

**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 | First Name | MI | Taxpayer's Social Security Number |
|----------------------|------------|----|-----------------------------------|

**PART I. Enter figures as they appear on your federal return or recomputed federal return in Column A and list the Vermont portion in Column B. See instructions.**

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

|  | A.<br>Federal Amount \$ | B.<br>Vermont Portion \$                                   |
|--|-------------------------|--|
| 1. Wages, salaries, tips, etc. . . . . 1A.   | .00                     | 1B. .00  |
| 2. Taxable interest. . . . . 2A.   | .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. | .00                     | <input type="checkbox"/> ← Check to indicate loss 10B. .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. <b>TOTAL INCOME</b><br>(Add Lines 1-13) . . . . . <input type="checkbox"/> ← Check to indicate loss 14A.                     | .00                     | <input type="checkbox"/> ← Check to indicate loss 14B. .00 |

|                      |                        |
|----------------------|------------------------|
| Taxpayer's Last Name | Social Security Number |
|----------------------|------------------------|



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

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

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