

Vermont's 2019 Tax Forms

Please be aware these are **DRAFTS**.

DRAFT
10/11/2019

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 header section with fields for Taxpayer's Last Name, First Name, MI, Social Security Number, Spouse's/CU Partner's Last Name, First Name, MI, Social Security Number, Mailing Address, City, State, ZIP Code or Foreign Postal Code, Foreign Country, Vermont School District Code, 911/Physical Street Address on 12/31/2019, Filing Status and Standard Deduction (Single, Married/CU Filing Jointly, Married/CU Filing Separately, Head of Household, Qualifying Widow(er)).

Main calculation section with lines 1-16. Includes Federal Adjusted Gross Income, Net Modifications to Federal AGI, Vermont Taxable Income, Vermont Income Tax, and Adjusted Vermont Income Tax. Includes checkboxes for 'Check to indicate loss'.

DRAFT 2019 (Large green diagonal watermark)

Boxed section for Charitable Contribution: 11. Tax-Deductible Charitable Contribution (See instructions) .00; 12. Multiply Line 11 by 5% (0.05) .00; 13. Charitable Contribution Deduction (Enter the lesser of Line 12 or \$1,000) .00

Amount Due (from Line 31) .00

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



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. _____ **.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. Nongame Wildlife Fund **.00** + 23b. Children's Trust Fund **.00** + 23c. Vermont Veterans Fund **.00** + 23d. Green Up Vermont **.00** = 23e. Total Contributions **.00**

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. _____ **.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 3 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. _____ **.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)

DRAFT 2019

For Amended Returns Only:	Original refund received .00	Refund due now .00	Original payment .00	Amount due now .00
----------------------------------	--	------------------------------	--------------------------------	------------------------------

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) / /	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	First Name	MI	Taxpayer's Social Security Number
----------------------	------------	----	-----------------------------------

PART I

ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (Reported on federal Form 1040) . . . 1. _____ .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 1 2. _____ .00
- 3. Income from Non-Vermont State and Local Obligations (Subtract Line 2 from Line 1) 3. _____ .00
- 4. Bonus Depreciation Allowed under Federal Law for 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-K3, Line 21 of 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. _____ .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. _____ .00
This can be a negative number.

DRAFT 10/11/2019

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



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) Check to indicate loss **5A.** _____ **.00** 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 here9. _____ **.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-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		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation)
From (MMDDYYYY):	To (MMDDYYYY):	

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

DRAFT 2019

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



* 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. _____ .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) 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. Otherwise, enter amount from Form IN-111, Line 1	<input type="checkbox"/> ← Check to indicate loss	30. _____ .00
31. Non-Vermont Income (Line 29 above)	<input type="checkbox"/> ← Check to indicate loss	31. _____ .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. _____ .00
34. Vermont Income (Subtract Line 33 from Line 30)	<input type="checkbox"/> ← Check to indicate loss	34. _____ .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. _____ . _____ %

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

DEPT
USE
ONLY



Vermont Individual Income Estimated Tax Payment Voucher

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)						

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)

DRAFT
10/11/2019

DRAFT
IN-116 2019

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)					

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**

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.

Table with 4 columns: Taxpayer's Last Name, First Name, MI, Taxpayer's Social Security Number

- 1. Name of state or Canadian province. Use standard two-letter abbreviation.
2. Enter Adjusted Gross Income taxed in another state or Canadian province that is also subject to Vermont income tax.
3. 2019 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont.
4. Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont.
5. Add Lines 2 through 4
6. Bonus Depreciation subtracted from income in another state or Canadian province in tax year 2019.
7. U.S. Government interest income subtracted from income in another state or Canadian province in tax year 2019.
8. Add Lines 6 and 7.
9. Modified Adjusted Gross Income for income taxed in another state or Canadian province AND taxed in Vermont (Subtract Line 8 from Line 5).
10. Adjusted Gross Income from Form IN-111, Line 1.
11. Non-Vermont state/local obligations from Schedule IN-112, Part I, Line 3.
12. Bonus Depreciation from Schedule IN-112, Part I, Line 4.
13. Add Lines 10 through 12.
14. U.S. Government interest income from Schedule IN-112, Part I, Line 6.
15. Bonus Depreciation from Schedule IN-112, Part I, Line 8.
16. Add Lines 14 and 15.
17. Subtract Line 16 from Line 13.
18. Vermont income tax from Form IN-111, Line 14.
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.
20. Income tax paid to another state or Canadian province based on modified Adjusted Gross Income from Line 9 above.
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.

DRAFT 10/11/2019

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

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 3 4. _____ .00
- 5. Multiply Line 4 by 24% 5. _____ .00
- 6. Recapture of Vermont Credits (See instructions) 6. _____ .00
- 7. Add Lines 5 and 6. 7. _____ .00

SUBTRACTIONS FROM VERMONT TAX

- 8. Credit for Child & Dependent Care Expenses (Reported on Form 1040) 8. _____ .00
- 9. Credit 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 11 12. _____ .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. _____ .00

Check to indicate loss

DRAFT 10/11/2019

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



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	.00	TIMES (X) .10 =	Credit	.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.

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

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

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		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)					For Department Use Only	
City	State	ZIP Code or Postal Code				
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. _____ .00
- 2. Previous payments 2. _____ .00
- 3. Amount of tax paid with extension 3. _____ .00

VERMONT PAYMENT OPTION

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

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

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

Vermont Capital Gain Exclusion Calculation



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

PART I. FLAT EXCLUSION

- 1. Enter smaller of Line 15 or 16 from federal Form 1040, Schedule D 1. _____ .00
- 2. Enter amount from:
 - 2a. Federal Form 1040, Schedule D, Line 18..... 2a. _____ .00
 - 2b. Federal Form 1040, Schedule D, Line 19..... 2b. _____ .00
- 3. Add Lines 2a and 2b 3. _____ .00
- 4. Subtract Line 3 from Line 1..... 4. _____ .00
- If you filed federal Form 4952, complete Lines 5 through 9.
- 5. Enter amount from:
 - 5a. Federal Form 4952, Line 4g..... 5a. _____ .00
 - 5b. Federal Form 4952, Line 4e..... 5b. _____ .00
- 5c. Multiply Line 5a by Line 5b and enter result here 5c. _____ .00
- 5d. Federal Form 4952, Line 4b..... 5d. _____ .00
- 5e. Federal Form 4952, Line 4e..... 5e. _____ .00
- 6. Add Lines 5d and 5e; enter result here 6. _____ .00
- 7. Divide Line 5c by Line 6; enter result here 7. _____ .00
- 8. Subtract Line 7 from Line 4. Entry cannot be less than zero..... 8. _____ .00
- 9. Enter the smaller of Line 8 or \$5,000 9. _____ .00

DRAFT 10/11/2019

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



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 home13a. _____ .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 13c14. _____ .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 495216. _____ .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 instructions18. _____ .00

PART III. CAPITAL GAIN EXCLUSION

- 19. Enter the *greater of* Line 9 or Line 1819. _____ .00
- 20. Multiply _____ x 40% and enter result here20. _____ .00
Federal Taxable Income
- 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. _____ .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	First Name	MI	Claimant'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)			Claimant's Date of Birth (MM/DD/YYYY) / /
City	State	ZIP Code	
Vermont School District Code	911/Physical Street Address on 12/31/2019		City/Town of Legal Residence on 12/31/2019 & State
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.

4. E-file Certificate Number (From Form LC-142)	4.	-								
5. Allocable Rent (from Form LC-142, Line 9)	5.	.00								
6. Home Use. If more than 25% of this rental is used for business, see instructions. If no business use, enter 100.00%.	6.	%								
7. Allowable Rent for Rebate Claim (Multiply Line 5 by Line 6)	7.	.00								
8. Household Income (from Schedule HI-144, Line z). If more than \$47,000 you are not eligible.	8.	.00								
9. Maximum Percentage of Income for Rent	9.	%								
<table border="1"> <tr> <td>If Line 8 Household Income is:</td> <td>\$0 - 9,999</td> <td>\$10,000 - 24,999</td> <td>\$25,000 - 47,000</td> </tr> <tr> <td>Enter this % on Line 9:</td> <td>2.0%</td> <td>4.0%</td> <td>5.0%</td> </tr> </table>			If Line 8 Household Income is:	\$0 - 9,999	\$10,000 - 24,999	\$25,000 - 47,000	Enter this % on Line 9:	2.0%	4.0%	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%	4.0%	5.0%							
10. 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.	.00								
11. 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.	.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

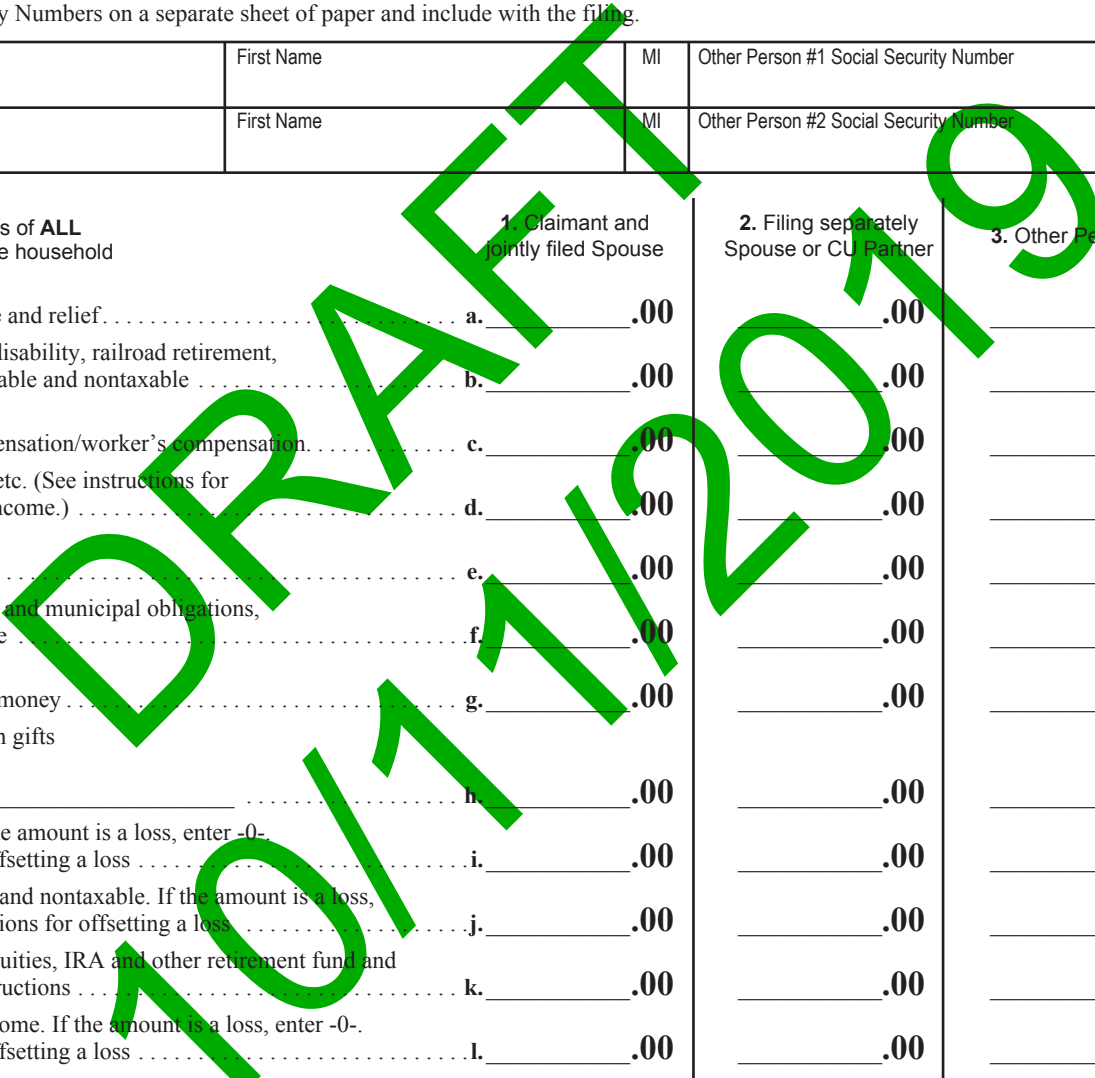
This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Table with 4 columns: Claimant's Last Name, First Name, MI, Claimant's Social Security Number; Spouse's/CU Partner's Last Name, First Name, 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.

Table with 4 columns: 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

Main income table with 3 columns: 1. Claimant and jointly filed Spouse, 2. Filing separately Spouse or CU Partner, 3. Other Persons. Rows include: Yearly totals of ALL members of the household, a. Cash public assistance and relief, b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable, c. Unemployment compensation/worker's compensation, d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.), e. Interest and dividends, f. Interest on U.S., state, and municipal obligations, taxable and nontaxable, g. Alimony and support money, h. Child support and cash gifts, i. Business income, j. Capital gains, taxable and nontaxable, k. Taxable pensions, annuities, IRA and other retirement fund and distributions, l. Rental and royalty income, m. Farm/partnerships/S corporations/LLC/Estate or Trust income, n. Other income, o. Total Income.



Claimant's Last Name	Social Security Number
----------------------	------------------------



* 1 9 1 4 4 1 2 W W *

Carried forward from Line o00 .00 .00

	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
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 p.	<u> .00</u>	<u> .00</u>	<u> .00</u>
q. Child support paid. You must include proof of payment. See instructions q.	<u> .00</u>	<u> .00</u>	<u> .00</u>

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

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

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.

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. 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.

SECTION A.

Please PRINT in BLUE or BLACK INK

Claimant's Last Name	First Name	MI	Claimant'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)			Claimant's Date of Birth (MMDDYYYY)
City	State	ZIP Code	SPAN - REQUIRED (From the 2019/2020 property tax bill)
Location of Homestead (Use a number, street/road name. Do not use a PO Box or "same.")			City/Town of Legal Residence on April 1, 2020 & State
Federal Filing Status <input type="checkbox"/> Single <input 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. _____ %

A2. Rental Use of Dwelling A2. _____ %

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	Social Security Number
----------------------	------------------------



* 2 0 1 2 2 1 2 W W *

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

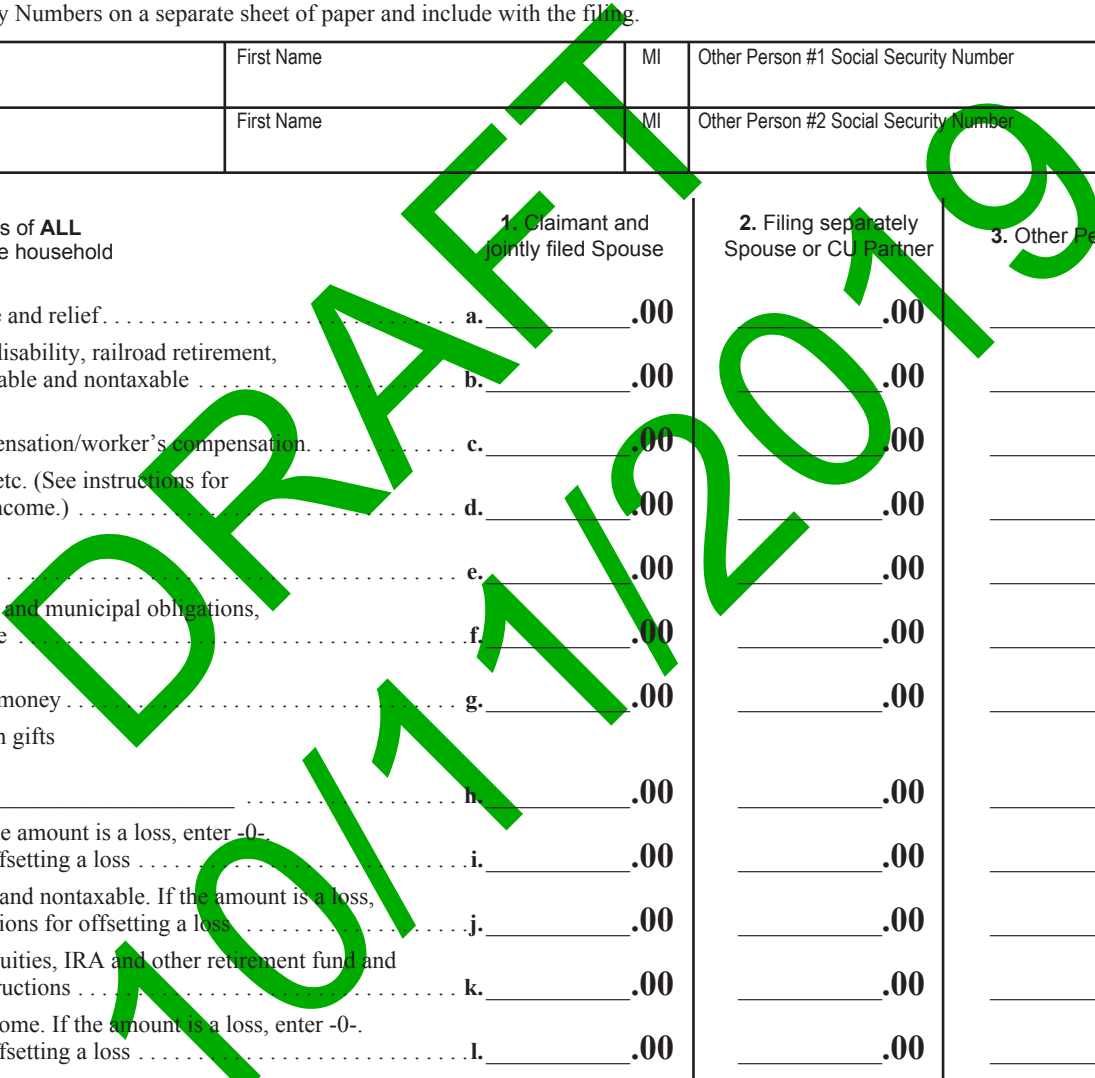
This schedule must be included with the 2019 Renter Rebate Claim (Form PR-141) OR the 2020 Property Tax Credit Claim (Form HS-122) UNLESS you are filing an AMENDED HI-144. Please read instructions before completing schedule.

Table with 4 columns: Claimant's Last Name, First Name, MI, Claimant's Social Security Number; Spouse's/CU Partner's Last Name, First Name, 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.

Table with 4 columns: 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

Main income table with 3 columns: 1. Claimant and jointly filed Spouse, 2. Filing separately Spouse or CU Partner, 3. Other Persons. Rows include: Yearly totals of ALL members of the household, a. Cash public assistance and relief, b. Social Security, SSI, disability, railroad retirement, veteran's benefits, taxable and nontaxable, c. Unemployment compensation/worker's compensation, d. Wages, salaries, tips, etc. (See instructions for dependent's exempt income.), e. Interest and dividends, f. Interest on U.S., state, and municipal obligations, taxable and nontaxable, g. Alimony and support money, h. Child support and cash gifts, i. Business income, j. Capital gains, k. Taxable pensions, annuities, IRA and other retirement fund and distributions, l. Rental and royalty income, m. Farm/partnerships/S corporations/LLC/Estate or Trust income, n. Other income, o. Total Income.



Claimant's Last Name	Social Security Number
----------------------	------------------------



* 1 9 1 4 4 1 2 W W *

Carried forward from Line o00 .00 .00

	1. Claimant and jointly filed Spouse	2. Filing separately Spouse or CU Partner	3. Other Persons
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 p.	<u> .00</u>	<u> .00</u>	<u> .00</u>
q. Child support paid. You must include proof of payment. See instructions q.	<u> .00</u>	<u> .00</u>	<u> .00</u>

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

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

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.