- 14a. Vermont Tax Withheld on 1099 ..... **14a.** .00
- 14b. Estimated Tax or Extension Payments ..... **14b.** 1000.00
- 14c. Vermont Real Estate Withholding ..... **14c.** .00  
Attach copy of Form RW-171 or Sch. K-1VT
- 14d. Nonresident Payments from Form WH-435 ..... **14d.** 200.00
- 14e. 2018 Overpayment Applied ..... **14e.** 450.00
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e) ..... **14f.** 1650.00
- 15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f ..... **15.** 783.00
- 16. Amount of overpayment to be credited to 2020 Taxes ..... **16.** 600.00
- 17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16) ..... **17.** 183.00
- 18. **BALANCE DUE:** If Line 14f is less than Line 13, subtract Line 14f from Line 13. .... **18.** .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.

Signature of Responsible Officer		Date	Daytime Telephone Number
Printed Name		Email Address (optional)	
Paid Preparer's Signature		<input type="checkbox"/> Check if self-employed	Date
Preparer's Printed Name		Preparer's Telephone Number	
Preparer's Email Address (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.

**Keep a copy for your records.**

For Department Use Only	
Ck. Amt.	Init.

Form FIT-161  
Rev. 10/19

2019 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



\* 1 9 1 6 6 1 1 0 0 \*

Attach to Form FIT-161

Name of Estate or Trust LEE TRUST	FEIN 031239567	Tax Year End Date (MMDDYYYY) 12312019
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PART I Taxable Municipal Bond Income

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (see Line-by-Line Instructions) .....1. 1000 .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1 .....2. 200 .00
- 3. Income from non-Vermont state and local obligations to be added to Vermont taxable income. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a .....3. 800 .00
- 4. If all municipal bond income was **distributed**, check here.

PART II ADDITIONS AND SUBTRACTIONS TO TAX

- 1. Additions to Vermont Tax
  - 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329) .....1a. 00 .00
  - 1b. Recapture of federal investment credit (from federal Form 4255) .....1b. 00 .00
  - 1c. Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 7 .....1c. 00 .00
- 2. Subtractions from Vermont tax
  - 2a. Investment tax credit - Vermont-based only (from federal Form 3468) .....2a. 00 .00
  - 2b. Multiply Line 2a by 24% .....2b. 00 .00
  - 2c. Research & Development Credit, 32 V.S.A. § 5930d .....2c. 200 .00
  - 2d. Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 8 .....2d. 200 .00





\* 1 9 1 6 6 1 2 0 0 \*

Name of Estate or Trust <b>LEE TRUST</b>	FEIN <b>031239567</b>	Tax Year End Date (MMDDYYYY) <b>12312019</b>
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**PART III INCOME ADJUSTMENT CALCULATION**

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2019		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation)
From (MMDDYYYY):	To (MMDDYYYY):	<b>MA</b>

	A. Federal Amount \$	B. Vermont Portion \$
1. Interest income . . . . . 1A.	2500 .00	1B. 2500.00
2. Total ordinary dividends. . . . . 2A.	1000 .00	2B. 1000.00
3. Business income (or loss) . . . . . <input type="checkbox"/> ← Check to indicate loss 3A.	.00	<input type="checkbox"/> ← Check to indicate loss 3B. .00
4. Capital gain (or loss) . . . . . <input type="checkbox"/> ← Check to indicate loss 4A.	3000 .00	<input type="checkbox"/> ← Check to indicate loss 4B. 3000.00
5. Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc. . . . . <input type="checkbox"/> ← Check to indicate loss 5A.	68000 .00	<input type="checkbox"/> ← Check to indicate loss 5B. 38000.00
6. Farm income (or loss) . . . . . <input type="checkbox"/> ← Check to indicate loss 6A.	.00	<input type="checkbox"/> ← Check to indicate loss 6B. .00
7. Ordinary gain (or loss) . . . . . <input type="checkbox"/> ← Check to indicate loss 7A.	.00	<input type="checkbox"/> ← Check to indicate loss 7B. .00
8. Other income (specify type of income) . . . . . <input type="checkbox"/> ← Check to indicate loss 8A.	1000 .00	<input type="checkbox"/> ← Check to indicate loss 8B. 1000.00
9. Total income (Add Lines 1 through 8) . . . . . <input type="checkbox"/> ← Check to indicate loss 9A.	75500 .00	<input type="checkbox"/> ← Check to indicate loss 9B. 45500.00
10. Adjustment percentage. Divide Line 9B by Line 9A. Express as a percentage, with two digits to the right of the decimal. Enter here and on Form FIT-161, Line 10. . . . . 10.		60.26 %

**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:	None
Any trust beneficiaries skip persons:	No
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 line 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
Overpayment 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 \*

Form with fields: Name of Estate or Trust (HUBERT MANN TRUST), FEIN (036699887), Date of Death, Name of Fiduciary (STRONG MANN), Title of Fiduciary (TRUSTEE), Tax year BEGIN date (01012019), Mailing Address of Fiduciary (133 STATE STREET), State of Domicile at Death and/or Creation of Trust, Tax year END date (12312019), Additional Line for Mailing Address of Fiduciary, if needed, City (MONTPELIER), State (VT), ZIP Code (05633), Foreign Country, and checkboxes for Estate, Revocable Trust, Bankruptcy Estate, Grantor Trust, Irrevocable Trust, and return types (EXTENDED, AMENDED, FINAL).

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. Yes No
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. B. Yes No
C. Are any present or future trust beneficiaries skip persons? C. Yes No
D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Yes No

Main calculation table with rows 1-10. Row 1: Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) 45000.00. Row 2a: Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) .00. Row 2b: Bonus Depreciation allowed under federal law for 2019 .00. Row 2c: State and local income taxes included on federal Form 1041, Line 11. (see instructions) 8000.00. Row 3: Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) 53000.00. Row 4a: Interest income from U.S. Obligations .00. Row 4b: Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.) 5000.00. Row 4c: Adjustment for prior years' Bonus Depreciation .00. Row 4d: Add Lines 4a, 4b, and 4c. 5000.00. Row 5: Vermont taxable income (Line 3 minus Line 4d) 48000.00. Row 6: Vermont tax from the tax rate schedule on page 2 of this form 3940.00. Row 7: Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) .00. Row 8: Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d) .00. Row 9: Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) 3940.00. Row 10: Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) 100.00 %

Name of Estate or Trust <b>HUBERT MANN TRUST</b>
FEIN <b>036699887</b>



- 11. Adjusted tax (Multiply Line 9 by Line 10) ..... **11.** \_\_\_\_\_ **3940.00**
- 12. Other states credit (from Schedule FIT-167, Line 21) ..... **12.** \_\_\_\_\_ **.00**
- 13. Total Vermont taxes (Line 11 minus Line 12) ..... **13.** \_\_\_\_\_ **3940.00**
- 14. **Payment**
- 14a. Vermont Tax Withheld on 1099 ..... **14a.** \_\_\_\_\_ **.00**
- 14b. Estimated Tax or Extension Payments ..... **14b.** \_\_\_\_\_ **2000.00**
- 14c. Vermont Real Estate Withholding ..... **14c.** \_\_\_\_\_ **5000.00**  
Attach copy of Form RW-171 or Sch. K-1VT
- 14d. Nonresident Payments from Form WH-435 ..... **14d.** \_\_\_\_\_ **.00**
- 14e. 2018 Overpayment Applied ..... **14e.** \_\_\_\_\_ **.00**
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e) ..... **14f.** \_\_\_\_\_ **7000.00**
- 15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f ..... **15.** \_\_\_\_\_ **3060.00**
- 16. Amount of overpayment to be credited to 2020 Taxes ..... **16.** \_\_\_\_\_ **3060.00**
- 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.** \_\_\_\_\_ **.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.

Signature of Responsible Officer		Date	Daytime Telephone Number
Printed Name		Email Address (optional)	
Paid Preparer's Signature		<input type="checkbox"/> Check if self-employed	Date
Preparer's Printed Name		Preparer's Telephone Number	
Preparer's Email Address (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.

**Keep a copy for your records.**

For Department Use Only	
Ck. Amt.	Init.

Form FIT-161  
Rev. 10/19

**Clear ALL fields**

**Save and go to Important Printing Instructions**

**Save and Print**

**2019 Schedule FIT-162**

**Capital Gains Exclusion Calculation  
for Estates or Trusts**



\* 1 9 1 6 2 1 1 0 0 \*

**Attach to Form FIT-161**

Name of Estate or Trust <b>HUBERT MANN TRUST</b>	FEIN <b>036699887</b>	Tax Year End Date (MMDDYYYY) <b>12312019</b>
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**PART 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) .....2a. 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. *Entry cannot be less than zero.* .....4. 35700.00

**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. 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. 35700.00
- 9. Enter the lesser of Line 8 or \$5,000 .....9. 5000.00

*(continued on next page)*



\* 1 9 1 6 2 1 2 0 0 \*

Name of Estate or Trust HUBERT MANN TRUST	FEIN 036699887	Tax Year End Date (MMDDYYYY) 12312019
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**PART II Percentage Exclusion**

(Use this section only if you have eligible gains. See Technical Bulletin TB-60, Taxation of Gain on the Sale of Capital Assets, for more information, or continue on to Part III)

- 10. Enter the amount from Part I, Line 4 . . . . .10. 35700 .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. *Entry cannot be less than zero.* . . . . .12. 35000 .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. 35000 .00
- 14. Add Lines 13a through 13c. . . . .14. 35000 .00
- 15. Subtract Line 14 from Line 12. Enter result here. *Entry cannot be less than zero.* This is the amount of net capital gain eligible for exclusion. . . . .15.            .00

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

- 16. Enter amount from Part I, Line 7, or recomputed federal Form 4952. . . . .16.            .00
- 17. Subtract Line 16 from Line 15. *Entry cannot be less than zero.* . . . . .17.            .00
- 18. Multiply Line 17 by 40%. Enter result here. (If amount is greater than \$350,000, see additional instructions.) . . . . .18.            .00

**PART III Capital Gain Exclusion**

- 19. Enter the greater of Line 9 or Line 18. . . . .19. 5000 .00
- 20. Multiply 45000 .00 x 40%. Enter result here. . . . .20. 18000 .00  
Federal Taxable Income from Form FIT-161, Line 1
- 21. Enter the lesser of Line 19 or Line 20. This is the capital gain exclusion. Enter on Form FIT-161, Line 4b. . . . .21. 5000 .00

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print

**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:	01012019
Tax Year End Date:	12312019
Type 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:

Input box for year



\* 1 9 1 6 1 1 1 0 0 \*

Form header section with fields for Name of Estate or Trust, FEIN, Date of Death, Name of Fiduciary, Title of Fiduciary, Tax year BEGIN date, Mailing Address of Fiduciary, State of Domicile at Death, Tax year END date, and checkboxes for Estate, Revocable Trust, Bankruptcy Estate, Grantor Trust, Irrevocable Trust, and return types (EXTENDED, AMENDED, FINAL).

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries?
B. Did the estate or trust have non-Vermont municipal bond income?
C. Are any present or future trust beneficiaries skip persons?
D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)?

Main calculation section with lines 1 through 10, including Federal taxable income, Vermont taxable income, Vermont tax, and Income Adjustment.



Name of Estate or Trust <b>ESTATE OF WILLIAM BROOM</b>
FEIN <b>896549237</b>



- 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. 1400.00
  - 14b. Estimated Tax or Extension Payments ..... 14b. .00
  - 14c. Vermont Real Estate Withholding ..... 14c. .00  
Attach copy of Form RW-171 or Sch. K-1VT
  - 14d. Nonresident Payments from Form WH-435 ..... 14d. .00
  - 14e. 2018 Overpayment Applied ..... 14e. .00
- 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.

Signature of Responsible Officer		Date	Daytime Telephone Number
Printed Name		Email Address (optional)	
Paid Preparer's Signature		<input type="checkbox"/> Check if self-employed	Date
Preparer's Printed Name		Preparer's Telephone Number	
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

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



**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**

Name of Estate or Trust ESTATE OF WILLIAM BROOM	FEIN 896549237	Tax Year End Date (MMDDYYYY) 12312019
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You must complete a separate Schedule FIT-167 for each state or Canadian province and attach a copy of the other state return. See instructions.

1. Name of state or Canadian province. Use standard two-letter abbreviation ..... **1.** TX
2. Enter total income taxed in another state or Canadian province and also subject to Vermont tax .....  ← Check to indicate loss ..... **2.** 40000 .00
3. 2019 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 through 4. If negative, enter -0- ..... **5.** 40000.00
6. Bonus Depreciation subtracted from income in another state or Canadian province in TY 2019 ..... **6.** .00
7. U.S. Government interest income. .... **7.** .00
8. Add Lines 6 and 7. .... **8.** .00
9. Modified total income for income taxed in another state or Canadian province AND taxed in Vermont (Line 5 minus Line 8) ..... **9.** 40000.00
10. Total income (from federal Form 1041, Line 9) ..... **10.** 115000 .00
11. Non-Vermont state/local obligations from Form FIT-161, Line 2a ..... **11.** .00
12. Bonus Depreciation from Form FIT-161, Line 2b ..... **12.** 1000 .00
13. Add Lines 10 through 12. If negative, enter -0- ..... **13.** 116000.00
14. U.S. Government interest income from Form FIT-161, Line 4a . **14.** .00
15. Bonus Depreciation from Form FIT-161, Line 4c ..... **15.** 500 .00
16. Add lines 14 and 15 ..... **16.** 500.00
17. Line 13 minus Line 16 ..... **17.** 115500.00
18. Vermont income tax from Form FIT-161, Line 6. .... **18.** 4334 .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.  

Line 9	40,000.00		x Line 18	4,334.00	
Line 17	115,500.00				

..... **19.** 1501.00
20. Income tax paid to another state or Canadian province based on modified adjusted gross income from Line 9 above ..... **20.** 1650.00
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. .... **21.** 1501.00

**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:	None
Any trust beneficiaries skip persons:	No
Qualified settlement fund:	No
Federal taxable income:	3,000.00
Interest income from US obligations:	1,000.00
Interest & dividend income exempt from federal tax:	2,000.00
VT partnership income distributed to beneficiaries:	16,000.00
VT other income distributed to beneficiaries:	2,000.00
NRW distributed to trust via Partnership K-1VT:	500.00
Total NRW allocated to beneficiaries:	500.00
Beneficiary 1 Name:	Ocean Blue
Beneficiary 1 SSN:	456-78-9123
Beneficiary 1 Residency Status:	Non-Resident
Beneficiary 1 Type:	Individual
Beneficiary 1 Mailing Address:	15 Short Rd.
Beneficiary 1 City:	Rangeley
Beneficiary 1 State:	ME
Beneficiary 1 Zip Code:	04970
% of Entity's Income:	50%
Beneficiary 2 Name:	Baby Blue
Beneficiary 2 SSN:	321-65-4987
Beneficiary 2 Residency Status:	Non-Resident
Beneficiary 2 Type:	Individual
Beneficiary 2 Mailing Address:	15 Main St.
Beneficiary 2 City:	Lenox
Beneficiary 2 State:	MA
Beneficiary 2 Zip Code:	01240
% of Entity's Income:	50%

2019 Form FIT-161

Vermont Fiduciary Return of Income

For 2019 or fiscal YEAR ending:



\* 1 9 1 6 1 1 1 0 0 \*

Form with fields: Name of Estate or Trust (WONDER WOMAN TRUST), FEIN (301239567), Date of Death, Name of Fiduciary (SUPER MAN), Title of Fiduciary (TRUSTEE), Tax year BEGIN date (01012019), Mailing Address of Fiduciary (268 MILWAUKEE AVE), State of Domicile at Death and/or Creation of Trust, Tax year END date (12312019), Additional Line for Mailing Address of Fiduciary, if needed, City (KINGMAN), State (AZ), ZIP Code (86409), Foreign Country, and checkboxes for Estate, Revocable Trust, Bankruptcy Estate, Grantor Trust, Irrevocable Trust, and return types (EXTENDED, AMENDED, FINAL).

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. Yes No
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. B. Yes No
C. Are any present or future trust beneficiaries skip persons? C. Yes No
D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Yes No

Main calculation table with rows 1-10. Includes fields for Federal taxable income, Non-Vermont state and local obligations, Bonus Depreciation, State and local income taxes, Federal Taxable Income with Additions, Interest income, Capital Gains Exclusion, Adjustment for prior years' Bonus Depreciation, Vermont taxable income, Vermont tax, Additions to Vermont Tax, Subtractions from Vermont Tax, Vermont Tax with Additions and Subtractions, and Income Adjustment.

Name of Estate or Trust <b>WONDER WOMAN TRUST</b>
FEIN <b>301239567</b>



- 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 ..... **14a.** \_\_\_\_\_ **.00**
- 14b. Estimated Tax or Extension Payments ..... **14b.** \_\_\_\_\_ **.00**
- 14c. Vermont Real Estate Withholding ..... **14c.** \_\_\_\_\_ **.00**  
Attach copy of Form RW-171 or Sch. K-1VT
- 14d. Nonresident Payments from Form WH-435 ..... **14d.** \_\_\_\_\_ **.00**
- 14e. 2018 Overpayment Applied ..... **14e.** \_\_\_\_\_ **.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 retained by the preparer.

Signature of Responsible Officer		Date	Daytime Telephone Number
Printed Name		Email Address (optional)	
Paid Preparer's Signature		<input type="checkbox"/> Check if self-employed	Date
Preparer's Printed Name		Preparer's Telephone Number	
Preparer's Email Address (optional)			
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN P12345678	FEIN 123456789

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

**Clear ALL fields**

**Save and go to Important Printing Instructions**

**Save and Print**

2019 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



\* 1 9 1 6 6 1 1 0 0 \*

Attach to Form FIT-161

Name of Estate or Trust WONDER WOMAN TRUST	FEIN 301239567	Tax Year End Date (MMDDYYYY) 12312019
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PART I Taxable Municipal Bond Income

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (see Line-by-Line Instructions) .....1. 2000 .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 to be added to Vermont taxable income. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a .....3. 2000 .00
- 4. If all municipal bond income was **distributed**, check here.

PART II ADDITIONS AND SUBTRACTIONS TO TAX

- 1. Additions to Vermont Tax
  - 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329) .....1a.            .00
  - 1b. Recapture of federal investment credit (from federal Form 4255) .....1b.            .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) .....2a.            .00
  - 2b. Multiply Line 2a by 24% .....2b.            .00
  - 2c. Research & Development Credit, 32 V.S.A. § 5930d .....2c.            .00
  - 2d. Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 8 .....2d.            .00

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print



\* 1 9 1 6 6 1 2 0 0 \*

Name of Estate or Trust WONDER WOMAN TRUST	FEIN 301239567	Tax Year End Date (MMDDYYYY) 12312019
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**PART III INCOME ADJUSTMENT CALCULATION**

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2019		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. Interest income . . . . .	1A. . . . . <b>.00</b>	1B. . . . . <b>.00</b>
2. Total ordinary dividends . . . . .	2A. . . . . <b>.00</b>	2B. . . . . <b>.00</b>
3. Business income (or loss) . . . . . <input type="checkbox"/> ← Check to indicate loss	3A. . . . . <b>.00</b>	3B. . . . . <b>.00</b>
4. Capital gain (or loss) . . . . . <input type="checkbox"/> ← Check to indicate loss	4A. . . . . <b>.00</b>	4B. . . . . <b>.00</b>
5. Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc. . . . . <input type="checkbox"/> ← Check to indicate loss	5A. . . . . <b>.00</b>	5B. . . . . <b>.00</b>
6. Farm income (or loss) . . . . . <input type="checkbox"/> ← Check to indicate loss	6A. . . . . <b>.00</b>	6B. . . . . <b>.00</b>
7. Ordinary gain (or loss) . . . . . <input type="checkbox"/> ← Check to indicate loss	7A. . . . . <b>.00</b>	7B. . . . . <b>.00</b>
8. Other income (specify type of income) . . . . . <input type="checkbox"/> ← Check to indicate loss	8A. . . . . <b>.00</b>	8B. . . . . <b>.00</b>
9. Total income (Add Lines 1 through 8) . . . . . <input type="checkbox"/> ← Check to indicate loss	9A. . . . . <b>.00</b>	9B. . . . . <b>.00</b>
10. Adjustment percentage. Divide Line 9B by Line 9A. Express as a percentage, with two digits to the right of the decimal. Enter here and on Form FIT-161, Line 10. . . . .	10. . . . .	10. . . . . <b>%</b>

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print

**Schedule FIT-K-1VTF**

**Vermont Beneficiary Information  
for Fiduciaries**



\* 1 9 K 1 F 1 1 0 0 \*

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

Name of Estate or Trust WONDER WOMAN TRUST	FEIN 301239567	Tax Year End Date (MMDDYYYY) 12312019
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**HEADER INFORMATION - REQUIRED ITEMS**

Entity Name <b>OR</b> Individual Last Name (Beneficiary) BLUE			First Name OCEAN	Initial	Federal ID Number <b>OR</b> Social Security Number 456789123	
Address 15 SHORT RD					Recipient Type (I, C, S, L, P, X, or T) <input type="checkbox"/> I	
Address, Line 2 (if needed)					Residency Status <input type="checkbox"/> Vermont Resident <input checked="" type="checkbox"/> Nonresident	
City RANGELEY	State ME	ZIP Code 04970	<input type="checkbox"/> Check here if this your FINAL return			
Foreign Country			Percentage of Estate's or Trusts income or loss to this recipient. Calculate percentage to two places to the right of the decimal point. 50.00 %			

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

**VERMONT RESIDENT BENEFICIARY**

- 1. Beneficiary's share of distributed net income allocated to Vermont  ← Check to indicate loss 1. \_\_\_\_\_ .00
- 2. Interest / dividends from obligations of other states. 2. \_\_\_\_\_ .00
- 3. Interest / dividends from U.S. obligations 3. \_\_\_\_\_ .00

**VERMONT NONRESIDENT BENEFICIARY**

- 4a. Business Income  ← Check to indicate loss 4a. \_\_\_\_\_ .00
- 4b. Capital gain or loss.  ← Check to indicate loss 4b. \_\_\_\_\_ .00
- 4c. Partnership, S Corporation, LLC.  ← Check to indicate loss 4c. 8000 .00
- 4d. Rent, royalties, estates, trusts.  ← Check to indicate loss 4d. \_\_\_\_\_ .00
- 4e. Farm income  ← Check to indicate loss 4e. \_\_\_\_\_ .00
- 4f. Other income  ← Check to indicate loss 4f. 1000 .00
- 4g. Total nonresident income  ← Check to indicate loss 4g. 9000 .00

**PAYMENT INFORMATION**

- 5. Total annual nonresident estimated payments allocated to this beneficiary. 5. 250 .00
- 6. Total annual real estate withholding payments allocated to this beneficiary 6. \_\_\_\_\_ .00
- 7. Other payments allocated to this beneficiary 7. \_\_\_\_\_ .00



**Schedule FIT-K-1VTF**

**Vermont Beneficiary Information  
for Fiduciaries**



\* 1 9 K 1 F 1 1 0 0 \*

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

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

**HEADER INFORMATION - REQUIRED ITEMS**

Entity Name <b>OR</b> Individual Last Name (Beneficiary) BLUE			First Name BABY	Initial	Federal ID Number <b>OR</b> Social Security Number 321654987	
Address 15 MAIN ST					Recipient Type (I, C, S, L, P, X, or T) <input type="checkbox"/> I	
Address, Line 2 (if needed)					Residency Status <input type="checkbox"/> Vermont Resident <input checked="" type="checkbox"/> Nonresident	
City LENOX	State MA	ZIP Code 01240	<input type="checkbox"/> Check here if this your FINAL return			
Foreign Country			Percentage of Estate's or Trusts income or loss to this recipient. Calculate percentage to two places to the right of the decimal point. 50.00 %			

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

**VERMONT RESIDENT BENEFICIARY**

- 1. Beneficiary's share of distributed net income allocated to Vermont  ← Check to indicate loss 1. \_\_\_\_\_ .00
- 2. Interest / dividends from obligations of other states. 2. \_\_\_\_\_ .00
- 3. Interest / dividends from U.S. obligations 3. \_\_\_\_\_ .00

**VERMONT NONRESIDENT BENEFICIARY**

- 4a. Business Income  ← Check to indicate loss 4a. \_\_\_\_\_ .00
- 4b. Capital gain or loss.  ← Check to indicate loss 4b. \_\_\_\_\_ .00
- 4c. Partnership, S Corporation, LLC.  ← Check to indicate loss 4c. 8000 .00
- 4d. Rent, royalties, estates, trusts.  ← Check to indicate loss 4d. \_\_\_\_\_ .00
- 4e. Farm income  ← Check to indicate loss 4e. \_\_\_\_\_ .00
- 4f. Other income  ← Check to indicate loss 4f. 1000 .00
- 4g. Total nonresident income  ← Check to indicate loss 4g. 9000 .00

**PAYMENT INFORMATION**

- 5. Total annual nonresident estimated payments allocated to this beneficiary. 5. 250 .00
- 6. Total annual real estate withholding payments allocated to this beneficiary 6. \_\_\_\_\_ .00
- 7. Other payments allocated to this beneficiary 7. \_\_\_\_\_ .00

**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:



\* 1 9 1 6 1 1 1 0 0 \*

Form with fields: Name of Estate or Trust (JET DYNASTY ESTATE), FEIN (030319906), Date of Death (02152019), Name of Fiduciary (NET DYNASTY), Title of Fiduciary (EXECUTOR), Tax year BEGIN date (01012019), Mailing Address of Fiduciary (145 MAIN ST), State of Domicile at Death and/or Creation of Trust (NH), Tax year END date (12312019), Additional Line for Mailing Address of Fiduciary, if needed, City (BRODY), State (NH), ZIP Code (09555), Foreign Country, and checkboxes for Estate, Revocable Trust, Bankruptcy Estate, Grantor Trust, Irrevocable Trust, and return types (EXTENDED, AMENDED, FINAL).

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. Yes No
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. B. Yes No
C. Are any present or future trust beneficiaries skip persons? C. Yes No
D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Yes No

Main calculation table with rows 1-10. Row 1: Federal taxable income from Form 1041, Line 22, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) 1250000.00. Row 2a: Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) 2300.00. Row 2b: Bonus Depreciation allowed under federal law for 2019 .00. Row 2c: State and local income taxes included on federal Form 1041, Line 11. (see instructions) 10000.00. Row 3: Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) 1262300.00. Row 4a: Interest income from U.S. Obligations .00. Row 4b: Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.) 350000.00. Row 4c: Adjustment for prior years' Bonus Depreciation .00. Row 4d: Add Lines 4a, 4b, and 4c. 350000.00. Row 5: Vermont taxable income (Line 3 minus Line 4d) 912300.00. Row 6: Vermont tax from the tax rate schedule on page 2 of this form 79567.00. Row 7: Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) .00. Row 8: Subtractions from Vermont Tax (From Schedule FIT-166, Part II, Line 2d) .00. Row 9: Vermont Tax with Additions and Subtractions (add Lines 6 and 7, then subtract Line 8) 79567.00. Row 10: Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) 71.92 %

Name of Estate or Trust <b>JET DYNASTY ESTATE</b>
FEIN <b>030319906</b>



- 11. Adjusted tax (Multiply Line 9 by Line 10) ..... **11.** 57225.00
- 12. Other states credit (from Schedule FIT-167, Line 21) ..... **12.** .00
- 13. Total Vermont taxes (Line 11 minus Line 12) ..... **13.** 57225.00
- 14. **Payment**
- 14a. Vermont Tax Withheld on 1099 ..... **14a.** .00
- 14b. Estimated Tax or Extension Payments ..... **14b.** .00
- 14c. Vermont Real Estate Withholding ..... **14c.** .00  
Attach copy of Form RW-171 or Sch. K-1VT
- 14d. Nonresident Payments from Form WH-435 ..... **14d.** 25000.00
- 14e. 2018 Overpayment Applied ..... **14e.** .00
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e) ..... **14f.** 25000.00
- 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.** 32225.00

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.

Signature of Responsible Officer		Date	Daytime Telephone Number
Printed Name		Email Address (optional)	
Paid Preparer's Signature		<input type="checkbox"/> Check if self-employed	Date
Preparer's Printed Name		Preparer's Telephone Number	
Preparer's Email Address (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.

**Keep a copy for your records.**

For Department Use Only	
Ck. Amt.	Init.

Form FIT-161  
Rev. 10/19

**Clear ALL fields**

**Save and go to Important Printing Instructions**

**Save and Print**

2019 Schedule FIT-162

Capital Gains Exclusion Calculation for Estates or Trusts



\* 1 9 1 6 2 1 1 0 0 \*

Attach to Form FIT-161

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

- 1. Enter lesser of Line 18a(2) or 19(2) from federal Form 1041, Schedule D .....1. 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

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. 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. 936000.00
- 9. Enter the lesser of Line 8 or \$5,000 .....9. 5000.00

(continued on next page)



\* 1 9 1 6 2 1 2 0 0 \*

Name of Estate or Trust JET DYNASTY ESTATE	FEIN 030319906	Tax Year End Date (MMDDYYYY) 12312019
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**PART II Percentage Exclusion**

(Use this section only if you have eligible gains. See Technical Bulletin TB-60, Taxation of Gain on the Sale of Capital Assets, for more information, or continue on to Part III)

- 10. Enter the amount from Part I, Line 4 .....10. 936000 .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. 936000 .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. 36000 .00
- 14. Add Lines 13a through 13c. ....14. 36000 .00
- 15. Subtract Line 14 from Line 12. Enter result here. *Entry cannot be less than zero.* This is the amount of net capital gain eligible for exclusion. ....15. 900000 .00

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

- 16. Enter amount from Part I, Line 7, or recomputed federal Form 4952. ....16.                      .00
- 17. Subtract Line 16 from Line 15. *Entry cannot be less than zero.* .....17. 900000 .00
- 18. Multiply Line 17 by 40%. Enter result here. (If amount is greater than \$350,000, see additional instructions.) .....18. 350000 .00

**PART III Capital Gain Exclusion**

- 19. Enter the greater of Line 9 or Line 18. ....19. 350000 .00
- 20. Multiply 1250000 .00 x 40%. Enter result here. ....20. 500000 .00  
Federal Taxable Income from Form FIT-161, Line 1
- 21. Enter the lesser of Line 19 or Line 20. This is the capital gain exclusion. Enter on Form FIT-161, Line 4b. ....21. 350000 .00

2019 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



\* 1 9 1 6 6 1 1 0 0 \*

Attach to Form FIT-161

Name of Estate or Trust JET DYNASTY ESTATE	FEIN 030319906	Tax Year End Date (MMDDYYYY) 12312019
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PART I Taxable Municipal Bond Income

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (see Line-by-Line Instructions) .....1. 2300 .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 to be added to Vermont taxable income. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a .....3. 2300 .00
- 4. If all municipal bond income was **distributed**, check here.

PART II ADDITIONS AND SUBTRACTIONS TO TAX

- 1. Additions to Vermont Tax
  - 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329) .....1a.            .00
  - 1b. Recapture of federal investment credit (from federal Form 4255) .....1b.            .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) .....2a.            .00
  - 2b. Multiply Line 2a by 24% .....2b.            .00
  - 2c. Research & Development Credit, 32 V.S.A. § 5930d .....2c.            .00
  - 2d. Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 8 .....2d.            .00



\* 1 9 1 6 6 1 2 0 0 \*

Name of Estate or Trust JET DYNASTY ESTATE	FEIN 030319906	Tax Year End Date (MMDDYYYY) 12312019
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**PART III INCOME ADJUSTMENT CALCULATION**

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2019		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation)
From (MMDDYYYY):	To (MMDDYYYY):	

NH

	A. Federal Amount \$	B. Vermont Portion \$
1. Interest income . . . . . 1A.	8000 .00	1B. .00
2. Total ordinary dividends. . . . . 2A.	2500 .00	2B. .00
3. Business income (or loss) . . . . . <input type="checkbox"/> ← Check to indicate loss 3A.	.00	<input type="checkbox"/> ← Check to indicate loss 3B. .00
4. Capital gain (or loss) . . . . . <input type="checkbox"/> ← Check to indicate loss 4A.	936000 .00	<input type="checkbox"/> ← Check to indicate loss 4B. 900000.00
5. Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc. . . . . <input type="checkbox"/> ← Check to indicate loss 5A.	1000000 .00	<input type="checkbox"/> ← Check to indicate loss 5B. 500000.00
6. Farm income (or loss) . . . . . <input type="checkbox"/> ← Check to indicate loss 6A.	.00	<input type="checkbox"/> ← Check to indicate loss 6B. .00
7. Ordinary gain (or loss) . . . . . <input type="checkbox"/> ← Check to indicate loss 7A.	.00	<input type="checkbox"/> ← Check to indicate loss 7B. .00
8. Other income (specify type of income) . . . . . <input type="checkbox"/> ← Check to indicate loss 8A.	.00	<input type="checkbox"/> ← Check to indicate loss 8B. .00
9. Total income (Add Lines 1 through 8) . . . . . <input type="checkbox"/> ← Check to indicate loss 9A.	1946500 .00	<input type="checkbox"/> ← Check to indicate loss 9B. 1400000.00
10. Adjustment percentage. Divide Line 9B by Line 9A. Express as a percentage, with two digits to the right of the decimal. Enter here and on Form FIT-161, Line 10. . . . . 10.		71.92 %



**Test 7:**  
**Required Vermont Forms/Schedules: FIT-168**

**2019 Form FIT-168**



**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 <b>SAMS TRUST</b>			FEIN <b>128869362</b>		
Name of Fiduciary <b>TIM JONES</b>			Title of Fiduciary <b>TRUSTEE</b>		
Mailing Address of Fiduciary (Number and Street/Road or PO Box) <b>133 STATE STREET</b>			Tax year <b>BEGIN</b> date (MMDDYYYY) <b>01012019</b>		Tax year <b>END</b> date (MMDDYYYY) <b>12312019</b>
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust		
City <b>MONTPELIER</b>	State <b>VT</b>	ZIP Code <b>05602</b>	<b>For Department Use Only</b>		
Foreign Country					

**Payment to accompany extension request**

1. Estimated tax liability ..... **1.** \_\_\_\_\_ **2500 .00**
2. Previous payments ..... **2.** \_\_\_\_\_ **.00**
3. Amount of TAX DUE with this application (Line 1 minus Line 2) ..... **3.** \_\_\_\_\_ **2500.00**  
 Make check payable to **Vermont Department of Taxes.**

An extension of time to file a Vermont fiduciary tax return does not extend the time for paying the tax. 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-168**

**2019 Form FIT-168**



**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 <b>OAK TREE ESTATE</b>			FEIN <b>838888888</b>		
Name of Fiduciary <b>MARGARET TREE</b>			Title of Fiduciary <b>EXECUTRIX</b>		
Mailing Address of Fiduciary (Number and Street/Road or PO Box) <b>133 STATE STREET</b>			Tax year <b>BEGIN</b> date (MMDDYYYY) <b>01012019</b>		Tax year <b>END</b> date (MMDDYYYY) <b>12312019</b>
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE <input checked="" type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust		
City <b>MONTPELIER</b>	State <b>VT</b>	ZIP Code <b>05602</b>	<b>For Department Use Only</b>		
Foreign Country					

**Payment to accompany extension request**

1. Estimated tax liability ..... **1.** \_\_\_\_\_ **500 .00**
2. Previous payments ..... **2.** \_\_\_\_\_ **500 .00**
3. Amount of TAX DUE with this application (Line 1 minus Line 2) ..... **3.** \_\_\_\_\_ **.00**  
 Make check payable to **Vermont Department of Taxes.**

An extension of time to file a Vermont fiduciary tax return does not extend the time for paying the tax. 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 <b>MING DYNASTY TRUST</b>			FEIN <b>456789100</b>	Tax year <b>BEGIN</b> date (MMDDYYYY) <b>01012019</b>
Name of Fiduciary <b>ALEX MING</b>			Title of Fiduciary <b>TRUSTEE</b>	Tax year <b>END</b> date (MMDDYYYY) <b>12312019</b>
Mailing Address of Fiduciary (Number and Street/Road or PO Box) <b>145 STATE STREET</b>			Check ONE	
Additional Line for Mailing Address of Fiduciary, if needed			<input type="checkbox"/> Estate <input checked="" type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust	
City <b>BURLINGTON</b>	State <b>VT</b>	ZIP Code <b>05633</b>	Amount of this payment. If "\$0," DO NOT file ..... <b>2500</b> .	
Foreign Country				

**Send return and check to:** Vermont Department of Taxes  
PO Box 1700  
Montpelier, VT 05601-1700

Phone: (802) 828-6820

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5454

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.

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

**Mail** payment voucher to:

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

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

Form FIT-165 Instructions  
Rev. 10/19

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 <b>HERSHEY TRUST</b>			FEIN <b>036989777</b>	
Name of Fiduciary <b>ALMOND JOY</b>			Title of Fiduciary <b>TRUSTEE</b>	
Mailing Address of Fiduciary (Number and Street/Road or PO Box) <b>1500 SWEET RD</b>		Tax year <b>BEGIN</b> date (MMDDYYYY) <b>01012020</b>	Tax year <b>END</b> date (MMDDYYYY) <b>12312020</b>	
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input checked="" type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust	
City <b>HERSHEY</b>	State <b>PA</b>	ZIP Code <b>17033</b>	<b>Amount of this payment</b> ..... <b>3000.00</b>	
Foreign Country				

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

For Department Use Only	
Ck. Amt.	Init.