

Vermont Income Test Package for Tax Year 2019



Vermont Test Cases

Test 1:

Required Vermont Forms/Schedules: IN-111, Sch. IN-113

Taxpayer(s) Information:

Primary SSN:	400-00-9030
Name:	Tom Taylor
Residency Status:	Non-Resident
Mailing Address:	334 Washington Street
City:	San Francisco
State:	CA
Zip Code:	94105
Date of Birth:	January 15, 1969
Filing Status:	Single
School District Code:	999
911 Address:	334 Washington Street

Return Information:

Federal AGI:	95,564.00
Charitable Contributions:	5,000.00
Wages:	25,041.00
VT Wages:	5,041.00
Taxable Interest:	1,000.00
Rents, royalties, partnerships, SCorps, trusts etc:	69,553.00
VT rents, royalties, partnerships, SCorps, trusts etc:	41,417.00
Estimated payments made	1,000.00

2019 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



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

Please PRINT in BLUE or BLACK INK

Form with fields for Taxpayer's Last Name (TAYLOR), First Name (TOM), MI, Social Security Number (400 00 9030), Spouse's/CU Partner's Last Name, First Name, MI, Social Security Number, Mailing Address (334 WASHINGTON ST), City (SAN FRANCISCO), State (CA), ZIP Code (94105), Foreign Country, Vermont School District Code (999), 911/Physical Street Address (334 WASHINGTON ST), Filing Status and Standard Deduction (Single, \$6,150), and checkboxes for AMENDED Return, RECOMPUTED Return, Head of Household, and Qualifying Widow(er).

Main calculation section with lines 1-16. Line 1: Federal Adjusted Gross Income (95564.00). Line 2: Net Modifications to Federal AGI (.00). Line 3: Federal AGI with Modifications (95564.00). Line 4: 2019 Vermont Standard Deduction (6150.00). Line 5: Personal Exemptions (1). Line 6: Add Lines 4 and 5e (10400.00). Line 7: Vermont Taxable Income (85164.00). Line 8: Vermont Income Tax from tax table (4334.00). Line 9: Net Adjustment to Vermont Tax (.00). Line 10: Vermont Income Tax with Adjustment (4334.00). Line 11: Tax-Deductible Charitable Contribution (5000.00). Line 12: Multiply Line 11 by 5% (250.00). Line 13: Charitable Contribution Deduction (250.00). Line 14: Vermont Income Tax (4084.00). Line 15: Income Adjustment (48.6145%). Line 16: Adjusted Vermont Income Tax (1985.00).

Amount Due (from Line 31) 0.00

Taxpayer's Last Name
TAYLOR

Social Security Number
400 00 9030



* 1 9 1 1 1 1 2 W W *

Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)		
17.	_____ .00	+	18.	_____ .00	= 19. _____ .00	
20.	Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).					20. _____ 1985.00
21.	Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart).					<input type="checkbox"/> Check to certify no Use Tax is due. OR 21. _____ .00
22.	Total Vermont Taxes (Add Lines 20 and 21)					22. _____ 1985.00
Nongame Wildlife Fund		Children's Trust Fund		Vermont Veterans Fund		
Green Up Vermont				Total Contributions		
23a.	_____ .00	+	23b.	_____ .00	+	
23c.	_____ .00	+	23d.	_____ .00	= 23e. _____ .00	
24.	Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)					24. _____ 1985.00
25a.	2019 Vermont Tax Withheld from W-2, 1099					25a. _____ 1700.00
25b.	2019 Estimated Tax payments, amount carried forward from 2018, and payment made with 2019 extension					25b. _____ 1000.00
25c.	Refundable Credits (Schedule IN-112, Part II)					25c. _____ .00
25d.	2019 Vermont Real Estate Withholding from Form RW-171					25d. _____ .00
25e.	2019 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5					25e. _____ .00
25f.	Total Payments and Credits (Add Lines 25a through 25e)					25f. _____ 2700.00
26.	Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.					26. _____ 715.00
27a.	Refund to be credited to 2020 Estimated Tax Payment					27a. _____ .00
27b.	Refund to be credited to 2020 Property Tax Bill					27b. _____ .00
28.	REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26)					28. _____ 715.00
29.	If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due					29. _____ .00
30.	Interest and Penalty on Underpayment of Estimated Tax.		30.	_____ .00		
			31.	AMOUNT DUE (Add Lines 29 and 30)		
			31.	_____ .00		

For Amended Returns Only:	Original refund received _____ .00	Refund due now _____ .00	Original payment _____ .00	Amount due now _____ .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date	Date of Birth (MM/DD/YYYY) 01 / 15 / 1969	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	EIN

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

**Keep a copy for
your records.**

2019 Schedule IN-113



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Vermont Income Adjustment Calculations

Please PRINT in BLUE or BLACK INK

**Nonresidents and Part-Year Residents Must Complete Parts I and II
Full-Year Residents with Adjustments Complete only Part II**

INCLUDE WITH FORM IN-111

Taxpayer's Last Name TAYLOR	First Name TOM	MI	Taxpayer's Social Security Number 400 00 9030
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PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the Vermont portion in Column B. See instructions.

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

	A. Federal Amount \$	B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	25041.00	5041.00
2. Taxable interest. 2A.	1000.00	.00
3. Ordinary dividends 3A.	.00	.00
4. Taxable IRAs, pensions, and annuities. 4A.	.00	.00
5. Taxable Social Security 5A.	.00	.00
6. Taxable refunds of state and local income taxes 6A.	.00	.00
7. Alimony received 7A.	.00	.00
8. Business income or loss <input type="checkbox"/> ← Check to indicate loss 8A.	.00	.00
9. Capital gain or loss <input type="checkbox"/> ← Check to indicate loss 9A.	.00	.00
10. Rents, royalties, partnerships, S corporations, trusts, etc <input type="checkbox"/> ← Check to indicate loss 10A.	69553.00	41417.00
11. Farm income or loss <input type="checkbox"/> ← Check to indicate loss 11A.	.00	.00
12. Unemployment compensation 12A.	.00	.00
13. Other: Specify <input type="checkbox"/> ← Check to indicate loss 13A.	.00	.00
14. TOTAL INCOME (Add Lines 1-13). <input type="checkbox"/> ← Check to indicate loss 14A.	95564.00	46458.00

Taxpayer's Last Name TAYLOR	Social Security Number 400 00 9030
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* 1 9 1 1 3 1 2 W W *

	Column A. Federal Amount \$	Column B. Vermont Portion \$
15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040)	15A. _____ .00	15B. _____ .00
Self _____ Spouse _____		
16. Student Loan Interest (Reported on Form 1040)	16A. _____ .00	16B. _____ .00
17. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040)	17A. _____ .00	17B. _____ .00
18. Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040)	18A. _____ .00	18B. _____ .00
19. Health Savings Account (Reported on Form 1040)	19A. _____ .00	19B. _____ .00
20. Moving Expenses (Reported on Form 1040)	20A. _____ .00	20B. _____ .00
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040)	21A. _____ .00	21B. _____ .00
22. Alimony Paid (Reported on Form 1040)	22A. _____ .00	22B. _____ .00
23. Domestic Production Activities (Reported on Form 1040)	23A. _____ .00	23B. _____ .00
24. Educator Expenses and Tuition & Fees (Reported on Form 1040)	24A. _____ .00	24B. _____ .00
25. Deductions not listed above but reported on Form 1040	25A. _____ .00	25B. _____ .00
26. TOTAL ADJUSTMENTS (Add Lines 15-25)	26A. _____ .00	26B. _____ .00
27. Adjusted Gross Income (Subtract Line 26A from Line 14A)	<input type="checkbox"/> ← Check to indicate loss	27. _____ 95564 .00
28. Vermont Portion of AGI (Subtract Line 26B from Line 14B)	<input type="checkbox"/> ← Check to indicate loss	28. _____ 46458 .00
29. Non-Vermont Income (Subtract Line 28 from Line 27) Also enter on Part II, Line 31 below.	<input type="checkbox"/> ← Check to indicate loss	29. _____ 49106 .00

PART II. Adjustment for Vermont Exempt Income and Military Exempt Income

30. Adjusted Gross Income. If Part I completed, enter Line 27 amount. Otherwise, enter amount from Form IN-111, Line 1	<input type="checkbox"/> ← Check to indicate loss	30. _____ 95564 .00
31. Non-Vermont Income (Line 29 above)	<input type="checkbox"/> ← Check to indicate loss	31. _____ 49106 .00
32. Military pay. Number of months on active duty _____ (See instructions)		32. _____ .00
33. Total (Add Lines 31 and 32)	<input type="checkbox"/> ← Check to indicate loss	33. _____ 49106 .00
34. Vermont Income (Subtract Line 33 from Line 30)	<input type="checkbox"/> ← Check to indicate loss	34. _____ 46458 .00
35. INCOME ADJUSTMENT % (Divide Line 34 by Line 30 out to the fourth decimal place) Also enter on Form IN-111, Line 15 (See instructions)		35. _____ 48 .6145 %

Test 2:**Required Vermont Forms/Schedules:** IN-111, IN-112, HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9031
Name:	Bradley Edgewood
Residency Status:	Resident
Mailing Address:	PO Box 306
City:	Hyde Park
State:	VT
Zip Code:	05655
Date of Birth:	06/18/1960
Filing Status:	Married Filing Joint
Spouse SSN:	400-00-9032
Spouse Name:	Marjorie Edgewood
School District Code:	097
911 Address:	306 Edgewood Dr.
Primary Occupation:	Minister
Spouse Occupation:	Secretary

Return Information:

Federal AGI:	97,000.00
Wages:	95,000.00
Taxable State Refund:	2,000.00
Social Security & Medicare Tax Withheld:	7,268.00
Income Tax Withheld from Wages:	560.00
Additional Household Members:	Tom Taylor 400-00-9030
Additional Members Income:	26,500.00 SSI
SPAN:	306-097-00001
Business Use of Dwelling:	0.00%
Rental Use of Dwelling:	0.00%
Improvements:	None
Special Situations:	None
Housesite Value:	308,900.00
Housesite Education Tax:	3,133.00
Housesite Municipal Tax:	2,200.00
Ownership Interest:	100.00%
Mobile Home Lot Rent:	None
Contiguous Property:	No

2019 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



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

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name EDGEWOOD		First Name BRADLEY		MI	Social Security Number 400 00 9031		<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name EDGEWOOD		First Name MARJORIE		MI	Social Security Number 400 00 9032		<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) PO BOX 306							
City HYDE PARK			State VT	ZIP Code or Foreign Postal Code 05655		Foreign Country	
Vermont School District Code 097	911/Physical Street Address on 12/31/2019 306 EDGEWOOD DR			<input type="checkbox"/> Check if AMENDED Return		<input type="checkbox"/> Check if RECOMPUTED Return	
Filing Status and Standard Deduction		<input type="checkbox"/> Single (\$6,150)	<input checked="" type="checkbox"/> Married/CU Filing Jointly (\$12,300)	<input type="checkbox"/> Married/CU Filing Separately (\$6,150)	<input type="checkbox"/> Head of Household (\$9,200)		<input type="checkbox"/> Qualifying Widow(er) (\$12,300)

1. Federal Adjusted Gross Income (Federal Form 1040, Line 8b) ← Check to indicate loss 1. 97000.00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 14) ← Check to indicate loss 2. 2000.00

3. Federal AGI with Modifications (Add Lines 1 and 2) ← Check to indicate loss 3. 95000.00

4. 2019 Vermont Standard Deduction from filing status section above. 4. 12300.00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. 1

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. _____

5d. Add Lines 5a through 5c. 5d. 2

5e. Multiply Line 5d by \$4,250 (2019 Personal Exemption) 5e. 8500.00

6. Add Lines 4 and 5e 6. 20800.00

7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-). 7. 74200.00

8. Vermont Income Tax from tax table or tax rate schedule 8. 2747.00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16). ← Check to indicate loss 9. _____ .00

10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-). 10. 2747.00

11. Tax-Deductible Charitable Contribution (See instructions) <u>.00</u>	12. Multiply Line 11 by 5% (0.05) <u>.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. _____ .00
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14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-). 14. 2747.00

15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 15. 100.0000 %

16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15) 16. 2747.00

Amount Due (from Line 31) **2187.00**

Taxpayer's Last Name
EDGEWOOD

Social Security Number
400 00 9031



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Other State Credit (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)

17. _____ **.00** + 18. _____ **.00** = 19. _____ **.00**

20. Vermont Income Tax after credits (Subtract Line 19 from Line 16.
If Line 19 is greater than Line 16, enter -0-). 20. _____ **2747.00**

21. Use Tax for taxable items on which no sales tax was charged,
including online purchases. (See instructions, worksheet, and chart). . . Check to certify
no Use Tax is due. **OR** 21. _____ **.00**

22. Total Vermont Taxes (Add Lines 20 and 21) 22. _____ **2747.00**

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

24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e) 24. _____ **2747.00**

25a. 2019 Vermont Tax Withheld from W-2, 1099 25a. _____ **560.00**

25b. 2019 Estimated Tax payments, amount carried forward from 2018,
and payment made with 2019 extension 25b. _____ **.00**

25c. Refundable Credits (Schedule IN-112, Part II) 25c. _____ **.00**

25d. 2019 Vermont Real Estate Withholding from Form RW-171 25d. _____ **.00**

25e. 2019 Nonresident Estimated Tax payments
(nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. _____ **.00**

25f. Total Payments and Credits (Add Lines 25a through 25e) 25f. _____ **560.00**

26. Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f. 26. _____ **.00**

27a. Refund to be credited to 2020 Estimated Tax Payment 27a. _____ **.00**

27b. Refund to be credited to 2020 Property Tax Bill 27b. _____ **.00**

28. **REFUND AMOUNT** (Subtract Lines 27a and 27b from Line 26) 28. _____ **.00**

29. If Line 24 is more than Line 25f, Subtract Line 25f from Line 24.
See instructions on tax due 29. _____ **2187.00**

30. **Interest and Penalty on Underpayment of Estimated Tax.** . 30. _____ **.00**

31. **AMOUNT DUE** (Add Lines 29 and 30) . 31. _____ **2187.00**

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date	Date of Birth (MM/DD/YYYY) 06 / 18 / 1960	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date	Date of Birth (MM/DD/YYYY) 07 / 25 / 1960	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	EIN

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2019 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



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INCLUDE WITH FORM IN-111

Taxpayer's Last Name EDGEWOOD	First Name BRADLEY	MI	Taxpayer's Social Security Number 400 00 9031
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PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (Reported on federal Form 1040) . . . 1. _____ **.00**
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1 2. _____ **.00**
- 3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1) 3. _____ **.00**
- 4. Bonus Depreciation Allowed under Federal Law for 2019 4. _____ **.00**
- 5. Total Additions (Add Line 3 and Line 4) 5. _____ **0.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 6. Interest Income from U.S. Obligations 6. _____ **.00**
 - 7. Capital Gains Exclusion (Schedule IN-153, Line 21 or Line 22) 7. _____ **.00**
 - 8. Adjustment for Prior Years' Bonus Depreciation 8. _____ **.00**
 - 9. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) 9. _____ **2000 .00**
 - 10. Medical Expense Deduction (see the worksheet in the instructions) 10. _____ **.00**
 - 11. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions). 11. _____ **.00**
 - 12. Railroad Retirement income 12. _____ **.00**
 - 13. Bond/note interest income from (see below) 13. _____ **.00**
- VSAC
 Build America
 Vermont Telecom Authority
 Vermont Public Power Supply Authority
- 14. Total Subtractions (Add Lines 6 through 13) 14. _____ **2000.00**

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 15. Subtract Line 14 from Line 5. Enter on Form IN-111, Line 2. ← Check to indicate loss 15. _____ **2000.00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number 400 00 9031
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PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. **Low Income Child & Dependent Care Credit**1. _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

- A. Enter number of qualifying children **A.** _____
- B. Enter number of qualifying children under the age of 18 **B.** _____
- C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2019? **C.** Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported from federal Form 1040) **2.** _____ **.00**
3. Vermont Earned Income Tax Credit (Multiply Line 2 by 36%) **3.** _____ **.00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

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

B. Vermont Portion \$

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

- | | |
|--|--|
| 4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) 4A. _____ .00 | 4B. _____ .00 |
| 5. Other earned income (Schedule IN-113, Lines 8, 10, and 11) <input type="checkbox"/> ← Check to indicate loss 5A. _____ .00 | <input type="checkbox"/> ← Check to indicate loss 5B. _____ .00 |
| 6. Total earned income (Add Lines 4 and 5) 6A. _____ .00 | 6B. _____ .00 |
| 7. Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but not more than 100%) 7. _____ % | |
| 8. Earned income tax credit (Reported on federal Form 1040) 8. _____ .00 | |
| 9. Multiply Line 8 by 36% and enter the result here. 9. _____ .00 | |
| 10. Vermont Earned Income Tax Credit (Multiply Line 9 by Line 7) 10. _____ .00 | |

11. TOTAL REFUNDABLE CREDITS

(Add Line 1 to Line 3 or Line 10. Enter this amount on the IN-111, Line 25c) **11.** _____ **.00**

2020 Form HS-122

**Vermont Homestead Declaration AND
Property Tax Credit Claim**



Under Act 51, effective July 1, 2019, the Property Tax Adjustment has been changed to the Property Tax Credit.

DUE DATE: April 15, 2020. You may file up to Oct. 15, 2020, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1)** Homestead Declaration (Section A of this form), **2)** Property Tax Credit Claim (Section B of this form), and **3)** Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2020. If your homestead is leased to a tenant on April 1, 2020, you may still claim it as a homestead if it is not leased for more than 182 days in the 2020 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name EDGEWOOD		First Name BRADLEY		MI	Claimant's Social Security Number 400 00 9031	
Spouse's/CU Partner's Last Name EDGEWOOD		First Name MARJORIE		MI	Spouse's or CU Partner's Social Security Number 400 00 9032	
Mailing Address (Number and Street/Road or PO Box) PO BOX 306				Claimant's Date of Birth (MMDDYYYY) 06 / 18 / 1960		
City HYDE PARK		State VT	ZIP Code 05655		SPAN - REQUIRED (From the 2019/2020 property tax bill) 306 097 00001	
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.") 306 EDGEWOOD DRIVE				City/Town of Legal Residence on April 1, 2020 HYDE PARK		& State VT
Federal Filing Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household						

A1. Business Use of Dwelling **A1.** 0.00 %

A2. Rental Use of Dwelling **A2.** 0.00 %

A3. Business or Rental Use of **Improvements or Other Buildings**
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? ... **A3.** Yes No

A4-A7 Special Situations (see instructions for more information). Check the following if it applies:

A4. Grantor and sole beneficiary of a revocable trust owning the property

A6. Homestead property crosses town boundaries (File a declaration for each town.)

A5. Life estate holder of the property

A7. Residing in a dwelling on the homestead parcel owned by a related farmer.

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

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

Claimant's Last Name EDGEWOOD	Social Security Number 400 00 9031
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DUE DATE: April 15, 2020. Claims accepted up to Oct. 15, 2020.

SECTION B. PROPERTY TAX CREDIT CLAIM
For Household Income up to \$138,250. Complete and attach Schedule HI-144.

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

- B1.** Were you domiciled in Vermont all of calendar year 2019? Yes, Go to Line B2. No, STOP.
- B2.** Were you claimed as a dependent in 2019 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3.** Do you anticipate selling this Vermont housesite on or before April 1, 2020? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2019/2020 property tax bill. Round amounts to the nearest dollar.

- B4.** Housesite Value **B4.** 308900.00
- B5.** Housesite Education Tax **B5.** 3133.00
- B6.** Housesite Municipal Tax **B6.** 2200.00
- B7.** Ownership Interest **B7.** 100.00 %
- B8.** Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. **B8.** 116632.00 Check here if amended Schedule HI-144, Household Income, is included.

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

Lot Rent

- B9.** E-file Certificate Number (From Form LC-142) **B9.** -
- B10.** Mobile Home Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.) **B10.** .00

OR Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

- B11.** Allocated Education Tax **B11.** .00
- B12.** Allocated Municipal Tax **B12.** .00

OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)

- B13.** Contiguous property Education Tax **B13.** .00
- B14.** Contiguous property Municipal Tax **B14.** .00

MAXIMUM CREDIT AMOUNT IS \$8,000.

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

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

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

2019 Schedule HI-144



* 1 9 1 4 4 1 1 W W *

Household Income

For the year Jan 1 - Dec 31, 2019

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name EDGEWOOD	First Name BRADLEY	MI	Claimant's Social Security Number 400 00 9031
Spouse's/CU Partner's Last Name EDGEWOOD	First Name MARJORIE	MI	Claimant's Date of Birth (MMDDYYYY)

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2019. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name TAYLOR	First Name TOM	MI	Other Person #1 Social Security Number 400 00 9030
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. _____ .00	_____ .00	26500 .00
c. Unemployment compensation/worker's compensation	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. 95000 .00	_____ .00	_____ .00
e. Interest and dividends	e. _____ .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. _____ .00	_____ .00	_____ .00
g. Alimony and support money	g. _____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify CHILD SUPPORT RECEIVED	h. _____ .00	_____ .00	2400 .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. _____ .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (see instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: Add Lines a through n	o. 95000 .00	_____ .00	28900 .00

Claimant's Last Name EDGEWOOD	Social Security Number 400 00 9031
----------------------------------	---------------------------------------



Carried forward from Line o 95000 .00 .00 28900 .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. 7268 .00	.00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. .00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number
----------------------------	------------	----	------------------------

r. Allowable adjustments from Federal Form 1040	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
r1. Business expenses for Reservists	r1. .00	.00	.00
r2. Alimony paid	r2. .00	.00	.00
r3. Self-employed health insurance deduction	r3. .00	.00	.00
r4. Health Savings Account deduction	r4. .00	.00	.00
s. Add Lines p, q, and total of Lines r1 to r4 for each column	s. 7268 .00	.00	0 .00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t. 87732 .00	.00	28900 .00

u. Add all three amounts from Line t. If a negative amount, enter -0- u. 116632 .00

v. Complete if born Jan. 1, 1955 and after. Enter interest and dividend income from Lines e and f. v. .00 .00 .00

w. Add all three amounts from Line v w. 0 .00

x. x. 10,000.00

y. Subtract Line x from Line w. If Line x is more than Line w, enter -0- y. 0 .00

z. **HOUSEHOLD INCOME.** Add Line u and Line y z. 116632 .00

RENTERS

If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2020, but can be filed up to Oct. 15, 2020.

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

HOMEOWNERS

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

Homeowners with Household Income up to \$138,250 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2020. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2020, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 3:**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-119, HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9034
Primary Name:	Christopher Renaud
Residency Status:	Resident
Mailing Address:	PO Box 322
City:	ST Johnsbury
State:	VT
Zip Code:	05863
Country:	USA
Date of Birth:	06/18/1977
Filing Status:	Head of Household
School District Code:	182
911 Address:	189 Martin St.
Town of Legal Residence:	Sheffield
Primary Occupation:	Manager
Dependent 1 Name:	John Renaud
Dependent 1 SSN:	400-00-9002
Dependent 2 Name:	Valerie Renaud
Dependent 2 SSN:	400-00-9003

Return Information:

Federal AGI:	37,500.00
Wages:	37,500.00
Tax Withheld from Wages:	789.00
Social Security & Medicare Tax Withheld:	1,866.00
EIC from Federal Form 1040:	4,512.00
Interest/Dividend Income from VT State Obligations:	185.00
Railroad Retirement Income:	12,750.00
Vermont Higher Education Investment:	2,500.00
Bond Note Interest Income:	355.00
Bond Note Interest Income received from:	VSAC
SPAN #:	579-182-12345
Housesite Value:	125,980.00
Housesite Education Tax:	1,969.00
Housesite Municipal Tax:	233.00
Ownership Interest:	100%

2019 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 1 9 1 1 1 1 1 W W *

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

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name RENAUD		First Name CHRISTOPHER		MI	Social Security Number 400 00 9034		<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number		<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) PO BOX 322							
City SAINT JOHNSBURY		State VT	ZIP Code or Foreign Postal Code 05863		Foreign Country		
Vermont School District Code 048	911/Physical Street Address on 12/31/2019 189 MARTIN STREET			<input type="checkbox"/> Check if AMENDED Return	<input type="checkbox"/> Check if RECOMPUTED Return		
Filing Status and Standard Deduction		<input type="checkbox"/> Single (\$6,150)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,300)	<input type="checkbox"/> Married/CU Filing Separately (\$6,150)	<input checked="" type="checkbox"/> Head of Household (\$9,200)	<input type="checkbox"/> Qualifying Widow(er) (\$12,300)	

1. Federal Adjusted Gross Income (Federal Form 1040, Line 8b)	<input type="checkbox"/> ← Check to indicate loss	1. <u>37500.00</u>
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 14)	<input checked="" type="checkbox"/> ← Check to indicate loss	2. <u>12920.00</u>
3. Federal AGI with Modifications (Add Lines 1 and 2)	<input type="checkbox"/> ← Check to indicate loss	3. <u>24580.00</u>
4. 2019 Vermont Standard Deduction from filing status section above.		4. <u>9200.00</u>
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.		
5. Personal Exemptions:		
5a. Enter "1" for yourself if no one can claim you as a dependent		5a. <u>1</u>
5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er)		5b. _____
5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse.		5c. <u>2</u>
5d. Add Lines 5a through 5c.		5d. <u>3</u>
5e. Multiply Line 5d by \$4,250 (2019 Personal Exemption)		5e. <u>12750.00</u>
6. Add Lines 4 and 5e		6. <u>21950.00</u>
7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-)		7. <u>2630.00</u>
8. Vermont Income Tax from tax table or tax rate schedule (If Line 1 is greater than \$150,000, see instructions)		8. <u>88.00</u>
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16)	<input type="checkbox"/> ← Check to indicate loss	9. <u>.00</u>
10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-)		10. <u>88.00</u>
11. Tax-Deductible Charitable Contribution (See instructions) <u>.00</u>		12. Multiply Line 11 by 5% (0.05) <u>.00</u>
13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000)		13. <u>.00</u>
14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-)		14. <u>88.00</u>
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%)		15. <u>100.0000</u> %
16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15)		16. <u>88.00</u>

Amount Due (from Line 31) **0.00**

Taxpayer's Last Name

Social Security Number
400 00 9034



* 1 9 1 1 1 1 2 W W *

Other State Credit (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)

17. _____ **.00** + 18. _____ **250 .00** = 19. _____ **250.00**

20. Vermont Income Tax after credits (Subtract Line 19 from Line 16.
If Line 19 is greater than Line 16, enter -0-). 20. _____ **0.00**

21. Use Tax for taxable items on which no sales tax was charged,
including online purchases. (See instructions, worksheet, and chart). Check to certify
no Use Tax is due. **OR** 21. _____ **.00**

22. Total Vermont Taxes (Add Lines 20 and 21) 22. _____ **.00**

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

23a. Nongame Wildlife Fund Children's Trust Fund Vermont Veterans Fund Green Up Vermont **Total Contributions**

24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e) 24. _____ **.00**

25a. 2019 Vermont Tax Withheld from W-2, 1099 25a. _____ **789.00**

25b. 2019 Estimated Tax payments, amount carried forward from 2018,
and payment made with 2019 extension 25b. _____ **.00**

25c. Refundable Credits (Schedule IN-112, Part II) 25c. _____ **1 6 2 4 . 0 0**

25d. 2019 Vermont Real Estate Withholding from Form RW-171 25d. _____ **.00**

25e. 2019 Nonresident Estimated Tax payments
(nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. _____ **.00**

25f. Total Payments and Credits (Add Lines 25a through 25e) 25f. _____ **2 4 1 3 . 0 0**

26. Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f. 26. _____ **2 4 1 3 . 0 0**

27a. Refund to be credited to 2020 Estimated Tax Payment 27a. _____ **.00**

27b. Refund to be credited to 2020 Property Tax Bill 27b. _____ **.00**

28. **REFUND AMOUNT** (Subtract Lines 27a and 27b from Line 26) 28. _____ **2 4 1 3 . 0 0**

29. If Line 24 is more than Line 25f, Subtract Line 25f from Line 24.
See instructions on tax due 29. _____ **.00**

30. **Interest and Penalty on Underpayment of Estimated Tax.** . 30. _____ **.00**

31. **AMOUNT DUE** (Add Lines 29 and 30) . 31. _____ **.00**

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date	Date of Birth (MM/DD/YYYY) 06 / 18 / 1977	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	EIN

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2019 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



* 1 9 1 1 2 1 1 W W *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name RENAUD	First Name CHRISTOPHER	MI	Taxpayer's Social Security Number 400 00 9034
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PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (Reported on federal Form 1040) . . . 1. _____ **.00**
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1 2. _____ **185.00**
- 3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1) 3. _____ **.00**
- 4. Bonus Depreciation Allowed under Federal Law for 2019 4. _____ **.00**
- 5. Total Additions (Add Line 3 and Line 4) 5. _____ **185.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 6. Interest Income from U.S. Obligations 6. _____ **.00**
 - 7. Capital Gains Exclusion (Schedule IN-153, Line 21 or Line 22) 7. _____ **.00**
 - 8. Adjustment for Prior Years' Bonus Depreciation 8. _____ **.00**
 - 9. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) 9. _____ **.00**
 - 10. Medical Expense Deduction (see the worksheet in the instructions) 10. _____ **.00**
 - 11. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions). 11. _____ **.00**
 - 12. Railroad Retirement income 12. _____ **12750.00**
 - 13. Bond/note interest income from (see below) 13. _____ **355.00**
- VSAC
 Build America
 Vermont Telecom Authority
 Vermont Public Power Supply Authority
- 14. Total Subtractions (Add Lines 6 through 13) 14. _____ **13105.00**

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 15. Subtract Line 14 from Line 5. Enter on Form IN-111, Line 2. ← Check to indicate loss 15. _____ **12920.00**
This can be a negative number.

Taxpayer's Last Name	Social Security Number 400 00 9034
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PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. **Low Income Child & Dependent Care Credit** 1. _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

- A. Enter number of qualifying children A. 2
- B. Enter number of qualifying children under the age of 18 B. 2
- C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2019? C. Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported from federal Form 1040) 2. 4512 **.00**
3. Vermont Earned Income Tax Credit (Multiply Line 2 by 36%) 3. 1624 **.00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

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

B. Vermont Portion \$

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

- | | |
|--|--|
| 4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) 4A. _____ .00 | 4B. _____ .00 |
| 5. Other earned income (Schedule IN-113, Lines 8, 10, and 11) <input type="checkbox"/> ← Check to indicate loss 5A. _____ .00 | <input type="checkbox"/> ← Check to indicate loss 5B. _____ .00 |
| 6. Total earned income (Add Lines 4 and 5) 6A. _____ .00 | 6B. _____ .00 |
| 7. Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but not more than 100%) 7. _____ % | |
| 8. Earned income tax credit (Reported on federal Form 1040) 8. _____ .00 | |
| 9. Multiply Line 8 by 36% and enter the result here. 9. _____ .00 | |
| 10. Vermont Earned Income Tax Credit (Multiply Line 9 by Line 7) 10. _____ .00 | |

11. TOTAL REFUNDABLE CREDITS

(Add Line 1 to Line 3 or Line 10. Enter this amount on the IN-111, Line 25c) 11. 1624 **.00**

2019 Schedule IN-119

**Vermont Tax Adjustments and
Nonrefundable Credits**



* 1 9 1 1 9 1 1 W W *

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name RENAUD	First Name CHRISTOPHER	MI	Taxpayer's Social Security Number 400 00 9034
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PART I ADJUSTMENTS TO VERMONT INCOME TAX

ADDITIONS TO VERMONT TAX

- 1. Tax on Qualified Plans including IRA, HSA, and MSA (Reported on federal Form 1040, U.S. Individual Income Tax Return.1. _____ **.00**
- 2. Recapture of Federal Investment Tax Credit (Reported on Form 1040)2. _____ **.00**
- 3. Tax from federal Form 4972, Tax on Lump-Sum Distributions . .3. _____ **.00**
- 4. Add Lines 1 through 34. _____ **.00**
- 5. Multiply Line 4 by 24%5. _____ **.00**
- 6. Recapture of Vermont Credits (See instructions)6. _____ **.00**
- 7. Add Lines 5 and 6.7. _____ **.00**

SUBTRACTIONS FROM VERMONT TAX

- 8. Credit for Child & Dependent Care Expenses (Reported on Form 1040)8. _____ **.00**
- 9. Credit for the Elderly or the Disabled (Federal Schedule R)9. _____ **.00**
- 10. Investment Tax Credit - Vermont-based only (See instructions)10. _____ **.00**
- 11. Vermont Farm Income Averaging Credit (From worksheet in instructions)11. _____ **.00**
- 12. Add Lines 8 through 1112. _____ **.00**
- 13. Multiply Line 12 by 24%13. _____ **.00**
- 14. Vermont-based Solar Energy Credit carryforward.14. _____ **.00**
- 15. Add Lines 13 and 14.15. _____ **.00**

NET ADJUSTMENTS TO VERMONT TAX

- 16. Subtract Line 15 from Line 7. Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number.16. ← Check to indicate loss _____ **.00**

Taxpayer's Last Name	Social Security Number 400 00 9034
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INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education Investment (32 V.S.A § 5825a) See instructions 2500.00 2019 Contribution eligible for credit Credit TIMES (X) .10 = 250.00

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

Name of Entity	FEIN
----------------	------

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

	<u>Column A</u> Earned in 2019	PLUS (+)	<u>Column B</u> Carryforward	EQUALS (=)	<u>Column C</u>
2. Charitable Housing (32 V.S.A. § 5830c) 2A.	<u>.00</u>		2B. <u>.00</u>		2C. <u>.00</u>
3. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828) 3A.	<u>.00</u>		3B. <u>.00</u>		3C. <u>.00</u>
4. Research & Development (32 V.S.A. § 5930ii) 4A.	<u>.00</u>		4B. <u>.00</u>		4C. <u>.00</u>
Prior approval required from Vermont Housing Finance Agency for Line 5					
5. Affordable Housing (32 V.S.A § 5930u) 5A.	<u>.00</u>		5B. <u>.00</u>		5C. <u>.00</u>
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a)) 6A.	<u>.00</u>		6B. <u>.00</u>		6C. <u>.00</u>
7. Facade Improvement (32 V.S.A. § 5930cc(b)) 7A.	<u>.00</u>		7B. <u>.00</u>		7C. <u>.00</u>
8. Code Improvements (32 V.S.A. § 5930cc(c)) 8A.	<u>.00</u>		8B. <u>.00</u>		8C. <u>.00</u>
9. Add Column C, Lines 1-8. If no credit claimed on Line 10, enter this amount on Form IN-111, Line 18					9. <u>250.00</u>

Tax Credit Calculation Worksheet

- 10. Vermont Entrepreneur's Seed Capital Fund (32 V.S.A. § 5830b) 10. .00
- 11. Enter adjusted Vermont income tax amount from Form IN-111, Line 16 11. .00
- 12. Enter credit for income tax paid to another state or Canadian province from Form IN-111, Line 17 12. .00
- 13. Subtract Line 12 from Line 11 13. .00
- 14. Enter the lesser of Line 9 or Line 13. 14. .00
- 15. Subtract Line 14 from Line 13. The result cannot be less than zero 15. .00
- 16. Multiply Line 15 by 50% 16. .00
- 17. Enter the lesser of Line 10 or Line 16. 17. .00
- 18. Total Credits Allowable. Enter the total of Lines 14 and 17 18. .00
- 19. **Total Income Tax Credits Available.** Enter the lesser of Line 13 or Line 18. Enter this amount on Form IN-111, Line 18. 19. .00

2020 Form HS-122

**Vermont Homestead Declaration AND
Property Tax Credit Claim**



Under Act 51, effective July 1, 2019, the Property Tax Adjustment has been changed to the Property Tax Credit.

DUE DATE: April 15, 2020. You may file up to Oct. 15, 2020, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1)** Homestead Declaration (Section A of this form), **2)** Property Tax Credit Claim (Section B of this form), and **3)** Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2020. If your homestead is leased to a tenant on April 1, 2020, you may still claim it as a homestead if it is not leased for more than 182 days in the 2020 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name RENAUD	First Name CHRISTOPHER	MI	Claimant's Social Security Number 400 00 9034
Spouse's/CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box) PO BOX 322			Claimant's Date of Birth (MMDDYYYY) 06 / 18 / 1977
City SAINT JOHNSBURY	State VT	ZIP Code 05863	SPAN - REQUIRED (From the 2019/2020 property tax bill) 579 182 12345
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.") 189 MARTIN STREET			City/Town of Legal Residence on April 1, 2020 & State SHEFFIELD VT
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input checked="" type="checkbox"/> Head of Household			

A1. Business Use of Dwelling **A1.** 0.00 %

A2. Rental Use of Dwelling **A2.** 0.00 %

A3. Business or Rental Use of **Improvements or Other Buildings**
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? ... **A3.** Yes No

A4-A7 Special Situations (see instructions for more information). Check the following if it applies:

A4. Grantor and sole beneficiary of a revocable trust owning the property

A6. Homestead property crosses town boundaries (File a declaration for each town.)

A5. Life estate holder of the property

A7. Residing in a dwelling on the homestead parcel owned by a related farmer.

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

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

Claimant's Last Name RENAUD	Social Security Number 400 00 9034
--------------------------------	---------------------------------------



DUE DATE: April 15, 2020. Claims accepted up to Oct. 15, 2020.

SECTION B. PROPERTY TAX CREDIT CLAIM
For Household Income up to \$138,250. Complete and attach Schedule HI-144.

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

- B1.** Were you domiciled in Vermont all of calendar year 2019? Yes, Go to Line B2. No, STOP.
- B2.** Were you claimed as a dependent in 2019 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3.** Do you anticipate selling this Vermont housesite on or before April 1, 2020? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2019/2020 property tax bill. Round amounts to the nearest dollar.

- B4.** Housesite Value **B4.** 125980.00
- B5.** Housesite Education Tax **B5.** 1969.00
- B6.** Housesite Municipal Tax **B6.** 233.00
- B7.** Ownership Interest **B7.** 100.00 %
- B8.** Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. **B8.** 35819.00 Check here if amended Schedule HI-144, Household Income, is included.

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

Lot Rent

- B9.** E-file Certificate Number (From Form LC-142) **B9.** -
- B10.** Mobile Home Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.) **B10.** .00

OR Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

- B11.** Allocated Education Tax **B11.** .00
- B12.** Allocated Municipal Tax **B12.** .00

OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)

- B13.** Contiguous property Education Tax **B13.** .00
- B14.** Contiguous property Municipal Tax **B14.** .00

MAXIMUM CREDIT AMOUNT IS \$8,000.

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

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

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

2019 Schedule HI-144



* 1 9 1 4 4 1 1 W W *

Household Income

For the year Jan 1 - Dec 31, 2019

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name RENAUD	First Name CHRISTOPHER	MI	Claimant's Social Security Number 400 00 9034
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY) 06 18 1977

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2019. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name RENAUD	First Name JOHN	MI	Other Person #1 Social Security Number 400 00 9002
Other Person #2 Last Name RENAUD	First Name VALERIE	MI	Other Person #2 Social Security Number 400 00 9003

Yearly totals of ALL members of the household	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. <u>12750</u> .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. <u>24395</u> .00	_____ .00	_____ .00
e. Interest and dividends	e. <u>185</u> .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. <u>355</u> .00	_____ .00	_____ .00
g. Alimony and support money	g. _____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____	h. _____ .00	_____ .00	_____ .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. _____ .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (see instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: Add Lines a through n	o. <u>37685</u> .00	_____ .00	_____ .00

Claimant's Last Name RENAUD	Social Security Number 400 00 9034
--------------------------------	---------------------------------------



Carried forward from Line o 37685 .00 .00 .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. 1866 .00	.00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. .00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number
----------------------------	------------	----	------------------------

r. Allowable adjustments from Federal Form 1040			
r1. Business expenses for Reservists	r1. .00	.00	.00
r2. Alimony paid	r2. .00	.00	.00
r3. Self-employed health insurance deduction	r3. .00	.00	.00
r4. Health Savings Account deduction	r4. .00	.00	.00
s. Add Lines p, q, and total of Lines r1 to r4 for each column	s. 1866 .00	.00	.00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t. 35819 .00	.00	.00
u. Add all three amounts from Line t. If a negative amount, enter -0-			u. 35819 .00
v. Complete if born Jan. 1, 1955 and after. Enter interest and dividend income from Lines e and f.	v. 185 .00	.00	.00
w. Add all three amounts from Line v			w. 355 .00
x.			x. 10,000.00
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-			y. 0 .00
z. HOUSEHOLD INCOME. Add Line u and Line y			z. 35819 .00

RENTERS

If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2020, but can be filed up to Oct. 15, 2020.

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

HOMEOWNERS

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

Homeowners with Household Income up to \$138,250 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2020. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2020, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 4:**Required Vermont Forms/Schedules:** IN-111, IN-112, HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9035
Name:	Sammy Goodrich
Residency Status:	Resident
Mailing Address:	PO Box 349
City:	Chester
State:	VT
Zip Code:	05143
Date of Birth:	06/14/1947
Filing Status:	Married Filing Joint
Spouse SSN:	400-00-8036
Spouse Name:	Patty Goodrich
Spouse Date of Birth:	09/14/1950
School District Code:	045
911 Address:	13 Sugarbush
Primary Occupation:	Chief Operator
Spouse Occupation:	Secretary

Return Information:

Federal AGI:	59,095.00
Wages:	48,595.00
Taxable Social Security Income:	10,500.00
Social Security & Medicare Tax Withheld:	3,718.00
Income Tax Withheld from Wages:	1,200.00
Overpayment applied to 2020	
Property Tax Bill:	Yes
SPAN:	114-045-12345
Business Use of Dwelling:	0.00%
Rental Use of Dwelling:	0.00%
Improvements:	None
Special Situations:	None
Housesite Value:	155,500.00
Housesite Education Tax:	1,888.00
Housesite Municipal Tax:	1,143
Ownership Interest:	100.00%
Mobile Home Lot Rent:	None
Contiguous Property:	No

2019 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 1 9 1 1 1 1 1 W W *

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

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name GOODRICH		First Name SAMMY		MI	Social Security Number 400 00 9035		<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name GOODRICH		First Name PATTY		MI	Social Security Number 400 00 9036		<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) PO BOX 349							
City CHESTER		State VT	ZIP Code or Foreign Postal Code 05143		Foreign Country		
Vermont School District Code 045	911/Physical Street Address on 12/31/2019 13 SUGARBUSH			<input type="checkbox"/> Check if AMENDED Return	<input type="checkbox"/> Check if RECOMPUTED Return		
Filing Status and Standard Deduction <input type="checkbox"/> Single (\$6,150)		<input checked="" type="checkbox"/> Married/CU Filing Jointly (\$12,300)		<input type="checkbox"/> Married/CU Filing Separately (\$6,150)		<input type="checkbox"/> Head of Household (\$9,200)	
<input type="checkbox"/> Qualifying Widow(er) (\$12,300)							

1. Federal Adjusted Gross Income (Federal Form 1040, Line 8b)	<input type="checkbox"/> ← Check to indicate loss	1. <u>59095.00</u>			
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 14)	<input checked="" type="checkbox"/> ← Check to indicate loss	2. <u>10500.00</u>			
3. Federal AGI with Modifications (Add Lines 1 and 2)	<input type="checkbox"/> ← Check to indicate loss	3. <u>48595.00</u>			
4. 2019 Vermont Standard Deduction from filing status section above. Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.		4. <u>14300.00</u>			
5. Personal Exemptions:					
5a. Enter "1" for yourself if no one can claim you as a dependent		5a. <u>1</u>			
5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er)		5b. <u>1</u>			
5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse.		5c. _____			
5d. Add Lines 5a through 5c.		5d. <u>2</u>			
5e. Multiply Line 5d by \$4,250 (2019 Personal Exemption)		5e. <u>8500.00</u>			
6. Add Lines 4 and 5e		6. <u>22800.00</u>			
7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-)		7. <u>25795.00</u>			
8. Vermont Income Tax from tax table or tax rate schedule		8. <u>863.00</u>			
(If Line 1 is greater than \$150,000, see instructions)					
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16)	<input type="checkbox"/> ← Check to indicate loss	9. _____			
10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-)		10. <u>863.00</u>			
<table border="1"> <tr> <td>11. Tax-Deductible Charitable Contribution (See instructions) <u>1000.00</u></td> <td>12. Multiply Line 11 by 5% (0.05) <u>50.00</u></td> <td>13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>50.00</u></td> </tr> </table>			11. Tax-Deductible Charitable Contribution (See instructions) <u>1000.00</u>	12. Multiply Line 11 by 5% (0.05) <u>50.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>50.00</u>
11. Tax-Deductible Charitable Contribution (See instructions) <u>1000.00</u>	12. Multiply Line 11 by 5% (0.05) <u>50.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>50.00</u>			
14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-)		14. <u>813.00</u>			
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%)		15. <u>100.0000</u> %			
16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15)		16. <u>813.00</u>			

Amount Due (from Line 31) **0.00**

Taxpayer's Last Name
GOODRICH

Social Security Number
400 00 9035



* 1 9 1 1 1 1 2 W W *

Other State Credit (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)

17. _____ **.00** + 18. _____ **.00** = 19. _____ **.00**

20. Vermont Income Tax after credits (Subtract Line 19 from Line 16.
If Line 19 is greater than Line 16, enter -0-). 20. _____ **813.00**

21. Use Tax for taxable items on which no sales tax was charged,
including online purchases. (See instructions, worksheet, and chart). . . Check to certify
no Use Tax is due. **OR** 21. _____ **.00**

22. Total Vermont Taxes (Add Lines 20 and 21) 22. _____ **813.00**

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

24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e) 24. _____ **813.00**

25a. 2019 Vermont Tax Withheld from W-2, 1099 25a. _____ **1200.00**

25b. 2019 Estimated Tax payments, amount carried forward from 2018,
and payment made with 2019 extension 25b. _____ **.00**

25c. Refundable Credits (Schedule IN-112, Part II) 25c. _____ **.00**

25d. 2019 Vermont Real Estate Withholding from Form RW-171 25d. _____ **.00**

25e. 2019 Nonresident Estimated Tax payments
(nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. _____ **.00**

25f. Total Payments and Credits (Add Lines 25a through 25e) 25f. _____ **1200.00**

26. Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f. 26. _____ **387.00**

27a. Refund to be credited to 2020 Estimated Tax Payment 27a. _____ **.00**

27b. Refund to be credited to 2020 Property Tax Bill 27b. _____ **387.00**

28. **REFUND AMOUNT** (Subtract Lines 27a and 27b from Line 26) 28. _____ **.00**

29. If Line 24 is more than Line 25f, Subtract Line 25f from Line 24.
See instructions on tax due 29. _____ **.00**

30. **Interest and Penalty on Underpayment of Estimated Tax.** . 30. _____ **.00**

31. **AMOUNT DUE** (Add Lines 29 and 30) . 31. _____ **.00**

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date	Date of Birth (MM/DD/YYYY) 06 / 18 / 1947	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date	Date of Birth (MM/DD/YYYY) 09 / 14 / 1950	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	EIN

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2019 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in
BLUE or BLACK INK



* 1 9 1 1 2 1 1 W W *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name GOODRICH	First Name SAMMY	MI	Taxpayer's Social Security Number 400 00 9035
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PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (Reported on federal Form 1040) . . . 1. _____ **.00**
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1 2. _____ **.00**
- 3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1) 3. _____ **.00**
- 4. Bonus Depreciation Allowed under Federal Law for 2019 4. _____ **.00**
- 5. Total Additions (Add Line 3 and Line 4) 5. _____ **.00**

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 6. Interest Income from U.S. Obligations 6. _____ **.00**
 - 7. Capital Gains Exclusion (Schedule IN-153, Line 21 or Line 22) 7. _____ **.00**
 - 8. Adjustment for Prior Years' Bonus Depreciation 8. _____ **.00**
 - 9. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) 9. _____ **.00**
 - 10. Medical Expense Deduction (see the worksheet in the instructions) 10. _____ **.00**
 - 11. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions). 11. _____ 10500 **.00**
 - 12. Railroad Retirement income 12. _____ **.00**
 - 13. Bond/note interest income from (see below) 13. _____ **.00**
- VSAC
 Build America
 Vermont Telecom Authority
 Vermont Public Power Supply Authority
- 14. Total Subtractions (Add Lines 6 through 13) 14. _____ 10500 **.00**

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 15. Subtract Line 14 from Line 5. Enter on Form IN-111, Line 2. ← Check to indicate loss 15. _____ 10500 **.00**
This can be a negative number.

Taxpayer's Last Name GOODRICH	Social Security Number 400 00 9035
----------------------------------	---------------------------------------



PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. Low Income Child & Dependent Care Credit **1.** _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

A. Enter number of qualifying children **A.** _____
B. Enter number of qualifying children under the age of 18 **B.** _____
C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2019? **C.** Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported from federal Form 1040) **2.** _____ **.00**
3. Vermont Earned Income Tax Credit (Multiply Line 2 by 36%) **3.** _____ **.00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

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

B. Vermont Portion \$

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

4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1)	4A. _____ .00	4B. _____ .00
5. Other earned income (Schedule IN-113, Lines 8, 10, and 11)	<input type="checkbox"/> 5A. _____ .00	<input type="checkbox"/> 5B. _____ .00
6. Total earned income (Add Lines 4 and 5)	6A. _____ .00	6B. _____ .00
7. Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but not more than 100%)	7. _____ %	
8. Earned income tax credit (Reported on federal Form 1040)	8. _____ .00	
9. Multiply Line 8 by 36% and enter the result here	9. _____ .00	
10. Vermont Earned Income Tax Credit (Multiply Line 9 by Line 7)	10. _____ .00	

11. TOTAL REFUNDABLE CREDITS

(Add Line 1 to Line 3 or Line 10. Enter this amount on the IN-111, Line 25c) **11.** _____ **.00**

2020 Form HS-122

**Vermont Homestead Declaration AND
Property Tax Credit Claim**



Under Act 51, effective July 1, 2019, the Property Tax Adjustment has been changed to the Property Tax Credit.

DUE DATE: April 15, 2020. You may file up to Oct. 15, 2020, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1**) Homestead Declaration (Section A of this form), **2**) Property Tax Credit Claim (Section B of this form), and **3**) Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2020. If your homestead is leased to a tenant on April 1, 2020, you may still claim it as a homestead if it is not leased for more than 182 days in the 2020 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name GOODRICH		First Name SAMMY		MI	Claimant's Social Security Number 400 00 9035
Spouse's/CU Partner's Last Name GOODRICH		First Name PATTY		MI	Spouse's or CU Partner's Social Security Number 400 00 9036
Mailing Address (Number and Street/Road or PO Box) PO BOX 349				Claimant's Date of Birth (MMDDYYYY) 06 / 18 / 1947	
City CHESTER	State VT	ZIP Code 05143		SPAN - REQUIRED (From the 2019/2020 property tax bill) 114 045 12345	
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.") 13 SUGARBUSH				City/Town of Legal Residence on April 1, 2020 & State CHESTER | VT	
Federal Filing Status <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household					

A1. Business Use of Dwelling **A1.** 0.00 %

A2. Rental Use of Dwelling **A2.** 0.00 %

A3. Business or Rental Use of **Improvements or Other Buildings**
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? ... **A3.** Yes No

A4-A7 Special Situations (see instructions for more information). Check the following if it applies:

A4. Grantor and sole beneficiary of a revocable trust owning the property

A6. Homestead property crosses town boundaries (File a declaration for each town.)

A5. Life estate holder of the property

A7. Residing in a dwelling on the homestead parcel owned by a related farmer.

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

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

Claimant's Last Name GOODRICH	Social Security Number 400 00 9035
----------------------------------	---------------------------------------



DUE DATE: April 15, 2020. Claims accepted up to Oct. 15, 2020.

SECTION B. PROPERTY TAX CREDIT CLAIM
For Household Income up to \$138,250. Complete and attach Schedule HI-144.

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

- B1.** Were you domiciled in Vermont all of calendar year 2019? Yes, Go to Line B2. No, STOP.
- B2.** Were you claimed as a dependent in 2019 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3.** Do you anticipate selling this Vermont housesite on or before April 1, 2020? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2019/2020 property tax bill. Round amounts to the nearest dollar.

- B4.** Housesite Value **B4.** 155500.00
- B5.** Housesite Education Tax **B5.** 1888.00
- B6.** Housesite Municipal Tax **B6.** 1143.00
- B7.** Ownership Interest **B7.** 100.00 %
- B8.** Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. **B8.** 55377.00 Check here if amended Schedule HI-144, Household Income, is included.

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

Lot Rent

- B9.** E-file Certificate Number (From Form LC-142) **B9.** -
- B10.** Mobile Home Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.) **B10.** .00

OR Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

- B11.** Allocated Education Tax **B11.** .00
- B12.** Allocated Municipal Tax **B12.** .00

OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)

- B13.** Contiguous property Education Tax **B13.** .00
- B14.** Contiguous property Municipal Tax **B14.** .00

MAXIMUM CREDIT AMOUNT IS \$8,000.

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

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

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

2019 Schedule HI-144



* 1 9 1 4 4 1 1 W W *

Household Income

For the year Jan 1 - Dec 31, 2019

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name GOODRICH	First Name SAMMY	MI	Claimant's Social Security Number 400 00 9035
Spouse's/CU Partner's Last Name GOODRICH	First Name PATTY	MI	Claimant's Date of Birth (MMDDYYYY) 06 18 1947

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2019. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. <u>10500</u> .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. <u>48595</u> .00	_____ .00	_____ .00
e. Interest and dividends	e. _____ .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. _____ .00	_____ .00	_____ .00
g. Alimony and support money	g. _____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____	h. _____ .00	_____ .00	_____ .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. _____ .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (see instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: Add Lines a through n	o. <u>59095</u> .00	_____ .00	_____ .00

Claimant's Last Name GOODRICH	Social Security Number 400 00 9035
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Carried forward from Line o 59095 .00 .00 .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p.	3718 .00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number
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r. Allowable adjustments from Federal Form 1040			
r1. Business expenses for Reservists	r1.00	.00
r2. Alimony paid	r2. . . . .	.00	.00
r3. Self-employed health insurance deduction	r3. . . . .	.00	.00
r4. Health Savings Account deduction	r4. . . . .	.00	.00
s. Add Lines p, q, and total of Lines r1 to r4 for each column	s.	3718 .00	.00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t.	55377 .00	.00
u. Add all three amounts from Line t. If a negative amount, enter -0-	u.	55377 .00	.00
v. Complete if born Jan. 1, 1955 and after. Enter interest and dividend income from Lines e and f.	v. . . . .	.00	.00
w. Add all three amounts from Line v	w.	0 .00	.00
x.	x.	10,000.00	.00
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-	y.	0 .00	.00
z. HOUSEHOLD INCOME. Add Line u and Line y	z.	55377 .00	.00

RENTERS

If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2020, but can be filed up to Oct. 15, 2020.

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

HOMEOWNERS

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

Homeowners with Household Income up to \$138,250 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2020. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2020, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

SOCIAL SECURITY EXEMPTION WORKSHEET

Instructions: It is important that you answer the questions in Section I to determine if you qualify for a full or partial exemption. If you qualify for a partial exemption, you may move on to Section II to calculate the amount of the exemption.

SECTION I: Do you qualify for the Vermont Social Security full or partial exemption?

1. Did you report an amount on federal Form 1040, U.S. Individual Income Tax Return, Line 5b, earning Social Security benefits that were taxable in the current tax year?
 - No.** You do not qualify for this exemption.
 - Yes.** Proceed to question 2.

2. If you are:
 - Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermont Income Tax Return, Line 1, less than \$70,000?
 - Single, head of household, qualifying widow(er), or married filing separately, is your AGI on Form IN-111, Line 1, less than \$55,000?
 - No.** You do not qualify for this exemption.
 - Yes.** You qualify for Vermont's Social Security exemption. Proceed to question 3.

3. If you are:
 - Married filing jointly, is your AGI less than \$60,000?
 - Single, head of household, qualifying widow(er), or married filing separately, is your AGI less than \$45,000?
 - No.** Please proceed to Section II of this worksheet.
 - Yes.** You qualify for a **full exemption**. Please enter the full amount from federal Form 1040, Line 5b, on Schedule IN-112, Line 10.

SECTION II: Calculating your Social Security Partial Exemption

This section is for married joint filers with an Adjusted Gross Income (AGI) between \$60,000-\$70,000 and for single, head of household, qualifying widow(er), or married separate filers with an AGI between \$45,000-\$55,000.

4. If you are:
 - Married filing jointly, enter \$70,000.
 - All other filing statuses, enter \$55,000. **4.** 70000
5. Enter your AGI from Form IN-111, Line 1. **5.** 59095
6. Subtract Line 5 from Line 4. If Line 5 is greater than Line 4, enter -0-. **6.** 10905
7. Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second decimal place (*Example: .481 would round to .48*). **7.** 1.09
8. Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1). **8.** 1
9. Enter the amount from federal Form 1040, Line 5b. **9.** 10500
10. Amount of **partial exemption**. Multiply Line 9 by Line 8.
Enter this amount on Schedule IN-112, Line 11. **10.** 10500

Note about civil unions: If you are in a civil union and filing jointly, you should file for this exemption as married filing jointly. If you are a civil union and filing separately, you should file as married filing separately.

Test 5: State Only Test Case**Required Vermont Forms/Schedules:** IN-111, IN-117**Taxpayer(s) Information:**

Primary SSN:	400-00-9037
Name:	Michael Lane
Residency Status:	Resident
Mailing Address:	17 Ferndell Ln.
City:	Colchester
State:	VT
Zip Code:	05446
Date of Birth:	01/15/1982
Filing Status:	Single
School District Code:	048
911 Address:	17 Ferndell Ln.

Return Information:

Federal AGI:	115,000.00
Wages:	115,000.00
NY Wages:	57,500.00
VT Income Tax Withheld from Wages:	5,000.00
NY Taxes Paid:	5,000.00
Use Tax Due:	115.00
Estimated payments made	2,750.00

2019 Form IN-111

Vermont Income Tax Return

DEPT USE ONLY



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

Please PRINT in BLUE or BLACK INK

Form with fields for Taxpayer's Last Name (LANE), First Name (MICHAEL), Social Security Number (400 00 9037), Mailing Address (17 FERNEDELL LANE), City (COLCHESTER), State (VT), ZIP Code (05446), Filing Status (Married/CU Filing Separately), and other tax-related information.

Main calculation section with lines 1 through 16. Line 1: Federal Adjusted Gross Income 115000.00. Line 3: Federal AGI with Modifications 115000.00. Line 4: 2019 Vermont Standard Deduction 6150.00. Line 5a: Personal Exemptions 1. Line 6: Add Lines 4 and 5e 10400.00. Line 7: Vermont Taxable Income 104600.00. Line 8: Vermont Income Tax 6074.00. Line 10: Vermont Income Tax with Adjustment 6074.00. Line 11: Tax-Deductible Charitable Contribution .00. Line 12: Multiply Line 11 by 5% (0.05) .00. Line 13: Charitable Contribution Deduction .00. Line 14: Vermont Income Tax (Line 10 minus Line 13) 6074.00. Line 15: Income Adjustment 100.0000%. Line 16: Adjusted Vermont Income Tax 6074.00.

Amount Due (from Line 31) 0.00

Taxpayer's Last Name

Social Security Number
400 00 9037



* 1 9 1 1 1 1 2 W W *

Other State Credit (Schedule IN-117, Line 21) **Vermont Tax Credits** (Schedule IN-119, Part II) **Total Vermont Credits** (Add Lines 17 and 18)

17. 3037.00 + 18. .00 = 19. 3037.00

20. Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-). 20. 3037.00

21. Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). . . Check to certify no Use Tax is due. **OR** 21. 115.00

22. Total Vermont Taxes (Add Lines 20 and 21) 22. 3152.00

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

24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e) 24. 3152.00

25a. 2019 Vermont Tax Withheld from W-2, 1099 25a. 5000.00

25b. 2019 Estimated Tax payments, amount carried forward from 2018, and payment made with 2019 extension 25b. 2750.00

25c. Refundable Credits (Schedule IN-112, Part II) 25c. .00

25d. 2019 Vermont Real Estate Withholding from Form RW-171 25d. .00

25e. 2019 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5 25e. .00

25f. Total Payments and Credits (Add Lines 25a through 25e) 25f. 7750.00

26. Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f. 26. 4598.00

27a. Refund to be credited to 2020 Estimated Tax Payment 27a. .00

27b. Refund to be credited to 2020 Property Tax Bill 27b. .00

28. **REFUND AMOUNT** (Subtract Lines 27a and 27b from Line 26) 28. 4598.00

29. If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due 29. .00

30. **Interest and Penalty on Underpayment of Estimated Tax.** . 30. .00 31. **AMOUNT DUE** (Add Lines 29 and 30) . 31. .00
(Worksheet IN-152 or IN-152A)

For Amended Returns Only:	Original refund received <u>.00</u>	Refund due now <u>.00</u>	Original payment <u>.00</u>	Amount due now <u>.00</u>
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date	Date of Birth (MM/DD/YYYY) 06 / 18 / 1977	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	EIN

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2019 Schedule IN-117



* 1 9 1 1 7 1 1 W W *

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

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

For Residents and Some Part-Year Residents ONLY.

You must complete a separate Schedule IN-117 for each state or Canadian province and include a copy of the other state return(s). Please see instructions.

Taxpayer's Last Name LANE	First Name MICHAEL	MI	Taxpayer's Social Security Number 400 00 9037
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1. Name of state or Canadian province. Use standard two-letter abbreviation. 1. NY
2. Enter Adjusted Gross Income taxed in another state or Canadian province that is also subject to Vermont income tax. This entry cannot be more than entry on Form IN-111, Line 1. 2. 57500 .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 5. 57500.00
6. Bonus Depreciation subtracted from income in another state or Canadian province in tax year 2019 6. .00
7. U.S. Government interest income subtracted from income in another state or Canadian province in tax year 2019 7. .00
8. Add Lines 6 and 7. 8. .00
9. Modified Adjusted Gross Income for income taxed in another state or Canadian province AND taxed in Vermont (Subtract Line 8 from Line 5) 9. 57500.00
10. Adjusted Gross Income from Form IN-111, Line 1 10. 115000 .00
11. Non-Vermont state/local obligations from Schedule IN-112, Part I, Line 3 11. .00
12. Bonus Depreciation from Schedule IN-112, Part I, Line 4. 12. .00
13. Add Lines 10 through 12 13. 115000.00
14. U.S. Government interest income from Schedule IN-112, Part I, Line 6 14. .00
15. Bonus Depreciation from Schedule IN-112, Part I, Line 8. 15. .00
16. Add Lines 14 and 15. 16. .00
17. Subtract Line 16 from Line 13 17. 115000.00
18. Vermont income tax from Form IN-111, Line 14 18. 6074 .00
19. Computed tax credit (Divide Line 9 by Line 17. Multiply the result by Line 18.) Result cannot be more than 100% of Vermont tax.
 Line 9 57500 .00 x Line 18 6074 .00
 Line 17 115000 .00 19. 3037 .00
20. Income tax paid to another state or Canadian province based on modified Adjusted Gross Income from Line 9 above 20. 5000.00
21. **VERMONT CREDIT** for income tax paid to another state or Canadian province. Enter the lesser of Line 19 or Line 20. Also enter on Form IN-111, Line 17 21. 3037 .00

USE TAX WORKSHEET

Did you buy taxable items without paying Vermont Sales Tax? This includes orders over the internet, by mail, or by phone on which you did not pay Vermont Sales Tax. This also includes out-of-state purchases on which you paid tax at a rate **less than 6%**, including purchases of liquor to be consumed in Vermont.

- Yes, but I did not keep accurate records.** Go to Part 1.
 Yes, and I kept accurate records. Go to Part 2.
 No. Skip to Part 4.

All of the following questions relate only to the type of purchases described above, where Vermont Sales Tax was not charged.

Part 1 If you did not keep accurate records

- 1a.** Enter the amount of use tax from the Estimated Use Tax Table below that corresponds to your Adjusted Gross Income from Form IN-111, Line 1 **1a.** 115
- 1b.** Did you make purchase(s) of \$1,000 or more per item?
 Yes. Go to Part 3.
 No. Enter Line 1a amount onto Form IN-111, Line 21 and skip the remainder of this worksheet.

Estimated Use Tax Table

Adjusted Gross Income	Use Tax is:	Adjusted Gross Income	Use Tax is:	Adjusted Gross Income	Use Tax is:
Up to \$10,000	.....\$5	\$40,001 - \$50,000	.....\$40	\$80,001 - \$90,000	.....\$80
\$10,001 - \$20,000	.....\$10	\$50,001 - \$60,000	.....\$50	\$90,001 - \$100,000	.....\$90
\$20,001 - \$30,000	.....\$20	\$60,001 - \$70,000	.....\$60	\$100,001 and over	.... 0.1% (0.001) of AGI
\$30,001 - \$40,000	.....\$30	\$70,001 - \$80,000	.....\$70		or \$500, whichever is less.

Part 2 If you did keep accurate records

- 2a.** Enter the total amount of all purchases of items **under \$1,000** each **2a.** _____
- 2b.** Multiply Line 2a by 6% (0.06). Enter the amount here. **2b.** _____

Part 3 Total Use Tax due

- 3a.** Enter the total amount of all purchases of items **\$1,000 or more** each item **3a.** _____
- 3b.** Multiply Line 3a by 6% (0.06). Enter the amount here. **3b.** _____
- 3c.** Add Line 3b to either Line 1a or Line 2b (the line with a value entered). **3c.** _____
- 3d.** Enter the amount of sales tax paid to another state for the purchases on Lines 2a and 3a, if any. **3d.** _____
- 3e.** Line 3c minus Line 3d. Enter here and on Form IN-111, Line 21. **3e.** _____

Part 4 Certification of No Use Tax Due

You do not owe use tax if: **1)** you did not make any taxable purchases by internet, mail-order, over the phone, or out of state, or **2)** you made purchases using any of these methods but paid at least 6% sales tax at the time of purchase on all of them.

If one of the situations above is true, check the box next to Line 21 and enter -0- on that line. The failure to pay use tax may result in the assessment of penalties of up to 100% of the unreported tax and interest.

Test 6:**Required Vermont Forms/Schedules:** IN-111, IN-112, IN-119, IN-153**Taxpayer(s) Information:**

Primary SSN:	400-00-9038
Name:	John Siloway
Residency Status:	Resident
Mailing Address:	1413 Boudro Road
City:	Randolph
State:	VT
Zip Code:	05060
Date of Birth:	12/28/1953
Filing Status:	Married Filing Joint
Spouse SSN:	400-00-8039
Spouse Name:	Mary Siloway
School District Code:	159
911 Address:	1413 Boudro Road
Primary Occupation:	Teacher
Dependent Name:	Michael Siloway
Dependent SSN:	400-00-8004

Return Information:

Federal AGI:	56,604.00
Taxable Social Security:	1,256.00
Interest & Dividend Income from State & Local Obligations Exempt from Federal Taxes:	266,000.00
VT Interest & Dividend Income from State & Local Obligations Exempt from Federal Taxes:	255,570.00
Income Tax Withheld from Wages:	1,200.00
Estimated Payments Made:	1,000.00
Interest Income from US Obligations:	7,279.00
Bond/Note Interest Income:	500.00
Bond/Note Interest Income received from:	Build America
Federal Child & Dependent Care:	600.00
Vermont Higher Education Investment:	500.00
VT Housing Rehabilitation Credit Earned:	90.00
Entity Credit from:	Housing Community Inc. FEIN 40-0008045
Charitable Contributions Made:	500.00

2019 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



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

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name SILOWAY		First Name JOHN		MI	Social Security Number 400 00 9038		<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name SILOWAY		First Name MARY		MI	Social Security Number 400 00 9039		<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 1413 BOUDRO RD							
City RANDOLPH		State VT	ZIP Code or Foreign Postal Code 05060		Foreign Country		
Vermont School District Code 159	911/Physical Street Address on 12/31/2019 1413 BOUDRO RD			<input type="checkbox"/> Check if AMENDED Return	<input type="checkbox"/> Check if RECOMPUTED Return		
Filing Status and Standard Deduction <input type="checkbox"/> Single (\$6,150)		<input checked="" type="checkbox"/> Married/CU Filing Jointly (\$12,300)		<input type="checkbox"/> Married/CU Filing Separately (\$6,150)		<input type="checkbox"/> Head of Household (\$9,200)	
<input type="checkbox"/> Qualifying Widow(er) (\$12,300)							

1. Federal Adjusted Gross Income (Federal Form 1040, Line 8b) ← Check to indicate loss 1. 56604.00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 14) ← Check to indicate loss 2. 3605.00

3. Federal AGI with Modifications (Add Lines 1 and 2) ← Check to indicate loss 3. 52999.00

4. 2019 Vermont Standard Deduction from filing status section above. 4. 13300.00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. 1

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. 1

5d. Add Lines 5a through 5c. 5d. 3

5e. Multiply Line 5d by \$4,250 (2019 Personal Exemption) 5e. 12750.00

6. Add Lines 4 and 5e 6. 26050.00

7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-). 7. 26949.00

8. Vermont Income Tax from tax table or tax rate schedule 8. 903.00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16). ← Check to indicate loss 9. 144.00

10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-). 10. 759.00

11. Tax-Deductible Charitable Contribution (See instructions) <u>500</u> .00	12. Multiply Line 11 by 5% (0.05) <u>25</u> .00	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>25</u> .00
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14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-). 14. 734.00

15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 15. 100.0000 %

16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15) 16. 734.00

Amount Due (from Line 31) **0.00**

Taxpayer's Last Name
SILOWAY

Social Security Number
400 00 9038



* 1 9 1 1 1 1 2 W W *

Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)	
17.	<u>.00</u>	+	18.	<u>140.00</u>	= 19. <u>140.00</u>
20.	Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-)				20. <u>594.00</u>
21.	Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart) . . . <input checked="" type="checkbox"/> Check to certify no Use Tax is due. OR				21. <u>.00</u>
22.	Total Vermont Taxes (Add Lines 20 and 21)				22. <u>594.00</u>
Nongame Wildlife Fund		Children's Trust Fund		Vermont Veterans Fund	Green Up Vermont
23a.	<u>.00</u>	+	23b.	<u>.00</u>	+
23c.	<u>.00</u>	+	23d.	<u>.00</u>	= 23e. <u>.00</u>
24. Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)					24. <u>594.00</u>
25a.	2019 Vermont Tax Withheld from W-2, 1099				25a. <u>1200.00</u>
25b.	2019 Estimated Tax payments, amount carried forward from 2018, and payment made with 2019 extension				25b. <u>1000.00</u>
25c.	Refundable Credits (Schedule IN-112, Part II)				25c. <u>.00</u>
25d.	2019 Vermont Real Estate Withholding from Form RW-171				25d. <u>.00</u>
25e.	2019 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5				25e. <u>.00</u>
25f.	Total Payments and Credits (Add Lines 25a through 25e)				25f. <u>2200.00</u>
26.	Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.				26. <u>1606.00</u>
27a.	Refund to be credited to 2020 Estimated Tax Payment				27a. <u>.00</u>
27b.	Refund to be credited to 2020 Property Tax Bill				27b. <u>.00</u>
28.	REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26)				28. <u>1606.00</u>
29.	If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due				29. <u>.00</u>
30.	Interest and Penalty on Underpayment of Estimated Tax.		30.	<u>.00</u>	31. AMOUNT DUE (Add Lines 29 and 30)
(Worksheet IN-152 or IN-152A)				31.	<u>.00</u>

For Amended Returns Only:	Original refund received <u>.00</u>	Refund due now <u>.00</u>	Original payment <u>.00</u>	Amount due now <u>.00</u>
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date	Date of Birth (MM/DD/YYYY) 06 / 25 / 1958	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date	Date of Birth (MM/DD/YYYY) 12 / 28 / 1953	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	EIN

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

**Keep a copy for
your records.**

2019 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



* 1 9 1 1 2 1 1 W W *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name SILOWAY	First Name JOHN	MI	Taxpayer's Social Security Number 400 00 9038
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PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (Reported on federal Form 1040) . . . 1. 266000 .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1 2. 255570 .00
- 3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1) 3. 10430 .00
- 4. Bonus Depreciation Allowed under Federal Law for 2019 4. .00
- 5. Total Additions (Add Line 3 and Line 4) 5. 10430 .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 6. Interest Income from U.S. Obligations 6. 7279 .00
 - 7. Capital Gains Exclusion (Schedule IN-153, Line 21 or Line 22) 7. 5000 .00
 - 8. Adjustment for Prior Years' Bonus Depreciation 8. .00
 - 9. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) 9. .00
 - 10. Medical Expense Deduction (see the worksheet in the instructions) 10. .00
 - 11. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions). 11. 1256 .00
 - 12. Railroad Retirement income 12. .00
 - 13. Bond/note interest income from (see below) 13. 500 .00
- VSAC
 Build America
 Vermont Telecom Authority
 Vermont Public Power Supply Authority
- 14. Total Subtractions (Add Lines 6 through 13) 14. 14035 .00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 15. Subtract Line 14 from Line 5. Enter on Form IN-111, Line 2. ← Check to indicate loss 15. 3605 .00
This can be a negative number.

Taxpayer's Last Name SILOWAY	Social Security Number 400 00 9038
---------------------------------	---------------------------------------



PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. Low Income Child & Dependent Care Credit1. _____ **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

A. Enter number of qualifying children **A.** _____
 B. Enter number of qualifying children under the age of 18 **B.** _____
 C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2019? **C.** Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported from federal Form 1040) **2.** _____ **.00**
3. Vermont Earned Income Tax Credit (Multiply Line 2 by 36%) **3.** _____ **.00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

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

B. Vermont Portion \$

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

4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1) 4A. _____ .00	4B. _____ .00
5. Other earned income (Schedule IN-113, Lines 8, 10, and 11) <input type="checkbox"/> ← Check to indicate loss 5A. _____ .00	<input type="checkbox"/> ← Check to indicate loss 5B. _____ .00
6. Total earned income (Add Lines 4 and 5) 6A. _____ .00	6B. _____ .00
7. Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but not more than 100%) 7. _____ %	
8. Earned income tax credit (Reported on federal Form 1040) 8. _____ .00	
9. Multiply Line 8 by 36% and enter the result here. 9. _____ .00	
10. Vermont Earned Income Tax Credit (Multiply Line 9 by Line 7) 10. _____ .00	

11. TOTAL REFUNDABLE CREDITS

(Add Line 1 to Line 3 or Line 10. Enter this amount on the IN-111, Line 25c) **11.** _____ **.00**

2019 Schedule IN-119

**Vermont Tax Adjustments and
Nonrefundable Credits**



* 1 9 1 1 9 1 1 W W *

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name SILOWAY	First Name JOHN	MI	Taxpayer's Social Security Number 400 00 9038
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PART I ADJUSTMENTS TO VERMONT INCOME TAX

ADDITIONS TO VERMONT TAX

- 1. Tax on Qualified Plans including IRA, HSA, and MSA (Reported on federal Form 1040, U.S. Individual Income Tax Return.1. _____ **.00**
- 2. Recapture of Federal Investment Tax Credit (Reported on Form 1040)2. _____ **.00**
- 3. Tax from federal Form 4972, Tax on Lump-Sum Distributions . .3. _____ **.00**
- 4. Add Lines 1 through 34. _____ **.00**
- 5. Multiply Line 4 by 24%5. _____ **.00**
- 6. Recapture of Vermont Credits (See instructions)6. _____ **.00**
- 7. Add Lines 5 and 6.7. _____ **.00**

SUBTRACTIONS FROM VERMONT TAX

- 8. Credit for Child & Dependent Care Expenses (Reported on Form 1040)8. _____ **600 .00**
- 9. Credit for the Elderly or the Disabled (Federal Schedule R)9. _____ **.00**
- 10. Investment Tax Credit - Vermont-based only (See instructions)10. _____ **.00**
- 11. Vermont Farm Income Averaging Credit (From worksheet in instructions)11. _____ **.00**
- 12. Add Lines 8 through 1112. _____ **.00**
- 13. Multiply Line 12 by 24%13. _____ **144 .00**
- 14. Vermont-based Solar Energy Credit carryforward.14. _____ **.00**
- 15. Add Lines 13 and 14.15. _____ **144 .00**

NET ADJUSTMENTS TO VERMONT TAX

- 16. Subtract Line 15 from Line 7. Enter on Form IN-111, Vermont Income Tax Return, Line 9. This can be a negative number.16. _____ **144 .00**

← Check to indicate loss

Taxpayer's Last Name SILOWAY	Social Security Number 400 00 9038
---------------------------------	---------------------------------------



INCLUDE WITH FORM IN-111

PART II VERMONT INCOME TAX CREDITS

1. Vermont Higher Education Investment (32 V.S.A § 5825a) See instructions	2019 Contribution eligible for credit <u>500 .00</u>	TIMES (X) .10 =	Credit <u>50 .00</u>
---	---	-----------------	-------------------------

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

Name of Entity HOUSING COMMUNITY INC	FEIN 40 0008045
---	--------------------

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

	<u>Column A</u> Earned in 2019	PLUS (+)	<u>Column B</u> Carryforward	EQUALS (=)	<u>Column C</u>
2. Charitable Housing (32 V.S.A. § 5830c)	<u>2A.</u> <u> .00</u>		<u>2B.</u> <u> .00</u>		<u>2C.</u> <u> .00</u>
3. Qualified Sale of Mobile Home Park (32 V.S.A. § 5828)	<u>3A.</u> <u> .00</u>		<u>3B.</u> <u> .00</u>		<u>3C.</u> <u> .00</u>
4. Research & Development (32 V.S.A. § 5930ii)	<u>4A.</u> <u> .00</u>		<u>4B.</u> <u> .00</u>		<u>4C.</u> <u> .00</u>
Prior approval required from Vermont Housing Finance Agency for Line 5					
5. Affordable Housing (32 V.S.A § 5930u)	<u>5A.</u> <u> .00</u>		<u>5B.</u> <u> .00</u>		<u>5C.</u> <u> .00</u>
6. Historic Rehabilitation (32 V.S.A. § 5930cc(a))	<u>6A.</u> <u> 90 .00</u>		<u>6B.</u> <u> .00</u>		<u>6C.</u> <u> 90 .00</u>
7. Facade Improvement (32 V.S.A. § 5930cc(b))	<u>7A.</u> <u> .00</u>		<u>7B.</u> <u> .00</u>		<u>7C.</u> <u> .00</u>
8. Code Improvements (32 V.S.A. § 5930cc(c))	<u>8A.</u> <u> .00</u>		<u>8B.</u> <u> .00</u>		<u>8C.</u> <u> .00</u>
9. Add Column C, Lines 1-8. If no credit claimed on Line 10, enter this amount on Form IN-111, Line 18					<u>9.</u> <u> 140 .00</u>

Tax Credit Calculation Worksheet

10. Vermont Entrepreneur's Seed Capital Fund (32 V.S.A. § 5830b)	<u>10.</u> <u> .00</u>
11. Enter adjusted Vermont income tax amount from Form IN-111, Line 16	<u>11.</u> <u> .00</u>
12. Enter credit for income tax paid to another state or Canadian province from Form IN-111, Line 17	<u>12.</u> <u> .00</u>
13. Subtract Line 12 from Line 11	<u>13.</u> <u> .00</u>
14. Enter the lesser of Line 9 or Line 13	<u>14.</u> <u> .00</u>
15. Subtract Line 14 from Line 13. The result cannot be less than zero	<u>15.</u> <u> .00</u>
16. Multiply Line 15 by 50%	<u>16.</u> <u> .00</u>
17. Enter the lesser of Line 10 or Line 16	<u>17.</u> <u> .00</u>
18. Total Credits Allowable. Enter the total of Lines 14 and 17	<u>18.</u> <u> .00</u>
19. Total Income Tax Credits Available. Enter the lesser of Line 13 or Line 18. Enter this amount on Form IN-111, Line 18.	<u>19.</u> <u> .00</u>

2019 Schedule IN-153

**Vermont Capital Gain Exclusion
Calculation**



* 1 9 1 5 3 1 1 W W *

INCLUDE WITH FORM IN-111

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name SILOWAY	First Name JOHN	MI	Taxpayer's Social Security Number 400 00 9038
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PART I. FLAT EXCLUSION

- 1. Enter smaller of Line 15 or 16 from federal Form 1040, Schedule D 1. 28000 **.00**
- 2. Enter amount from:
 - 2a. Federal Form 1040, Schedule D, Line 18. 2a. _____ **.00**
 - 2b. Federal Form 1040, Schedule D, Line 19. 2b. _____ **.00**
- 3. Add Lines 2a and 2b 3. _____ **.00**
- 4. Subtract Line 3 from Line 1. 4. 28000 **.00**

If you filed federal Form 4952, complete Lines 5 through 7

- 5. Enter amount from:
 - 5a. Federal Form 4952, Line 4g. 5a. _____ **.00**
 - 5b. Federal Form 4952, Line 4e. 5b. _____ **.00**
- 5c. Multiply Line 5a by Line 5b and enter result here 5c. _____ **.00**
- 5d. Federal Form 4952, Line 4b. 5d. _____ **.00**
- 5e. Federal Form 4952, Line 4e. 5e. _____ **.00**
- 6. Add Lines 5d and 5e; enter result here 6. _____ **.00**
- 7. Divide Line 5c by Line 6; enter result here 7. _____ **.00**
- 8. Subtract Line 7 from Line 4. Entry cannot be less than zero. 8. 28000 **.00**
- 9. Enter the smaller of Line 8 or \$5,000 9. 5000 **.00**

Taxpayer's Last Name
SILOWAY

Social Security Number
400 00 9038



* 1 9 1 5 3 1 2 W W *

PART II. PERCENTAGE EXCLUSION

(Use this section only if you have eligible gains. See Technical Bulletin 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 410. _____ .00
- 11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less11. _____ .00
- 12. Assets held for more than three years. Subtract Line 11 from Line 10. Entry cannot be less than zero12. _____ .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 instruments13c. _____ .00
- 14. Add Lines 13a through 13c.....14. _____ .00
- 15. Subtract Line 14 from Line 12; enter result here. Entry cannot be less than zero. This is the amount of net adjusted capital gain eligible for exclusion15. _____ .00

Line 16 Federal Form 4952 information. If no investment interest expense for ineligible assets was reported on federal Form 4952, enter Line 7 from Part I of this form. Otherwise, you may need to recompute 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 1517. _____ .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 1819. _____ 5000 .00
- 20. Multiply $\frac{56604.00}{\text{Federal Taxable Income}}$ x 40% and enter result here20. _____ 22642 .00
- 21. Enter the *smaller of* Line 19 or Line 20. This is your capital gain exclusion. Enter on Form IN-112, Part I, Line 721. _____ 5000 .00

SOCIAL SECURITY EXEMPTION WORKSHEET

Instructions: It is important that you answer the questions in Section I to determine if you qualify for a full or partial exemption. If you qualify for a partial exemption, you may move on to Section II to calculate the amount of the exemption.

SECTION I: Do you qualify for the Vermont Social Security full or partial exemption?

1. Did you report an amount on federal Form 1040, U.S. Individual Income Tax Return, Line 5b, earning Social Security benefits that were taxable in the current tax year?
 - No.** You do not qualify for this exemption.
 - Yes.** Proceed to question 2.

2. If you are:
 - Married filing jointly, is your Adjusted Gross Income (AGI) on Form IN-111, Vermont Income Tax Return, Line 1, less than \$70,000?
 - Single, head of household, qualifying widow(er), or married filing separately, is your AGI on Form IN-111, Line 1, less than \$55,000?
 - No.** You do not qualify for this exemption.
 - Yes.** You qualify for Vermont's Social Security exemption. Proceed to question 3.

3. If you are:
 - Married filing jointly, is your AGI less than \$60,000?
 - Single, head of household, qualifying widow(er), or married filing separately, is your AGI less than \$45,000?
 - No.** Please proceed to Section II of this worksheet.
 - Yes.** You qualify for a **full exemption**. Please enter the full amount from federal Form 1040, Line 5b, on Schedule IN-112, Line 10.

SECTION II: Calculating your Social Security Partial Exemption

This section is for married joint filers with an Adjusted Gross Income (AGI) between \$60,000-\$70,000 and for single, head of household, qualifying widow(er), or married separate filers with an AGI between \$45,000-\$55,000.

4. If you are:
 - Married filing jointly, enter \$70,000.
 - All other filing statuses, enter \$55,000. **4.** 70000
5. Enter your AGI from Form IN-111, Line 1. **5.** 56604
6. Subtract Line 5 from Line 4. If Line 5 is greater than Line 4, enter -0-. **6.** 13396
7. Divide Line 6 by \$10,000. This value will be a decimal. Please round to the second decimal place (*Example:* .481 would round to .48). **7.** 1.34
8. Enter the lesser of Line 7 or the value 1 (This line should not be greater than 1). **8.** 1
9. Enter the amount from federal Form 1040, Line 5b. **9.** 1256
10. Amount of **partial exemption**. Multiply Line 9 by Line 8.
Enter this amount on Schedule IN-112, Line 11. **10.** 1256

Note about civil unions: If you are in a civil union and filing jointly, you should file for this exemption as married filing jointly. If you are a civil union and filing separately, you should file as married filing separately.

Test 7:**Required Vermont Forms/Schedules:** IN-111, HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9040
Name:	Michael Jones
Residency Status:	Resident
Mailing Address:	109 Jones Street
City:	Waterbury
State:	VT
Zip Code:	05676
Date of Birth:	06/24/1977
Filing Status:	Married Filing Separately
Spouse SSN:	400-00-8041
Spouse Name:	Alice Jones
School District Code:	221
911 Address:	306 Edgewood Dr.

Return Information:

Federal AGI:	28,000.00
Wages:	27,500.00
Taxable Interest:	500.00
Charitable Contributions:	3,460.00
Use Tax Due:	85.00
Green Up Vermont:	250.00
Alimony Received:	2,000.00
Social Security & Medicare Tax Withheld:	2,104.00
Income Tax Withheld from Wages:	657.00
Spouse Social Security Income:	15,000.00
SPAN:	696-221-00001
Business Use of Dwelling:	0.00%
Rental Use of Dwelling:	0.00%
Improvements:	None
Special Situations:	None
Housesite Value:	120,000
Housesite Education Tax:	2,100.00
Housesite Municipal Tax:	1,000.00
Ownership Interest:	100.00%
Mobile Home Lot Rent:	None
Contiguous Property:	No

2019 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



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

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name JONES		First Name MICHAEL		MI	Social Security Number 400 00 9040		<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name JONES		First Name ALICE		MI	Social Security Number 400 00 9041		<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 109 JONES STREET							
City WATERBURY			State VT	ZIP Code or Foreign Postal Code 05676		Foreign Country	
Vermont School District Code 221	911/Physical Street Address on 12/31/2019 109 JONES STREET			<input type="checkbox"/> Check if AMENDED Return		<input type="checkbox"/> Check if RECOMPUTED Return	
Filing Status and Standard Deduction		<input type="checkbox"/> Single (\$6,150)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,300)	<input checked="" type="checkbox"/> Married/CU Filing Separately (\$6,150)	<input type="checkbox"/> Head of Household (\$9,200)	<input type="checkbox"/> Qualifying Widow(er) (\$12,300)	

1. Federal Adjusted Gross Income (Federal Form 1040, Line 8b) ← Check to indicate loss 1. 28000.00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 14) ← Check to indicate loss 2. .00

3. Federal AGI with Modifications (Add Lines 1 and 2) ← Check to indicate loss 3. 28000.00

4. 2019 Vermont Standard Deduction from filing status section above. 4. 6150.00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. _____

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. _____

5d. Add Lines 5a through 5c. 5d. 1

5e. Multiply Line 5d by \$4,250 (2019 Personal Exemption) 5e. 4250.00

6. Add Lines 4 and 5e 6. 10400.00

7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-). 7. 17600.00

8. Vermont Income Tax from tax table or tax rate schedule 8. 590.00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16). ← Check to indicate loss 9. .00

10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-). 10. 590.00

11. Tax-Deductible Charitable Contribution (See instructions) <u>3460.00</u>	12. Multiply Line 11 by 5% (0.05) <u>173.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>173.00</u>
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14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-) 14. 417.00

15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 15. 100.0000 %

16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15) 16. 417.00

Amount Due (from Line 31) **95.00**

Taxpayer's Last Name	Social Security Number 400 00 9040
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* 1 9 1 1 1 1 2 W W *

Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)									
17.	_____ .00	+	18.	_____ .00	= 19. _____ .00								
20.	Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).					20. _____ 417.00							
21.	Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart). <input type="checkbox"/> Check to certify no Use Tax is due. OR					21. _____ 85.00							
22.	Total Vermont Taxes (Add Lines 20 and 21)					22. _____ 502.00							
Nongame Wildlife Fund		Children's Trust Fund		Vermont Veterans Fund		Green Up Vermont		Total Contributions					
23a.	_____ .00	+	23b.	_____ .00	+	23c.	_____ .00	+	23d.	_____ 250.00	=	23e.	_____ 250.00
24.	Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)										24. _____ 752.00		
25a.	2019 Vermont Tax Withheld from W-2, 1099										25a. _____ 657.00		
25b.	2019 Estimated Tax payments, amount carried forward from 2018, and payment made with 2019 extension										25b. _____ .00		
25c.	Refundable Credits (Schedule IN-112, Part II)										25c. _____ .00		
25d.	2019 Vermont Real Estate Withholding from Form RW-171										25d. _____ .00		
25e.	2019 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5										25e. _____ .00		
25f.	Total Payments and Credits (Add Lines 25a through 25e)										25f. _____ 657.00		
26.	Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.										26. _____ .00		
27a.	Refund to be credited to 2020 Estimated Tax Payment										27a. _____ .00		
27b.	Refund to be credited to 2020 Property Tax Bill										27b. _____ .00		
28.	REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26)										28. _____ .00		
29.	If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due										29. _____ 95.00		
30.	Interest and Penalty on Underpayment of Estimated Tax.					30. _____ .00	31.	AMOUNT DUE (Add Lines 29 and 30)					31. _____ 95.00
(Worksheet IN-152 or IN-152A)													

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date	Date of Birth (MM/DD/YYYY) 06 / 24 /1977	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	EIN

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2020 Form HS-122

Vermont Homestead Declaration AND Property Tax Credit Claim



Under Act 51, effective July 1, 2019, the Property Tax Adjustment has been changed to the Property Tax Credit.

DUE DATE: April 15, 2020. You may file up to Oct. 15, 2020, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1)** Homestead Declaration (Section A of this form), **2)** Property Tax Credit Claim (Section B of this form), and **3)** Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2020. If your homestead is leased to a tenant on April 1, 2020, you may still claim it as a homestead if it is not leased for more than 182 days in the 2020 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name JONES	First Name MICHAEL	MI	Claimant's Social Security Number 400 00 9040
Spouse's/CU Partner's Last Name JONES	First Name ALICE	MI	Spouse's or CU Partner's Social Security Number 400 00 9041
Mailing Address (Number and Street/Road or PO Box) 109 JONES STREET			Claimant's Date of Birth (MMDDYYYY) 06 / 24 / 1977
City WATERBURY	State VT	ZIP Code 05676	SPAN - REQUIRED (From the 2019/2020 property tax bill) 696 221 00001
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.") 109 JONES STREET			City/Town of Legal Residence on April 1, 2020 & State WATERBURY VT
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input checked="" type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household			

A1. Business Use of Dwelling A1. 0.00 %

A2. Rental Use of Dwelling A2. 0.00 %

A3. Business or Rental Use of **Improvements or Other Buildings**
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? ... A3. Yes No

A4-A7 Special Situations (see instructions for more information). Check the following if it applies:

A4. Grantor and sole beneficiary of a revocable trust owning the property

A6. Homestead property crosses town boundaries (File a declaration for each town.)

A5. Life estate holder of the property

A7. Residing in a dwelling on the homestead parcel owned by a related farmer.

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

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

Claimant's Last Name JONES	Social Security Number 400 00 9040
-------------------------------	---------------------------------------



DUE DATE: April 15, 2020. Claims accepted up to Oct. 15, 2020.

SECTION B. PROPERTY TAX CREDIT CLAIM
For Household Income up to \$138,250. Complete and attach Schedule HI-144.

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

- B1.** Were you domiciled in Vermont all of calendar year 2019? Yes, Go to Line B2. No, STOP.
- B2.** Were you claimed as a dependent in 2019 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3.** Do you anticipate selling this Vermont housesite on or before April 1, 2020? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2019/2020 property tax bill. Round amounts to the nearest dollar.

- B4.** Housesite Value **B4.** 120000.00
- B5.** Housesite Education Tax **B5.** 2100.00
- B6.** Housesite Municipal Tax **B6.** 1000.00
- B7.** Ownership Interest **B7.** 100.00 %
- B8.** Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. **B8.** 42896.00 Check here if amended Schedule HI-144, Household Income, is included.

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

Lot Rent

- B9.** E-file Certificate Number (From Form LC-142) **B9.** -
- B10.** Mobile Home Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.) **B10.** .00

OR Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

- B11.** Allocated Education Tax **B11.** .00
- B12.** Allocated Municipal Tax **B12.** .00

OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)

- B13.** Contiguous property Education Tax **B13.** .00
- B14.** Contiguous property Municipal Tax **B14.** .00

MAXIMUM CREDIT AMOUNT IS \$8,000.

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

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

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

2019 Schedule HI-144



* 1 9 1 4 4 1 1 W W *

Household Income

For the year Jan 1 - Dec 31, 2019

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name JONES	First Name MICHAEL	MI	Claimant's Social Security Number 400 00 9040
Spouse's/CU Partner's Last Name JONES	First Name ALICE	MI	Claimant's Date of Birth (MMDDYYYY) 06 24 1977

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2019. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief	a. <u> </u> .00	<u> </u> .00	<u> </u> .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. <u> </u> .00	<u>15000</u> .00	<u> </u> .00
c. Unemployment compensation/worker's compensation	c. <u> </u> .00	<u> </u> .00	<u> </u> .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. <u>27500</u> .00	<u> </u> .00	<u> </u> .00
e. Interest and dividends	e. <u> 500</u> .00	<u> </u> .00	<u> </u> .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. <u> </u> .00	<u> </u> .00	<u> </u> .00
g. Alimony and support money	g. <u> 2000</u> .00	<u> </u> .00	<u> </u> .00
h. Child support and cash gifts Please specify _____	h. <u> </u> .00	<u> </u> .00	<u> </u> .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. <u> </u> .00	<u> </u> .00	<u> </u> .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. <u> </u> .00	<u> </u> .00	<u> </u> .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. <u> </u> .00	<u> </u> .00	<u> </u> .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. <u> </u> .00	<u> </u> .00	<u> </u> .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. <u> </u> .00	<u> </u> .00	<u> </u> .00
n. Other income (see instructions for examples of other income) Please specify _____	n. <u> </u> .00	<u> </u> .00	<u> </u> .00
o. Total Income: Add Lines a through n	o. <u>30000</u> .00	<u>15000</u> .00	<u> </u> .00

Claimant's Last Name JONES	Social Security Number 400 00 9040
-------------------------------	---------------------------------------



Carried forward from Line o 30000 .00 15000 .00 _____ .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. _____	2104 .00	0 .00	_____ .00
q. Child support paid. You must include proof of payment. See instructions	q. _____ .00	_____ .00	_____ .00

Support paid to: Last Name	First Name	MI	Social Security Number

r. Allowable adjustments from Federal Form 1040			
r1. Business expenses for Reservists	r1. _____ .00	_____ .00	_____ .00
r2. Alimony paid	r2. _____ .00	_____ .00	_____ .00
r3. Self-employed health insurance deduction	r3. _____ .00	_____ .00	_____ .00
r4. Health Savings Account deduction	r4. _____ .00	_____ .00	_____ .00
s. Add Lines p, q, and total of Lines r1 to r4 for each column	s. 2104 .00	_____ .00	_____ .00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t. 27896 .00	15000 .00	_____ .00
u. Add all three amounts from Line t. If a negative amount, enter -0-			u. 42896 .00
v. Complete if born Jan. 1, 1955 and after. Enter interest and dividend income from Lines e and f.	v. 500 .00	_____ .00	_____ .00
w. Add all three amounts from Line v			w. 500 .00
x.			x. 10,000.00
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-			y. 0 .00
z. HOUSEHOLD INCOME. Add Line u and Line y			z. 42896 .00

RENTERS

If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2020, but can be filed up to Oct. 15, 2020.

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

HOMEOWNERS

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

Homeowners with Household Income up to \$138,250 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2020. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2020, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

USE TAX WORKSHEET

Did you buy taxable items without paying Vermont Sales Tax? This includes orders over the internet, by mail, or by phone on which you did not pay Vermont Sales Tax. This also includes out-of-state purchases on which you paid tax at a rate **less than 6%**, including purchases of liquor to be consumed in Vermont.

- Yes, but I did not keep accurate records.** Go to Part 1.
 Yes, and I kept accurate records. Go to Part 2.
 No. Skip to Part 4.

All of the following questions relate only to the type of purchases described above, where Vermont Sales Tax was not charged.

Part 1 If you did not keep accurate records

- 1a.** Enter the amount of use tax from the Estimated Use Tax Table below that corresponds to your Adjusted Gross Income from Form IN-111, Line 1 **1a.** _____
- 1b.** Did you make purchase(s) of \$1,000 or more per item?
 Yes. Go to Part 3.
 No. Enter Line 1a amount onto Form IN-111, Line 21 and skip the remainder of this worksheet.

Estimated Use Tax Table

Adjusted Gross Income	Use Tax is:	Adjusted Gross Income	Use Tax is:	Adjusted Gross Income	Use Tax is:
Up to \$10,000	\$5	\$40,001 - \$50,000	\$40	\$80,001 - \$90,000	\$.80
\$10,001 - \$20,000	\$10	\$50,001 - \$60,000	\$50	\$90,001 - \$100,000	\$.90
\$20,001 - \$30,000	\$20	\$60,001 - \$70,000	\$.60	\$100,001 and over	0.1% (0.001) of AGI
\$30,001 - \$40,000	\$30	\$70,001 - \$80,000	\$.70		or \$500, whichever is less.

Part 2 If you did keep accurate records

- 2a.** Enter the total amount of all purchases of items **under \$1,000** each **2a.** 210
- 2b.** Multiply Line 2a by 6% (0.06). Enter the amount here. **2b.** 13

Part 3 Total Use Tax due

- 3a.** Enter the total amount of all purchases of items **\$1,000 or more** each item **3a.** 1206
- 3b.** Multiply Line 3a by 6% (0.06). Enter the amount here. **3b.** 72
- 3c.** Add Line 3b to either Line 1a or Line 2b (the line with a value entered). **3c.** 85
- 3d.** Enter the amount of sales tax paid to another state for the purchases on Lines 2a and 3a, if any. **3d.** _____
- 3e.** Line 3c minus Line 3d. Enter here and on Form IN-111, Line 21. **3e.** 85

Part 4 Certification of No Use Tax Due

You do not owe use tax if: **1)** you did not make any taxable purchases by internet, mail-order, over the phone, or out of state, or **2)** you made purchases using any of these methods but paid at least 6% sales tax at the time of purchase on all of them.

If one of the situations above is true, check the box next to Line 21 and enter -0- on that line. The failure to pay use tax may result in the assessment of penalties of up to 100% of the unreported tax and interest.

Test 8:**Required Vermont Forms/Schedules:** HS-122, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9042
Name:	Jim Jones
Mailing Address:	PO Box 349
City:	Montpelier
State:	VT
Zip Code:	05602
Date of Birth:	06/18/1947
Filing Status:	Married Filing Separately
Spouse SSN:	400-00-9043
Spouse Name:	Patty Jones
School District Code:	121
911 Address:	349 Jones St.

Return Information:

Wages:	40,000.00
Interest & Dividends:	1,000.00
Spouse Wages:	25,000.00
SPAN:	390-121-00001
Business Use of Dwelling:	0.00%
Rental Use of Dwelling:	0.00%
Improvements:	None
Special Situations:	None
Housesite Value:	150,000.00
Housesite Education Tax:	3,000.00
Housesite Municipal Tax:	1,500.00
Ownership Interest:	100.00%
Mobile Home Lot Rent:	None
Contiguous Property:	No

2020 Form HS-122

**Vermont Homestead Declaration AND
Property Tax Credit Claim**



Under Act 51, effective July 1, 2019, the Property Tax Adjustment has been changed to the Property Tax Credit.

DUE DATE: April 15, 2020. You may file up to Oct. 15, 2020, but the town may assess a penalty. For details on late filing, see the instructions.

How to file a Homestead Declaration: Please complete Section A of this form, sign in the signature section at the bottom of page 2, and send the form to the Vermont Department of Taxes

How to file a Property Tax Credit Claim: To be considered for a Property Tax Credit, you must file a **1)** Homestead Declaration (Section A of this form), **2)** Property Tax Credit Claim (Section B of this form), and **3)** Schedule HI-144, Household Income. Sign this form in the signature section at the bottom of page 2 and send the forms to the Department.

Tired of paper forms? It's fast and convenient to file your claim online at myVTax.vermont.gov.

Annual Vermont Homestead Declaration

This form must be filed each year by every Vermont resident whose property meets the definition of a homestead.

SECTION A.

A Vermont homestead is the principal dwelling and parcel of land surrounding the dwelling, owned and occupied by a resident individual as the individual's domicile on April 1, 2020. If your homestead is leased to a tenant on April 1, 2020, you may still claim it as a homestead if it is not leased for more than 182 days in the 2020 calendar year.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name JONES	First Name JIM	MI	Claimant's Social Security Number 400 00 9042
Spouse's/CU Partner's Last Name JONES	First Name PATTY	MI	Spouse's or CU Partner's Social Security Number 400 00 9043
Mailing Address (Number and Street/Road or PO Box) PO BOX 349			Claimant's Date of Birth (MMDDYYYY) 06 / 18 / 1947
City MONTPELIER	State VT	ZIP Code 05602	SPAN - REQUIRED (From the 2019/2020 property tax bill) 390 121 00001
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.") 349 JONES STREET			City/Town of Legal Residence on April 1, 2020 & State MIDDLESEX VT
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input checked="" type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household			

A1. Business Use of Dwelling **A1.** 0.00 %

A2. Rental Use of Dwelling **A2.** 0.00 %

A3. Business or Rental Use of **Improvements or Other Buildings**
Not including the dwelling, are improvements or other buildings located on your parcel used for business or rented? ... **A3.** Yes No

A4-A7 Special Situations (see instructions for more information). Check the following if it applies:

A4. Grantor and sole beneficiary of a revocable trust owning the property

A6. Homestead property crosses town boundaries (File a declaration for each town.)

A5. Life estate holder of the property

A7. Residing in a dwelling on the homestead parcel owned by a related farmer.

Please continue to Page 2, Part B, for property tax credit. Sign on Page 2.

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

Claimant's Last Name JONES	Social Security Number 400 00 9042
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DUE DATE: April 15, 2020. Claims accepted up to Oct. 15, 2020.

SECTION B. PROPERTY TAX CREDIT CLAIM
For Household Income up to \$138,250. Complete and attach Schedule HI-144.

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

- B1.** Were you domiciled in Vermont all of calendar year 2019? Yes, Go to Line B2. No, STOP.
- B2.** Were you claimed as a dependent in 2019 by another taxpayer? Yes, STOP. No, Go to Line B3.
- B3.** Do you anticipate selling this Vermont housesite on or before April 1, 2020? Yes, STOP. No, Continue

Amounts for Lines B4-B6 are found on the 2019/2020 property tax bill. Round amounts to the nearest dollar.

B4. Housesite Value **B4.** 150000.00

B5. Housesite Education Tax **B5.** 3000.00

B6. Housesite Municipal Tax **B6.** 1500.00

B7. Ownership Interest **B7.** 100.00 %

B8. Household Income (Schedule HI-144, Line z).
You MUST attach Schedule HI-144. **B8.** 61055.00 Check here if amended Schedule HI-144, Household Income, is included.

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

Lot Rent

B9. E-file Certificate Number (From Form LC-142) **B9.** -

B10. Mobile Home Lot Rent (Allocable Rent from Form LC-142 - include Form LC-142 with claim.) **B10.** .00

OR Allocated Property Tax from Land Trust, Cooperative, or Nonprofit Mobile Home Park

B11. Allocated Education Tax **B11.** .00

B12. Allocated Municipal Tax **B12.** .00

OR Property Tax from contiguous property if housesite has less than 2 acres (see instructions.)

B13. Contiguous property Education Tax **B13.** .00

B14. Contiguous property Municipal Tax **B14.** .00

MAXIMUM CREDIT AMOUNT IS \$8,000.

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

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

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

2019 Schedule HI-144



* 1 9 1 4 4 1 1 W W *

Household Income

For the year Jan 1 - Dec 31, 2019

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name JONES	First Name JIM	MI	Claimant's Social Security Number 400 00 9042
Spouse's/CU Partner's Last Name JONES	First Name PATTY	MI	Claimant's Date of Birth (MMDDYYYY) 06 18 1947

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2019. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. _____ .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. <u>40000</u> .00	<u>25000</u> .00	_____ .00
e. Interest and dividends	e. <u>1000</u> .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. _____ .00	_____ .00	_____ .00
g. Alimony and support money	g. _____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____	h. _____ .00	_____ .00	_____ .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. _____ .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (see instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: Add Lines a through n	o. <u>41000</u> .00	<u>25000</u> .00	_____ .00

Claimant's Last Name JONES	Social Security Number 400 00 9042
-------------------------------	---------------------------------------



Carried forward from Line o 41000 .00 25000 .00 _____ .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. 3024 .00	1912 .00	_____ .00	_____ .00
q. Child support paid. You must include proof of payment. See instructions	q. _____ .00	_____ .00	_____ .00

Support paid to: Last Name	First Name	MI	Social Security Number
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r. Allowable adjustments from Federal Form 1040			
r1. Business expenses for Reservists	r1. _____ .00	_____ .00	_____ .00
r2. Alimony paid	r2. _____ .00	_____ .00	_____ .00
r3. Self-employed health insurance deduction	r3. _____ .00	_____ .00	_____ .00
r4. Health Savings Account deduction	r4. _____ .00	_____ .00	_____ .00
s. Add Lines p, q, and total of Lines r1 to r4 for each column	s. 3024 .00	1912 .00	_____ .00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t. 37967 .00	23088 .00	_____ .00
u. Add all three amounts from Line t. If a negative amount, enter -0-			u. 61055 .00
v. Complete if born Jan. 1, 1955 and after. Enter interest and dividend income from Lines e and f.	v. 1000 .00	_____ .00	_____ .00
w. Add all three amounts from Line v			w. 1000 .00
x.			x. 10,000.00
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-			y. 0 .00
z. HOUSEHOLD INCOME. Add Line u and Line y			z. 61055 .00

RENTERS

If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2020, but can be filed up to Oct. 15, 2020.

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

HOMEOWNERS

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

Homeowners with Household Income up to \$138,250 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2020. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2020, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 9: Amended Return**Required Vermont Forms/Schedules:** IN-111, IN-113**Taxpayer(s) Information:**

Primary SSN:	400-00-9030
Name:	Tom Taylor
Residency Status:	Non-Resident
Mailing Address:	334 Washington Street
City:	San Francisco
State:	CA
Zip Code:	94105
Filing Status:	Single
School District Code:	999
911 Address:	334 Washington Street
Date of Birth:	01/15/1969

Return Information:

Federal AGI:	76,444.00
Wages:	75,000.00
Taxable Interest:	10.00
Rents, royalties, partnerships, SCorps, trusts etc:	2,934.00
VT rents, royalties, partnerships, SCorps, trusts etc:	2,934.00
Educator Expenses:	1,500.00

2019 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



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

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name TAYLOR		First Name TOM		MI	Social Security Number 400 00 9030		<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number		<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 334 WASHINGTON STREET							
City SAN FRANCISCO		State CA	ZIP Code or Foreign Postal Code 94105		Foreign Country		
Vermont School District Code 999	911/Physical Street Address on 12/31/2019 334 WASHINGTON STREET			<input checked="" type="checkbox"/> Check if AMENDED Return	<input type="checkbox"/> Check if RECOMPUTED Return		
Filing Status and Standard Deduction		<input checked="" type="checkbox"/> Single (\$6,150)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,300)	<input type="checkbox"/> Married/CU Filing Separately (\$6,150)	<input type="checkbox"/> Head of Household (\$9,200)	<input type="checkbox"/> Qualifying Widow(er) (\$12,300)	

1. Federal Adjusted Gross Income (Federal Form 1040, Line 8b) ← Check to indicate loss 1. 76444.00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 14) ← Check to indicate loss 2. .00

3. Federal AGI with Modifications (Add Lines 1 and 2) ← Check to indicate loss 3. 76444.00

4. 2019 Vermont Standard Deduction from filing status section above. 4. 6150.00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. _____

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. _____

5d. Add Lines 5a through 5c. 5d. 1

5e. Multiply Line 5d by \$4,250 (2019 Personal Exemption) 5e. 4250.00

6. Add Lines 4 and 5e 6. 10400.00

7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-). 7. 66044.00

8. Vermont Income Tax from tax table or tax rate schedule 8. 1327.00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16). ← Check to indicate loss 9. .00

10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-). 10. 1327.00

11. Tax-Deductible Charitable Contribution (See instructions) <u>.00</u>	12. Multiply Line 11 by 5% (0.05) <u>.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>.00</u>
--	--	---

14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-). 14. 1327.00

15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 15. 1.8759 %

16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15) 16. 25.00

Amount Due (from Line 31) **25.00**

Taxpayer's Last Name	Social Security Number 400 00 9030
----------------------	---------------------------------------



Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)									
17.	_____ .00	+	18.	_____ .00	= 19. _____ .00								
20.	Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).					20. _____ 25.00							
21.	Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart).		<input type="checkbox"/> Check to certify no Use Tax is due.	OR	21. _____ .00								
22.	Total Vermont Taxes (Add Lines 20 and 21)					22. _____ 25.00							
Nongame Wildlife Fund		Children's Trust Fund		Vermont Veterans Fund	Green Up Vermont	Total Contributions							
23a.	_____ .00	+	23b.	_____ .00	+	23c.	_____ .00	+	23d.	_____ .00	=	23e.	_____ .00
24.	Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)					24. _____ 25.00							
25a.	2019 Vermont Tax Withheld from W-2, 1099					25a. _____ .00							
25b.	2019 Estimated Tax payments, amount carried forward from 2018, and payment made with 2019 extension					25b. _____ .00							
25c.	Refundable Credits (Schedule IN-112, Part II)					25c. _____ .00							
25d.	2019 Vermont Real Estate Withholding from Form RW-171					25d. _____ .00							
25e.	2019 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5					25e. _____ .00							
25f.	Total Payments and Credits (Add Lines 25a through 25e)					25f. _____ .00							
26.	Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.					26. _____ .00							
27a.	Refund to be credited to 2020 Estimated Tax Payment					27a. _____ .00							
27b.	Refund to be credited to 2020 Property Tax Bill					27b. _____ .00							
28.	REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26)					28. _____ .00							
29.	If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due					29. _____ 25.00							
30.	Interest and Penalty on Underpayment of Estimated Tax.		30.	_____ .00	31. AMOUNT DUE (Add Lines 29 and 30)	31. _____ 25.00							

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date	Date of Birth (MM/DD/YYYY) 01 / 15 / 1969	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	EIN

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

Keep a copy for your records.

2019 Schedule IN-113



* 1 9 1 1 3 1 1 W W *

Vermont Income Adjustment Calculations

Please PRINT in BLUE or BLACK INK

**Nonresidents and Part-Year Residents Must Complete Parts I and II
Full-Year Residents with Adjustments Complete only Part II**

INCLUDE WITH FORM IN-111

Taxpayer's Last Name TAYLOR	First Name TOM	MI	Taxpayer's Social Security Number 400 00 9030
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PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the Vermont portion in Column B. See instructions.

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

	A. Federal Amount \$	B. Vermont Portion \$
1. Wages, salaries, tips, etc. 1A.	75000.00	1B. .00
2. Taxable interest. 2A.	10.00	2B. .00
3. Ordinary dividends 3A.	.00	3B. .00
4. Taxable IRAs, pensions, and annuities. 4A.	.00	4B. .00
5. Taxable Social Security 5A.	.00	5B. .00
6. Taxable refunds of state and local income taxes 6A.	.00	6B. .00
7. Alimony received 7A.	.00	7B. .00
8. Business income or loss <input type="checkbox"/> ← Check to indicate loss 8A.	.00	<input type="checkbox"/> ← Check to indicate loss 8B. .00
9. Capital gain or loss <input type="checkbox"/> ← Check to indicate loss 9A.	.00	<input type="checkbox"/> ← Check to indicate loss 9B. .00
10. Rents, royalties, partnerships, S corporations, trusts, etc <input type="checkbox"/> ← Check to indicate loss 10A.	2934.00	<input type="checkbox"/> ← Check to indicate loss 10B. 2934.00
11. Farm income or loss <input type="checkbox"/> ← Check to indicate loss 11A.	.00	<input type="checkbox"/> ← Check to indicate loss 11B. .00
12. Unemployment compensation 12A.	.00	12B. .00
13. Other: Specify <input type="checkbox"/> ← Check to indicate loss 13A.	.00	<input type="checkbox"/> ← Check to indicate loss 13B. .00
14. TOTAL INCOME (Add Lines 1-13). <input type="checkbox"/> ← Check to indicate loss 14A.	77944.00	<input type="checkbox"/> ← Check to indicate loss 14B. 2934.00

Taxpayer's Last Name	Social Security Number 400 00 9030
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* 1 9 1 1 3 1 2 W W *

	Column A. Federal Amount \$	Column B. Vermont Portion \$
15. IRA, Keogh/SEP/SIMPLE (Reported on federal Form 1040)	15A. _____ .00	15B. _____ .00
Self _____ Spouse _____		
16. Student Loan Interest (Reported on Form 1040)	16A. _____ .00	16B. _____ .00
17. Employee Deductions: Reservists, Performing Artists, Fee-basis Gov't Officials (Reported on Form 1040)	17A. _____ .00	17B. _____ .00
18. Self-Employment Deductions: Tax and Health Insurance (Reported on Form 1040)	18A. _____ .00	18B. _____ .00
19. Health Savings Account (Reported on Form 1040)	19A. _____ .00	19B. _____ .00
20. Moving Expenses (Reported on Form 1040)	20A. _____ .00	20B. _____ .00
21. Penalty on Early Withdrawal of Savings (Reported on Form 1040)	21A. _____ .00	21B. _____ .00
22. Alimony Paid (Reported on Form 1040)	22A. _____ .00	22B. _____ .00
23. Domestic Production Activities (Reported on Form 1040)	23A. _____ .00	23B. _____ .00
24. Educator Expenses and Tuition & Fees (Reported on Form 1040)	24A. _____ 1500.00	24B. _____ 1500.00
25. Deductions not listed above but reported on Form 1040	25A. _____ .00	25B. _____ .00
26. TOTAL ADJUSTMENTS (Add Lines 15-25)	26A. _____ 1500.00	26B. _____ 1500.00
27. Adjusted Gross Income (Subtract Line 26A from Line 14A)	<input type="checkbox"/> ← Check to indicate loss	27. _____ 76444.00
28. Vermont Portion of AGI (Subtract Line 26B from Line 14B)	<input type="checkbox"/> ← Check to indicate loss	28. _____ 1434.00
29. Non-Vermont Income (Subtract Line 28 from Line 27) Also enter on Part II, Line 31 below.	<input type="checkbox"/> ← Check to indicate loss	29. _____ 75010.00

PART II. Adjustment for Vermont Exempt Income and Military Exempt Income

30. Adjusted Gross Income. If Part I completed, enter Line 27 amount. Otherwise, enter amount from Form IN-111, Line 1	<input type="checkbox"/> ← Check to indicate loss	30. _____ 76444.00
31. Non-Vermont Income (Line 29 above)	<input type="checkbox"/> ← Check to indicate loss	31. _____ 75010.00
32. Military pay. Number of months on active duty _____ (See instructions)		32. _____ .00
33. Total (Add Lines 31 and 32)	<input type="checkbox"/> ← Check to indicate loss	33. _____ 75010.00
34. Vermont Income (Subtract Line 33 from Line 30)	<input type="checkbox"/> ← Check to indicate loss	34. _____ 1434.00
35. INCOME ADJUSTMENT % (Divide Line 33 by Line 30 out to the fourth decimal place) Also enter on Form IN-111, Line 15 (See instructions)		35. _____ 1.8759 %

Test 10:**Required Vermont Forms/Schedules:** IN-111, IN-112, PR-141, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9051
Primary Name:	May Smith
Residency Status:	Resident
Mailing Address:	1239 Main Street Apt. 1
City:	Middlesex
State:	VT
Zip Code:	05655
Date of Birth:	03/24/1977
Filing Status:	Head of Household
School District Code:	121
911 Address:	1239 Main Street Apt. 1
Town of Legal Residence:	Middlesex
Dependent 1 Name:	Jayden Smith
Dependent 1 SSN:	400-00-9057

Return Information:

Federal AGI:	21,091.00
VT Wages:	21,091.00
Federal Earned Income Credit:	3,075.00
Standard or Itemized Deductions:	Itemized
Total Medical & Dental Expenses:	18,000.00
Social Security & Medicare tax withheld:	168.00
Items included in Rent:	Heat
Number of months rented:	12
Monthly rent amount:	1,000.00
\$ value of items included in rent:	600.00

For in-house processing purposes we will furnish the LC-142 Landlord Certificate information for rent paid. Rented 12 months @ 1000.00 = 12,000.00
11,400.00 x 21% = 2394.00
(rent paid)

2019 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



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

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name SMITH		First Name MAY		MI	Social Security Number 400 00 9051		<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name		First Name		MI	Social Security Number		<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 1239 MAIN ST APT 1							
City MIDDLESEX		State VT	ZIP Code or Foreign Postal Code 05655		Foreign Country		
Vermont School District Code 121	911/Physical Street Address on 12/31/2019 1239 MAIN ST APT 1			<input type="checkbox"/> Check if AMENDED Return	<input type="checkbox"/> Check if RECOMPUTED Return		
Filing Status and Standard Deduction		<input type="checkbox"/> Single (\$6,150)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,300)	<input type="checkbox"/> Married/CU Filing Separately (\$6,150)	<input checked="" type="checkbox"/> Head of Household (\$9,200)	<input type="checkbox"/> Qualifying Widow(er) (\$12,300)	

1. Federal Adjusted Gross Income (Federal Form 1040, Line 8b)	<input type="checkbox"/> ← Check to indicate loss	1. <u>21091.00</u>
2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 14)	<input checked="" type="checkbox"/> ← Check to indicate loss	2. <u>300.00</u>
3. Federal AGI with Modifications (Add Lines 1 and 2)	<input type="checkbox"/> ← Check to indicate loss	3. <u>20791.00</u>
4. 2019 Vermont Standard Deduction from filing status section above.		4. <u>9200.00</u>
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.		
5. Personal Exemptions:		
5a. Enter "1" for yourself if no one can claim you as a dependent		5a. <u>1</u>
5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er)		5b. _____
5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse.		5c. <u>1</u>
5d. Add Lines 5a through 5c.		5d. <u>2</u>
5e. Multiply Line 5d by \$4,250 (2019 Personal Exemption)		5e. <u>8500.00</u>
6. Add Lines 4 and 5e		6. <u>17700.00</u>
7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-)		7. <u>3091.00</u>
8. Vermont Income Tax from tax table or tax rate schedule (If Line 1 is greater than \$150,000, see instructions)		8. <u>104.00</u>
9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16)	<input type="checkbox"/> ← Check to indicate loss	9. _____
10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-)		10. <u>104.00</u>
11. Tax-Deductible Charitable Contribution (See instructions) <u>500.00</u>	12. Multiply Line 11 by 5% (0.05) <u>25.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) <u>25.00</u>
14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-)		14. <u>79.00</u>
15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%)		15. <u>100.0000</u> %
16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15)		16. <u>79.00</u>

Amount Due (from Line 31) **0.00**

Taxpayer's Last Name
SMITH

Social Security Number
400 00 9051



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Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)	
17.	<u>.00</u>	+	18.	<u>.00</u>	= 19. <u>.00</u>
20.	Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-)				20. <u>79.00</u>
21.	Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart) . . . <input type="checkbox"/> Check to certify no Use Tax is due. OR				21. <u>.00</u>
22.	Total Vermont Taxes (Add Lines 20 and 21)				22. <u>79.00</u>
Nongame Wildlife Fund		Children's Trust Fund		Vermont Veterans Fund	Green Up Vermont
23a.	<u>.00</u>	+	23b.	<u>.00</u>	+
23c.	<u>.00</u>	+	23d.	<u>.00</u>	= 23e. <u>.00</u>
24.	Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)				24. <u>79.00</u>
25a.	2019 Vermont Tax Withheld from W-2, 1099				25a. <u>.00</u>
25b.	2019 Estimated Tax payments, amount carried forward from 2018, and payment made with 2019 extension				25b. <u>.00</u>
25c.	Refundable Credits (Schedule IN-112, Part II)				25c. <u>1107.00</u>
25d.	2019 Vermont Real Estate Withholding from Form RW-171				25d. <u>.00</u>
25e.	2019 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5				25e. <u>.00</u>
25f.	Total Payments and Credits (Add Lines 25a through 25e)				25f. <u>1107.00</u>
26.	Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.				26. <u>1107.00</u>
27a.	Refund to be credited to 2020 Estimated Tax Payment				27a. <u>.00</u>
27b.	Refund to be credited to 2020 Property Tax Bill				27b. <u>.00</u>
28.	REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26)				28. <u>1107.00</u>
29.	If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due				29. <u>.00</u>
30.	Interest and Penalty on Underpayment of Estimated Tax.		30.	<u>.00</u>	31. AMOUNT DUE (Add Lines 29 and 30)
				<u>.00</u>	31. <u>.00</u>

For Amended Returns Only:	Original refund received <u>.00</u>	Refund due now <u>.00</u>	Original payment <u>.00</u>	Amount due now <u>.00</u>
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date	Date of Birth (MM/DD/YYYY) 03 / 24 / 1977	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	EIN

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

**Keep a copy for
your records.**

2019 Schedule IN-112

Vermont Tax Adjustments and Credits

Please PRINT in BLUE or BLACK INK



* 1 9 1 1 2 1 1 W W *

INCLUDE WITH FORM IN-111

Taxpayer's Last Name SMITH	First Name MAY	MI	Taxpayer's Social Security Number 400 00 9051
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PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (Reported on federal Form 1040) . . . 1. _____ .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1 2. _____ .00
- 3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1) 3. _____ .00
- 4. Bonus Depreciation Allowed under Federal Law for 2019 4. _____ .00
- 5. Total Additions (Add Line 3 and Line 4) 5. _____ .00

SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME

- 6. Interest Income from U.S. Obligations 6. _____ .00
- 7. Capital Gains Exclusion (Schedule IN-153, Line 21 or Line 22) 7. _____ .00
- 8. Adjustment for Prior Years' Bonus Depreciation 8. _____ .00
- 9. Taxable Refunds of State and Local Income Taxes (Reported on federal Form 1040) 9. _____ .00
- 10. Medical Expense Deduction (see the worksheet in the instructions) 10. _____ 300 .00
- 11. Social Security Benefits Exempt from Taxation (see the worksheet in the instructions). 11. _____ .00
- 12. Railroad Retirement income 12. _____ .00
- 13. Bond/note interest income from (see below) 13. _____ .00
 - VSAC
 - Build America
 - Vermont Telecom Authority
 - Vermont Public Power Supply Authority
- 14. Total Subtractions (Add Lines 6 through 13) 14. _____ .00

NET MODIFICATIONS TO FEDERAL ADJUSTED GROSS INCOME

- 15. Subtract Line 14 from Line 5. Enter on Form IN-111, Line 2. ← Check to indicate loss 15. _____ 300.00
This can be a negative number.

Taxpayer's Last Name SMITH	Social Security Number 400 00 9051
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PART II

REFUNDABLE CREDITS

Line 1 is for FULL-YEAR residents

1. **Low Income Child & Dependent Care Credit**1. **.00**
 If your federal Adjusted Gross Income is \$30,000 (or \$40,000 for Married Filing Jointly) or less, and child care services are provided by a Vermont accredited daycare provider, enter 50% of federal Form 2441, Line 11. If you are not a Vermont resident or your daycare provider is not accredited, use Schedule IN-119, Part I, Line 8. See instructions if your providers are both accredited and not accredited.

VERMONT EARNED INCOME TAX CREDIT

For FULL-YEAR residents and PART-YEAR residents

ELIGIBILITY QUESTIONS MUST BE ANSWERED

A. Enter number of qualifying children **A.** 1
 B. Enter number of qualifying children under the age of 18 **B.** 1
 C. Were you (or your spouse if filing a joint return) at least age 25 but under age 65 at the end of 2019? **C.** Yes No
If you answered "No" and do not have any qualifying children, you do not qualify for Earned Income Tax Credit

FULL-YEAR RESIDENTS

Answer eligibility questions above and complete Lines 2 and 3

2. Earned income tax credit (Reported from federal Form 1040) **2.** 3075 **.00**
 3. Vermont Earned Income Tax Credit (Multiply Line 2 by 36%) **3.** 1107 **.00**

PART YEAR RESIDENTS

Answer eligibility questions above and complete Lines 4 through 10

A. Federal Amount \$

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

B. Vermont Portion \$

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

4. Wages, salaries, tips, etc. (Schedule IN-113, Line 1)	4A. <u> </u> .00	4B. <u> </u> .00
5. Other earned income (Schedule IN-113, Lines 8, 10, and 11)	<input type="checkbox"/> ← Check to indicate loss 5A. <u> </u> .00	<input type="checkbox"/> ← Check to indicate loss 5B. <u> </u> .00
6. Total earned income (Add Lines 4 and 5)	6A. <u> </u> .00	6B. <u> </u> .00
7. Earned income tax credit adjustment (Divide Line 6B by Line 6A and enter here, but not more than 100%)	7. <u> </u> %	
8. Earned income tax credit (Reported on federal Form 1040)	8. <u> </u> .00	
9. Multiply Line 8 by 36% and enter the result here	9. <u> </u> .00	
10. Vermont Earned Income Tax Credit (Multiply Line 9 by Line 7)	10. <u> </u> .00	

11. TOTAL REFUNDABLE CREDITS

(Add Line 1 to Line 3 or Line 10. Enter this amount on the IN-111, Line 25c) **11.** 1107 **.00**

2019 Form PR-141

Vermont Renter Rebate Claim

For the year Jan 1 - Dec 31, 2019



* 1 9 1 4 1 1 1 W W *

Must be filed with Schedule HI-144 and Form LC-142.

Claimant's Last Name SMITH		First Name MAY		MI	Claimant's Social Security Number 400 00 9051	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box) 1239 MAIN ST APT 1					Claimant's Date of Birth (MM/DD/YYYY) 03 / 24 / 1977	
City MIDDLESEX		State VT	ZIP Code 05655			
Vermont School District Code 121	911/Physical Street Address on 12/31/2019 1239 MAIN ST APT 1			City/Town of Legal Residence on 12/31/2019 & State MIDDLESEX | VT		
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input checked="" type="checkbox"/> Head of Household				Will you be using Renter Rebate to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ELIGIBILITY QUESTIONS: ALL questions must be answered. You must have rented all 12 months in 2019. See instructions for exception.

- Were you domiciled in Vermont all of calendar year 2019? Yes, Go to Line 2. No, STOP. You are not eligible.
- Were you claimed as a dependent by another taxpayer in 2019? Yes, STOP. You are not eligible. No, Go to Line 3.
- Did you rent in Vermont all 12 months in calendar year 2019? Yes, Complete this form. No, STOP. You are not eligible.

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

- E-file Certificate Number (From Form LC-142) 4. 122222222-222
- Allocable Rent (from Form LC-142, Line 9) 5. 2394 .00
- Home Use. If more than 25% of this rental is used for business, see instructions. If no business use, enter 100.00% 6. 100.00 %
- Allowable Rent for Rebate Claim (Multiply Line 5 by Line 6) 7. 2394.00
- Household Income (from Schedule HI-144, Line z). If more than \$47,000 you are not eligible. 8. 20923 .00 Check here if amended Schedule HI-144, Household Income, is included.
- Maximum Percentage of Income for Rent 9. 4.5 %

If Line 8 Household Income is:	\$0 - 9,999	\$10,000 - 24,999	\$25,000 - 47,000
Enter this % on Line 9:	2.0%	4.5%	5.0%
- Maximum Rent for Household Income (Multiply Line 8 by Line 9 and enter result here. If Line 10 is more than Line 7, you do not qualify for a renter rebate) 10. 942.00
- Renter Rebate Amount (Subtract Line 10 from Line 7 and enter result here.) If result is zero, you do not qualify for a rebate. 11. 1452.00

MAXIMUM REBATE AMOUNT IS \$3,000.

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

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

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

2019 Schedule HI-144



* 1 9 1 4 4 1 1 W W *

Household Income

For the year Jan 1 - Dec 31, 2019

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name SMITH	First Name MAY	MI	Claimant's Social Security Number 400 00 9051
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY) 03 24 1977

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2019. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. _____ .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. <u>21091</u> .00	_____ .00	_____ .00
e. Interest and dividends	e. _____ .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. _____ .00	_____ .00	_____ .00
g. Alimony and support money	g. _____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____	h. _____ .00	_____ .00	_____ .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. <u>0</u> .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (see instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: Add Lines a through n	o. <u>21091</u> .00	_____ .00	_____ .00

Claimant's Last Name SMITH	Social Security Number 400 00 9051
-------------------------------	---------------------------------------



Carried forward from Line o 21091 .00 .00 .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. 168 .00	.00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. .00	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number
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r. Allowable adjustments from Federal Form 1040			
r1. Business expenses for Reservists	r1. .00	.00	.00
r2. Alimony paid	r2. .00	.00	.00
r3. Self-employed health insurance deduction	r3. .00	.00	.00
r4. Health Savings Account deduction	r4. .00	.00	.00
s. Add Lines p, q, and total of Lines r1 to r4 for each column	s. 168 .00	.00	.00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t. 20923 .00	.00	.00
u. Add all three amounts from Line t. If a negative amount, enter -0-			u. 20923 .00
v. Complete if born Jan. 1, 1955 and after. Enter interest and dividend income from Lines e and f.	v. .00	.00	.00
w. Add all three amounts from Line v			w. 0 .00
x.			x. 10,000.00
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-			y. 0 .00
z. HOUSEHOLD INCOME. Add Line u and Line y			z. 20923 .00

RENTERS

If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2020, but can be filed up to Oct. 15, 2020.

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

HOMEOWNERS

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

Homeowners with Household Income up to \$138,250 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2020. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2020, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 11:**Required Vermont Forms/Schedules:** IN-111, PR-141, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9050
Name:	James Smith
Residency Status:	Resident
Mailing Address:	239 Smith Street
City:	Middlesex
State:	VT
Zip Code:	05602
Date of Birth:	03/24/1977
Filing Status:	Married Filing Separately
Spouse SSN:	400-00-9051
Spouse Name:	May J. Smith
School District Code:	121
911 Address:	239 Smith Street

Return Information:

Federal AGI:	47,820.00
Wages:	47,500.00
Dividend income:	320.00
Charitable contributions:	500.00
Income tax withheld from wages:	1,525.00
Spouse's Business income:	2,000.00
Social Security & Medicare tax withheld:	3,634.00
Number of months rented:	12
Monthly rent amount:	1,300.00

For in-house processing purposes we will furnish the LC-142 Landlord Certificate information for rent paid. Rented 12 months @ 1300.00 = 15,600.00

15,600.00 x 21% = 3276.00

(rent paid)

2019 Form IN-111

Vermont Income Tax Return

DEPT
USE
ONLY



* 1 9 1 1 1 1 1 W W *

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

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name SMITH		First Name JAMES		MI	Social Security Number 400 00 9050		<input type="checkbox"/> Check if Deceased
Spouse's/CU Partner's Last Name SMITH		First Name MAY		MI	Social Security Number 400 00 9051		<input type="checkbox"/> Check if Deceased
Mailing Address (Number and Street/Road or PO Box) 239 SMITH STREET							
City MIDDLESSEX			State VT	ZIP Code or Foreign Postal Code 05602		Foreign Country	
Vermont School District Code 121	911/Physical Street Address on 12/31/2019 239 SMITH STREET			<input type="checkbox"/> Check if AMENDED Return		<input type="checkbox"/> Check if RECOMPUTED Return	
Filing Status and Standard Deduction		<input type="checkbox"/> Single (\$6,150)	<input type="checkbox"/> Married/CU Filing Jointly (\$12,300)	<input checked="" type="checkbox"/> Married/CU Filing Separately (\$6,150)	<input type="checkbox"/> Head of Household (\$9,200)	<input type="checkbox"/> Qualifying Widow(er) (\$12,300)	

1. Federal Adjusted Gross Income (Federal Form 1040, Line 8b) ← Check to indicate loss 1. 47820.00

2. Net Modifications to Federal AGI (Schedule IN-112, Part I, Line 14) ← Check to indicate loss 2. .00

3. Federal AGI with Modifications (Add Lines 1 and 2) ← Check to indicate loss 3. 47820.00

4. 2019 Vermont Standard Deduction from filing status section above. 4. 6150.00
Please see instructions if you or your spouse checked any standard deduction boxes on federal Form 1040, page 1.

5. Personal Exemptions:

5a. Enter "1" for yourself if no one can claim you as a dependent 5a. 1

5b. Enter "1" for your jointly filed spouse or CU partner if no one can claim them as a dependent or if you are a qualifying widow(er) 5b. _____

5c. Enter number of other dependents claimed on federal Form 1040. This includes any dependents other than yourself and/or your spouse. 5c. _____

5d. Add Lines 5a through 5c. 5d. 1

5e. Multiply Line 5d by \$4,250 (2019 Personal Exemption) 5e. 4250.00

6. Add Lines 4 and 5e 6. 10400.00

7. Vermont Taxable Income (Subtract Line 6 from Line 3. If less than zero, enter -0-). 7. 37420.00

8. Vermont Income Tax from tax table or tax rate schedule 8. 1395.00
(If Line 1 is greater than \$150,000, see instructions)

9. Net Adjustment to Vermont Tax (Schedule IN-119, Part I, Line 16). ← Check to indicate loss 9. .00

10. Vermont Income Tax with Adjustment (Add Lines 8 and 9. If less than zero, enter -0-). 10. 1395.00

11. Tax-Deductible Charitable Contribution (See instructions) <u>500.00</u>	12. Multiply Line 11 by 5% (0.05) <u>25.00</u>	13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) 13. <u>25.00</u>
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14. Vermont Income Tax (Line 10 minus Line 13. If less than zero, enter -0-). 14. 1370.00

15. Income Adjustment (Schedule IN-113, Line 35, or 100.0000%) 15. 100.0000 %

16. Adjusted Vermont Income Tax (Multiply Line 14 by Line 15) 16. 1370.00

Amount Due (from Line 31) **0.00**

Taxpayer's Last Name

Social Security Number
400 00 9050



* 1 9 1 1 1 1 2 W W *

Other State Credit (Schedule IN-117, Line 21)		Vermont Tax Credits (Schedule IN-119, Part II)		Total Vermont Credits (Add Lines 17 and 18)									
17.	_____ .00	+	18.	_____ .00	= 19. _____ .00								
20.	Vermont Income Tax after credits (Subtract Line 19 from Line 16. If Line 19 is greater than Line 16, enter -0-).					20. _____ 1370.00							
21.	Use Tax for taxable items on which no sales tax was charged, including online purchases. (See instructions, worksheet, and chart).					<input type="checkbox"/> Check to certify no Use Tax is due. OR 21. _____ .00							
22.	Total Vermont Taxes (Add Lines 20 and 21)					22. _____ 1370.00							
Nongame Wildlife Fund		Children's Trust Fund		Vermont Veterans Fund		Green Up Vermont		Total Contributions					
23a.	_____ .00	+	23b.	_____ .00	+	23c.	_____ .00	+	23d.	_____ .00	=	23e.	_____ .00
24.	Total of Vermont Taxes and Voluntary Contributions (Add Lines 22 and 23e)										24. _____ 1370.00		
25a.	2019 Vermont Tax Withheld from W-2, 1099										25a. _____ 1525.00		
25b.	2019 Estimated Tax payments, amount carried forward from 2018, and payment made with 2019 extension										25b. _____ .00		
25c.	Refundable Credits (Schedule IN-112, Part II)										25c. _____ .00		
25d.	2019 Vermont Real Estate Withholding from Form RW-171										25d. _____ .00		
25e.	2019 Nonresident Estimated Tax payments (nonresident withholding) allocated on Schedule K-1VT, Line 5										25e. _____ .00		
25f.	Total Payments and Credits (Add Lines 25a through 25e)										25f. _____ 1525.00		
26.	Overpayment. If Line 24 is less than Line 25f, Subtract Line 24 from Line 25f.										26. _____ 155.00		
27a.	Refund to be credited to 2020 Estimated Tax Payment										27a. _____ .00		
27b.	Refund to be credited to 2020 Property Tax Bill										27b. _____ .00		
28.	REFUND AMOUNT (Subtract Lines 27a and 27b from Line 26)										28. _____ 155.00		
29.	If Line 24 is more than Line 25f, Subtract Line 25f from Line 24. See instructions on tax due										29. _____ .00		
30.	Interest and Penalty on Underpayment of Estimated Tax.					30. _____ .00	31.	AMOUNT DUE (Add Lines 29 and 30)					31. _____ .00

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
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Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Preparers cannot use return information for purposes other than preparing returns.

Signature	Date	Date of Birth (MM/DD/YYYY) 03 / 24 / 1977	Daytime Telephone Number
Signature (If a joint return, BOTH must sign.)	Date	Date of Birth (MM/DD/YYYY) / /	Daytime Telephone Number
Paid Preparer's Signature		Date	Preparer's Telephone Number
Firm's Name (or yours if self-employed) and address		Preparer's SSN or PTIN	EIN

Check if the Department of Taxes may discuss this return with the preparer shown.
5454

**Keep a copy for
your records.**

2019 Form PR-141

Vermont Renter Rebate Claim

For the year Jan 1 - Dec 31, 2019



* 1 9 1 4 1 1 1 W W *

Must be filed with Schedule HI-144 and Form LC-142.

Claimant's Last Name SMITH		First Name JAMES		MI	Claimant's Social Security Number 400 00 9050	
Spouse's/CU Partner's Last Name SMITH		First Name MAY		MI	Spouse's or CU Partner's Social Security Number 400 00 9051	
Mailing Address (Number and Street/Road or PO Box) 239 SMITH STREET				Claimant's Date of Birth (MM/DD/YYYY) 03 / 24 / 1977		
City MIDDLESEX		State VT	ZIP Code 05602			
Vermont School District Code 121	911/Physical Street Address on 12/31/2019 239 SMITH STREET			City/Town of Legal Residence on 12/31/2019 & State MIDDLESEX | VT		
Federal Filing Status <input type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input checked="" type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household				Will you be using Renter Rebate to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ELIGIBILITY QUESTIONS: ALL questions must be answered. You must have rented all 12 months in 2019. See instructions for exception.

- Were you domiciled in Vermont all of calendar year 2019? Yes, Go to Line 2. No, STOP. You are not eligible.
- Were you claimed as a dependent by another taxpayer in 2019? Yes, STOP. You are not eligible. No, Go to Line 3.
- Did you rent in Vermont all 12 months in calendar year 2019? Yes, Complete this form. No, STOP. You are not eligible.

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

- E-file Certificate Number (From Form LC-142) 4. 1333333333-333
 - Allocable Rent (from Form LC-142, Line 9) 5. 3276 .00
 - Home Use. If more than 25% of this rental is used for business, see instructions. If no business use, enter 100.00% 6. 100.00 %
 - Allowable Rent for Rebate Claim (Multiply Line 5 by Line 6) 7. 3276.00
 - Household Income (from Schedule HI-144, Line z). If more than \$47,000 you are not eligible. 8. 46186 .00 Check here if amended Schedule HI-144, Household Income, is included.
 - Maximum Percentage of Income for Rent 9. 5.0 %
- | | | | |
|--------------------------------|-------------|-------------------|-------------------|
| If Line 8 Household Income is: | \$0 - 9,999 | \$10,000 - 24,999 | \$25,000 - 47,000 |
| Enter this % on Line 9: | 2.0% | 4.5% | 5.0% |
- Maximum Rent for Household Income (Multiply Line 8 by Line 9 and enter result here. If Line 10 is more than Line 7, you do not qualify for a renter rebate) 10. 2309.00
 - Renter Rebate Amount (Subtract Line 10 from Line 7 and enter result here.) If result is zero, you do not qualify for a rebate. 11. 967.00

MAXIMUM REBATE AMOUNT IS \$3,000.

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

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

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

2019 Schedule HI-144



* 1 9 1 4 4 1 1 W W *

Household Income

For the year Jan 1 - Dec 31, 2019

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name SMITH	First Name JAMES	MI	Claimant's Social Security Number 400 00 9050
Spouse's/CU Partner's Last Name SMITH	First Name MAY	MI	Claimant's Date of Birth (MMDDYYYY) 03 24 1977

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2019. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. _____ .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. <u>47500</u> .00	_____ .00	_____ .00
e. Interest and dividends	e. <u>320</u> .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. _____ .00	_____ .00	_____ .00
g. Alimony and support money	g. _____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____	h. _____ .00	_____ .00	_____ .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. _____ .00	<u>2000</u> .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (see instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: Add Lines a through n	o. <u>47820</u> .00	<u>2000</u> .00	_____ .00

Claimant's Last Name SMITH	Social Security Number 400 00 9050
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Carried forward from Line o 47820 .00 2000 .00 .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p.	3634 .00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number
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r. Allowable adjustments from Federal Form 1040			
r1. Business expenses for Reservists	r1.00	.00
r2. Alimony paid	r2. . . . .	.00	.00
r3. Self-employed health insurance deduction	r3. . . . .	.00	.00
r4. Health Savings Account deduction	r4. . . . .	.00	.00
s. Add Lines p, q, and total of Lines r1 to r4 for each column	s.	3634 .00	0 .00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t.	44186 .00	2000 .00
u. Add all three amounts from Line t. If a negative amount, enter -0-	u.	46186 .00	
v. Complete if born Jan. 1, 1955 and after. Enter interest and dividend income from Lines e and f.	v.	320 .00	.00
w. Add all three amounts from Line v	w.	320 .00	
x.	x.	10,000.00	
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-	y.	0 .00	
z. HOUSEHOLD INCOME. Add Line u and Line y	z.	46186 .00	

RENTERS

If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2020, but can be filed up to Oct. 15, 2020.

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

HOMEOWNERS

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

Homeowners with Household Income up to \$138,250 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2020. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2020, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 12:**Required Vermont Forms/Schedules:** PR-141, HI-144**Taxpayer(s) Information:**

Primary SSN:	400-00-9052
Primary Name:	Larry Kent
Residency Status:	Resident
Mailing Address:	PO Box 15
City:	Montpelier
State:	VT
Zip Code:	05602
Date of Birth:	03/24/1976
Filing Status:	Single
School District Code:	126
911 Address:	15 Kent Street Unit 2
Town of Legal Residence:	Montpelier

Return Information:

Social Security Benefits Received:	20,000.00
E-File certificate #:	1111111111-111
Items included in Rent:	Heat & Electricity
Number of months rented:	12
Monthly rent amount:	500.00
\$ value of items included in rent:	400.00

For in-house processing purposes we will furnish the LC-142 Landlord Certificate information for rent paid. Rented 12 months @ 500.00 = 6,000.00

$5,600.00 \times 21\% = 1176.00$

(rent paid)

2019 Form PR-141

Vermont Renter Rebate Claim

For the year Jan 1 - Dec 31, 2019



* 1 9 1 4 1 1 1 W W *

Must be filed with Schedule HI-144 and Form LC-142.

Claimant's Last Name KENT		First Name LARRY		MI	Claimant's Social Security Number 400 00 9052	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box) PO BOX 15					Claimant's Date of Birth (MM/DD/YYYY) 03 / 24 / 1976	
City MONTPELIER		State VT	ZIP Code 05602			
Vermont School District Code 126	911/Physical Street Address on 12/31/2019 15 KENT STREET UNIT 2			City/Town of Legal Residence on 12/31/2019 & State MONTPELIER VT | VT		
Federal Filing Status <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married/CU Filing Jointly <input type="checkbox"/> Married/CU Filing Separately <input type="checkbox"/> Head of Household				Will you be using Renter Rebate to pay Income Tax liability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ELIGIBILITY QUESTIONS: ALL questions must be answered. You must have rented all 12 months in 2019. See instructions for exception.

- Were you domiciled in Vermont all of calendar year 2019? Yes, Go to Line 2. No, STOP. You are not eligible.
- Were you claimed as a dependent by another taxpayer in 2019? Yes, STOP. You are not eligible. No, Go to Line 3.
- Did you rent in Vermont all 12 months in calendar year 2019? Yes, Complete this form. No, STOP. You are not eligible.

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

- E-file Certificate Number (From Form LC-142) 4. 1111111111-111
 - Allocable Rent (from Form LC-142, Line 9) 5. 1176 .00
 - Home Use. If more than 25% of this rental is used for business, see instructions. If no business use, enter 100.00% 6. 100.00 %
 - Allowable Rent for Rebate Claim (Multiply Line 5 by Line 6) 7. 1176.00
 - Household Income (from Schedule HI-144, Line z). If more than \$47,000 you are not eligible. 8. 20000 .00 Check here if amended Schedule HI-144, Household Income, is included.
 - Maximum Percentage of Income for Rent 9. 4.5 %
- | | | | |
|--------------------------------|-------------|-------------------|-------------------|
| If Line 8 Household Income is: | \$0 - 9,999 | \$10,000 - 24,999 | \$25,000 - 47,000 |
| Enter this % on Line 9: | 2.0% | 4.5% | 5.0% |
- Maximum Rent for Household Income (Multiply Line 8 by Line 9 and enter result here. If Line 10 is more than Line 7, you do not qualify for a renter rebate) 10. 900.00
 - Renter Rebate Amount (Subtract Line 10 from Line 7 and enter result here.) If result is zero, you do not qualify for a rebate. 11. 276.00

MAXIMUM REBATE AMOUNT IS \$3,000.

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

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

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

2019 Schedule HI-144



* 1 9 1 4 4 1 1 W W *

Household Income

For the year Jan 1 - Dec 31, 2019

Please PRINT in BLUE or BLACK INK

This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Claimant's Last Name KENT	First Name LARRY	MI	Claimant's Social Security Number 400 00 9052
Spouse's/CU Partner's Last Name	First Name	MI	Claimant's Date of Birth (MMDDYYYY) 03 24 1976

List the names and Social Security Numbers of all other persons (in addition to a Spouse or CU Partner) who had income and lived with you during 2019. Include both their taxable and non-taxable income in Column 3. If you have more than two "Other Persons" living in your household, record the names and Social Security Numbers on a separate sheet of paper and include with the filing.

Other Person #1 Last Name	First Name	MI	Other Person #1 Social Security Number
Other Person #2 Last Name	First Name	MI	Other Person #2 Social Security Number

Yearly totals of ALL members of the household	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
a. Cash public assistance and relief	a. _____ .00	_____ .00	_____ .00
b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable	b. <u>20000</u> .00	_____ .00	_____ .00
c. Unemployment compensation/worker's compensation	c. _____ .00	_____ .00	_____ .00
d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.)	d. _____ .00	_____ .00	_____ .00
e. Interest and dividends	e. _____ .00	_____ .00	_____ .00
f. Interest on U.S., state, and municipal obligations, taxable and nontaxable	f. _____ .00	_____ .00	_____ .00
g. Alimony and support money	g. _____ .00	_____ .00	_____ .00
h. Child support and cash gifts Please specify _____	h. _____ .00	_____ .00	_____ .00
i. Business income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	i. _____ .00	_____ .00	_____ .00
j. Capital gains, taxable and nontaxable. If the amount is a loss, enter -0-. See instructions for offsetting a loss	j. _____ .00	_____ .00	_____ .00
k. Taxable pensions, annuities, IRA and other retirement fund and distributions. See instructions	k. _____ .00	_____ .00	_____ .00
l. Rental and royalty income. If the amount is a loss, enter -0-. See instructions for offsetting a loss	l. _____ .00	_____ .00	_____ .00
m. Farm/partnerships/S corporations/LLC/Estate or Trust income. If the amount is a loss, enter -0-. See Line m instructions for only exception to offset a loss	m. _____ .00	_____ .00	_____ .00
n. Other income (see instructions for examples of other income) Please specify _____	n. _____ .00	_____ .00	_____ .00
o. Total Income: Add Lines a through n	o. <u>20000</u> .00	_____ .00	_____ .00

Claimant's Last Name KENT	Social Security Number 400 00 9052
------------------------------	---------------------------------------



Carried forward from Line o 20000 .00 .00 .00

p. See instructions. Enter Social Security and Medicare tax withheld on wages claimed on Line d. Self-Employed: Enter self-employment tax from Federal Schedule SE. This entry may differ from W-2/1099 or Federal Schedule SE amount if these taxes are paid on income not required to be reported on Schedule HI-144. Include W-2 and/or Federal Schedule SE if not included with income tax filing	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
p. . . . .	.00	.00	.00
q. Child support paid. You must include proof of payment. See instructions	q. . . . .	.00	.00

Support paid to: Last Name	First Name	MI	Social Security Number
----------------------------	------------	----	------------------------

r. Allowable adjustments from Federal Form 1040			
r1. Business expenses for Reservists	r1. . . . .	.00	.00
r2. Alimony paid	r2. . . . .	.00	.00
r3. Self-employed health insurance deduction	r3. . . . .	.00	.00
r4. Health Savings Account deduction	r4. . . . .	.00	.00
s. Add Lines p, q, and total of Lines r1 to r4 for each column	s.	0 .00	.00
t. Subtract Line s from Line o of each column. If a negative amount, enter -0-	t.	20000 .00	.00
u. Add all three amounts from Line t. If a negative amount, enter -0-	u.	20000 .00	.00
v. Complete if born Jan. 1, 1955 and after. Enter interest and dividend income from Lines e and f.	v. . . . .	.00	.00
w. Add all three amounts from Line v	w.	0 .00	.00
x.	x.	10,000.00	.00
y. Subtract Line x from Line w. If Line x is more than Line w, enter -0-	y.	0 .00	.00
z. HOUSEHOLD INCOME. Add Line u and Line y	z.	20000 .00	.00

RENTERS

If Line z Household Income is \$47,000 or less, you may be eligible for a renter rebate. Complete Form PR-141 Renter Rebate Claim. This schedule must be filed with the Renter Rebate Claim. Claims are due April 15, 2020, but can be filed up to Oct. 15, 2020.

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

HOMEOWNERS

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

Homeowners with Household Income up to \$138,250 on Line z should complete Form HS-122, Section B. You may be eligible for a property tax credit. This schedule must be filed with Form HS-122.

Form HS-122 The due date to file is April 15, 2020. Homeowners filing a property tax credit, Form HS-122 and Schedule HI-144, between April 16 and Oct. 15, 2020, may still qualify for a Property Tax Credit. A \$15 late filing fee will be deducted from the credit.

Test 13:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN:	400-00-9031
Name:	Bradley Edgewood
Residency Status:	Resident
Mailing Address:	PO Box 306
City:	Hyde Park
State:	VT
Zip Code:	05655
Filing Status:	Married Filing Joint
Spouse SSN:	400-00-9032
Spouse Name:	Marjorie Edgewood

Return Information:

Estimated Tax Liability:	8,879.00
Previous Payments Made:	1,279.00
Extension Payment:	4,200.00

2019 Form IN-151



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

This application must be filed by April 15, 2020, if you are unable to file your Vermont Income Tax Return before the due date of April 15. By completing this application, you are requesting an automatic six-month extension of time to file.

An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and late payment penalty accrue from April 16 to the date of payment.

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

Taxpayer's Last Name EDGEWOOD	First Name BRADLEY	MI	Taxpayer's Social Security Number 400 00 9031
Spouse's/CU Partner's Last Name EDGEWOOD	First Name MARJORIE	MI	Spouse's or CU Partner's Social Security Number 400 00 9032
Mailing Address (Number and Street/Road or PO Box) PO BOX 306			For Department Use Only
City HYDE PARK	State VT	ZIP Code or Postal Code 05655	
Foreign Country (if not United States)			

TAX CALCULATION WORKSHEET

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

- 1. Estimated individual income tax liability **1.** _____ **8879 .00**
- 2. Previous payments **2.** _____ **1279 .00**
- 3. Amount of tax paid with extension **3.** _____ **4200 .00**

VERMONT PAYMENT OPTION

Vermont Department of Taxes
 PO Box 1779
 Montpelier, VT 05601-1779
 Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make checks payable to **Vermont Department of Taxes** and mail with this form to the address above.

Test 14:

Required Vermont Forms/Schedules: IN-151

Taxpayer(s) Information:

Primary SSN:	400-00-9053
Name:	Heather Lee
Mailing Address:	239 Smith St.
City:	Middlesex
State:	VT
Zip Code:	05602
Filing Status:	Single

Return Information:

Estimated Tax Liability:	2,975.00
Previous Payments Made:	0.00

2019 Form IN-151



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

This application must be filed by April 15, 2020, if you are unable to file your Vermont Income Tax Return before the due date of April 15. By completing this application, you are requesting an automatic six-month extension of time to file.

An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and late payment penalty accrue from April 16 to the date of payment.

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

Taxpayer's Last Name LEE	First Name HEATHER	MI	Taxpayer's Social Security Number 400 00 9053
Spouse's/CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box) 239 SMITH ST			For Department Use Only
City MIDDLESEX	State VT	ZIP Code or Postal Code 05602	
Foreign Country (if not United States)			

TAX CALCULATION WORKSHEET

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

- | | | | |
|--|-----------|-------------|------------|
| 1. Estimated individual income tax liability | 1. | <u>2975</u> | .00 |
| 2. Previous payments | 2. | <u>0</u> | .00 |
| 3. Amount of tax paid with extension | 3. | <u>2975</u> | .00 |

VERMONT PAYMENT OPTION

Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779
Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make checks payable to **Vermont Department of Taxes** and mail with this form to the address above.

2019 Form IN-151



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

This application must be filed by April 15, 2020, if you are unable to file your Vermont Income Tax Return before the due date of April 15. By completing this application, you are requesting an automatic six-month extension of time to file.

An extension only allows additional time to file the Vermont Income Tax Return and avoids a late filing penalty. If tax is due, you must pay it by the April due date. Interest and late payment penalty accrue from April 16 to the date of payment.

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

Taxpayer's Last Name JONES	First Name TIM	MI	Taxpayer's Social Security Number 400 00 9054
Spouse's/CU Partner's Last Name	First Name	MI	Spouse's or CU Partner's Social Security Number
Mailing Address (Number and Street/Road or PO Box) 239 SMITH STREET			For Department Use Only
City MIDDLESEX	State VT	ZIP Code or Postal Code 05602	
Foreign Country (if not United States)			

TAX CALCULATION WORKSHEET

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

- 1. Estimated individual income tax liability **1.** _____ **100 .00**
- 2. Previous payments **2.** _____ **500 .00**
- 3. Amount of tax paid with extension **3.** _____ **.00**

VERMONT PAYMENT OPTION

Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779

Phone: (866) 828-2865 toll-free in Vermont or (802) 828-2865

Filing by Paper: Make checks payable to **Vermont Department of Taxes** and mail with this form to the address above.

Test 16:**Required Vermont Forms/Schedules: IN-114****Taxpayer(s) Information:**

Primary SSN:	400-00-9031
Name:	Bradley Edgewood
Residency Status:	Resident
Mailing Address:	PO Box 306
City:	Hyde Park
State:	VT
Zip Code:	05655
Filing Status:	Married Filing Joint
Spouse SSN:	400-00-9032
Spouse Name:	Marjorie Edgewood

Return Information:

Estimated Payment Requirement:	2,500.00
April 15, 2020 Payment	250.00
June 15, 2020 Payment	500.00
September 15, 2020 Payment:	750.00
January 15, 2021 Payment	1,000.000

Mail voucher and payment to:

Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779

Payment Due Dates	
1st Quarter	APR 15, 2020
2nd Quarter	JUN 15, 2020
3rd Quarter	SEP 15, 2020
4th Quarter	JAN 15, 2021

Pay your income taxes online

Did you know? You can make your estimated income tax payment online using ACH debit or your credit card. Visit us on the web at myVTax.vermont.gov and select “✓Make payments” to get started.

Calculate your payment using the “Taxpayer’s Worksheet.”

Record your payments.

Taxpayer’s Worksheet - Keep for your records

	100% of 2019 Tax Liability divided by 4 \$ _____
	OR
	90% of 2020 Tax Liability (calculated below)
Line 1	Estimated 2020 Vermont Taxable Income 1. \$ _____
Line 2	Estimated 2020 Vermont Tax: Use 2020 preliminary tax schedules (see instructions)..... 2. \$ _____
Line 3	Estimated 2020 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10..... 3. \$ _____
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15..... 4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)..... 5. \$ _____
Line 5a	Expected 2020 Vermont Tax Withholding 5a. \$ _____
Line 6	2020 Estimated Tax Liability (Line 5 minus Line 5a)..... 6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4) 7. \$ _____

You can check the status of your estimated payments online at myVTax.vermont.gov under “Individuals.”

Vermont Department of Taxes

2020 Form IN-114

Vermont Individual Income Estimated Tax Payment Voucher

DEPT
USE
ONLY



* 2 0 1 1 4 1 1 W W *

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					Tax Year	
City		State	ZIP Code or Postal Code		Amount of this payment ..... .00	
Foreign Country (if not United States)						

Contacting the Department

Mailing address:

Vermont Department of Taxes
Taxpayer Services Division-Income Tax
PO Box 1779
Montpelier, VT 05601-1779

Web site Address: <http://tax.vermont.gov>

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)
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Line 1	Estimated 2020 Vermont Taxable Income	1. \$ _____
Line 2	Estimated 2020 Vermont Tax: Use 2020 preliminary tax schedules (see instructions)	2. \$ _____
Line 3	Estimated 2020 Vermont Tax with Adjustments. See instructions for Form IN-111, Line 10.	3. \$ _____
Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15.	4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)	5. \$ _____
Line 5a	Expected 2020 Vermont Tax Withholding	5a. \$ _____
Line 6	2020 Estimated Tax Liability (Line 5 minus Line 5a)	6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4)	7. \$ _____

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Vermont Department of Taxes

2020 Form IN-114

Vermont Individual Income Estimated Tax Payment Voucher

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* 2 0 1 1 4 1 1 W W *

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					Tax Year	
City		State	ZIP Code or Postal Code		Amount of this payment00	
Foreign Country (if not United States)						

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Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15.	4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4).	5. \$ _____
Line 5a	Expected 2020 Vermont Tax Withholding	5a. \$ _____
Line 6	2020 Estimated Tax Liability (Line 5 minus Line 5a).	6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4)	7. \$ _____

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Vermont Department of Taxes

2020 Form IN-114

Vermont Individual Income Estimated Tax Payment Voucher

DEPT
USE
ONLY



* 2 0 1 1 4 1 1 W W *

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					Tax Year	
City		State	ZIP Code or Postal Code			Amount of this payment ..... .00
Foreign Country (if not United States)						

Contacting the Department

Mailing address:

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Taxpayer Services Division-Income Tax
PO Box 1779
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Line 4	Estimated Income Adjustment. See instructions for Form IN-111, Line 15..... 4. _____ %
Line 5	Adjusted Vermont Tax (Multiply Line 3 by Line 4)..... 5. \$ _____
Line 5a	Expected 2020 Vermont Tax Withholding 5a. \$ _____
Line 6	2020 Estimated Tax Liability (Line 5 minus Line 5a)..... 6. \$ _____
Line 7	Quarterly payments due (Divide Line 6 by 4) 7. \$ _____

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Vermont Department of Taxes

2020 Form IN-114

Vermont Individual Income Estimated Tax Payment Voucher

DEPT
USE
ONLY



* 2 0 1 1 4 1 1 W W *

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					Tax Year	
City		State	ZIP Code or Postal Code		Amount of this payment ..... .00	
Foreign Country (if not United States)						

Contacting the Department

Mailing address:

Vermont Department of Taxes
Taxpayer Services Division-Income Tax
PO Box 1779
Montpelier, VT 05601-1779

Web site Address: <http://tax.vermont.gov>

Email Address: tax.IndividualIncome@vermont.gov

Telephone: (866) 828-2865 (toll-free in Vermont)
(802) 828-2865 (local and out-of-state)

Test 17

3 IN-116s

Taxpayer1:

Simon John 400009073

PO Box 14

Waterbury VT 05676

Payment amount: \$1300.00

Taxpayer2:

Caswell Sam 400-00-9078

Caswell Mary 400-00-9079

PO Box 14

Morrisville VT 05661

Payment amount: \$1348.00

Taxpayer3:

Long Jane 400-00-9076

Long John 400-00-9077

13 Main Street

Lower Waterford VT 05848

Payment amount: \$56.00

Vermont Department of Taxes

2019 Form IN-116

Vermont Income Tax Payment Voucher

DEPT
USE
ONLY



* 1 9 1 1 6 1 1 W W *

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					Tax Year 2019	
City		State	ZIP Code or Postal Code			Amount of this payment ..... .00
Foreign Country (if not United States)						

5454

Mail to: Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779

If you electronically filed, DO NOT
include a copy of the filed return
with this payment.

Form IN-116
Rev.10/19

Vermont Department of Taxes

2019 Form IN-116

Vermont Income Tax Payment Voucher

DEPT
USE
ONLY



* 1 9 1 1 6 1 1 W W *

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					Tax Year 2019	
City		State	ZIP Code or Postal Code		Amount of this payment ..... .00	
Foreign Country (if not United States)						

5454

Mail to: Vermont Department of Taxes
PO Box 1779
Montpelier, VT 05601-1779

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with this payment.

Form IN-116
Rev.10/19

Vermont Department of Taxes

2019 Form IN-116

Vermont Income Tax Payment Voucher

DEPT
USE
ONLY



* 1 9 1 1 6 1 1 W W *

Please PRINT in BLUE or BLACK INK

Taxpayer's Last Name		First Name		MI	Taxpayer's Social Security Number	
Spouse's/CU Partner's Last Name		First Name		MI	Spouse's or CU Partner's Social Security Number	
Mailing Address (Number and Street/Road or PO Box)					Tax Year 2019	
City		State	ZIP Code or Postal Code		Amount of this payment00	
Foreign Country (if not United States)						

5454

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Form IN-116
Rev.10/19