

Vermont Test Cases

FIT Test 1:

Required Vermont Forms/Schedules: FIT-161

Taxpayer(s) Information:

Name of Estate or Trust:	Marvin Brooks Estate
Federal Employer ID:	40-0009077
Name or Fiduciary:	Lauren Brooks
Title of Fiduciary:	Executrix
Date of Death:	04/02/2020
Mailing Address:	133 State St.
City:	Montpelier
State:	Vermont
Zip Code:	05633
Country:	US
Tax Year Begin Date:	Jan-01-2020
Tax Year End Date:	Dec-31-2020
Type of Estate or Trust:	Estate

Return Information:

Distributions on 1041 Line 18:	None
Non-VT municipal bond income:	None
Any trust beneficiaries skip persons :	No
Qualified settlement fund:	No
Federal taxable income:	16,000.00
State & local income taxes:	1,100
Interest income from US Obligations:	1,000.00
Estimated payments made:	1,200.00
Carry forward from prior years:	200.00
Overpayment applied to future year:	Yes

2020 Form FIT-161

Vermont Fiduciary Return of Income



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Name of Estate or Trust MARVIN BROOKS ESTATE			FEIN 400009077	Date of Death (MMDDYYYY) 04 / 02 / 2020
Name of Fiduciary LAUREN BROOKS			Title of Fiduciary EXECUTRIX	Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2020
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 STATE ST			State of Domicile at Death and/or Creation of Trust	Tax year END date (MMDDYYYY) 12 / 31 / 2020
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE <input checked="" type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust	
City MONTPELIER	State VT	ZIP Code 05633	<input type="checkbox"/> Check here if this is an EXTENDED return <input type="checkbox"/> Check here if this is an AMENDED return <input type="checkbox"/> Check here if this is your FINAL return	
Foreign Country				

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. Yes No
- B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and Schedule FIT-166, Part I. B. Yes No
- C. Are any present or future trust beneficiaries skip persons? C. Yes No
- D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Yes No

1. Federal taxable income from Form 1041, Line 23, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) <input type="checkbox"/> ← Check to indicate loss	1. <u>16000</u> .00
2a. Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)	2a. <u> </u> .00
2b. Bonus Depreciation allowed under federal law for 2020	2b. <u> </u> .00
2c. State and local income taxes included on federal Form 1041, Line 11. (see instructions)	2c. <u>1100</u> .00
3. Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) <input type="checkbox"/> ← Check to indicate loss	3. <u>17100</u> .00
4a. Interest income from U.S. Obligations	4a. <u>1000</u> .00
4b. Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)	4b. <u> </u> .00
4c. Adjustment for prior years' Bonus Depreciation	4c. <u> </u> .00
4d. Add Lines 4a, 4b, and 4c.	4d. <u>1000</u> .00
5. Vermont taxable income (Line 3 minus Line 4d) <input type="checkbox"/> ← Check to indicate loss	5. <u>16100</u> .00
6. Vermont Tax from the tax rate schedule on page 2 of this form	6. <u>1144</u> .00
7. Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)	7. <u> </u> .00
8. Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2d)	8. <u> </u> .00
9. Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then subtract Line 8)	9. <u>1144</u> .00
10. Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)	10. <u>100 00</u> %

Name of Estate or Trust MARVIN BROOKS ESTATE
FEIN 400009077



- 11. Adjusted tax (Multiply Line 9 by Line 10)11. 1144 .00
- 12. Other states credit (from Schedule FIT-167, Line 21)12. _____ .00
- 13. Total Vermont taxes (Line 11 minus Line 12)13. 1144 .00
- 14. **Payment**
- 14a. Vermont Tax Withheld on 109914a. _____ .00
- 14b. Estimated Tax or Extension Payments 1200 14b. _____ .00
- 14c. Vermont Real Estate Withholding14c. _____ .00
Attach copy of Form RW-171 or Schedule K-1VT
- 14d. Nonresident Payments from Form WH-435 14d. _____ .00
- 14e. 2019 Overpayment Applied 200 14e. _____ .00
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e) 14f. 1400 .00
- 15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f 15. 256 .00
- 16. Amount of overpayment to be credited to 2021 taxes 16. 256 .00
- 17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16) 17. _____ .00
- 18. **BALANCE DUE:** If Line 14f is less than Line 13, subtract Line 14f from Line 13. 18. _____ .00

Vermont 2020 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over
\$0	\$2,750	3.35%	\$0
\$2,750	\$6,350	\$92.00 + 6.60%	\$2,750
\$6,350	\$9,750	\$330.00 + 7.60%	\$6,350
\$9,750	---	\$588.00 + 8.75%	\$9,750

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

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

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

Keep a copy for your records.

For Department Use Only	
Ck. Amt.	Init.

Form FIT-161
Rev. 10/20

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

Name of Estate or Trust:	Ross Trust
Federal Employer ID:	40-0009076
Name or Fiduciary:	Bob Ross Trustee
Title of Fiduciary:	
State, Canadian province or country during non-VT Residency:	MA
Mailing Address:	PO Box 547
City:	Montpelier
State:	Vermont 05601
Zip Code:	US
Country:	Jan-01-2020
Tax Year Begin Date:	Dec-31-2020
Tax Year End Date:	Irrevocable Trust
Type of Estate or Trust:	

Return Information:

Distributions on 1041 Line 18:	Yes
Non-VT municipal bond income:	None
Any trust beneficiaries skip persons:	No
Qualified settlement fund:	No
Federal taxable income:	20,000.00 800.00
Non-VT state & local obligations:	1,000.00 300.00
State & local income taxes:	500.00
Interest income from US Obligations:	
Bonus depreciation allowed:	
Prior year bonus depreciation adjustment:	300.00
R&D credit:	200.00
Interest income:	2,500.00
VT Interest income:	2,500.00
Ordinary dividends:	1,000.00
VT ordinary dividends:	1,000.00
Capital gain or (loss):	3,000.00
VT capital gain or (loss):	3,000.00
Rents, royalties, partnerships, SCorps, trusts etc:	68,000.00
VT Rents, royalties, partnerships, SCorps, trusts etc:	38,000.00
Other income:	1,000.00
VT other income:	1,000.00
Estimated payments made:	1,000.00
Non-resident estimated payments:	200.00
Carry forward from prior years:	450.00
Overpayment applied to future year:	600.00

2020 Form FIT-161

Vermont Fiduciary Return of Income



Name of Estate or Trust ROSS TRUST			FEIN 400009076	Date of Death (MMDDYYYY) / /
Name of Fiduciary BOB ROSS			Title of Fiduciary TRUSTEE	Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2020
Mailing Address of Fiduciary (Number and Street/Road or PO Box) PO BOX 547			State of Domicile at Death and/or Creation of Trust	Tax year END date (MMDDYYYY) 12 / 31 / 2020
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust	
City MONTPELIER	State VT	ZIP Code 05601	<input type="checkbox"/> Check here if this is an EXTENDED return <input type="checkbox"/> Check here if this is an AMENDED return <input type="checkbox"/> Check here if this is your FINAL return	
Foreign Country				

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? Yes No
- B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and Schedule FIT-166, Part I. Yes No
- C. Are any present or future trust beneficiaries skip persons? Yes No
- D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? Yes No

1.	Federal taxable income from Form 1041, Line 23, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	<input type="checkbox"/> ← Check to indicate loss	1.	20000	.00
2a.	Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a.	800	.00
2b.	Bonus Depreciation allowed under federal law for 2020		2b.	500	.00
2c.	State and local income taxes included on federal Form 1041, Line 11. (see instructions)		2c.	1000	.00
3.	Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	<input type="checkbox"/> ← Check to indicate loss	3.	22300	.00
4a.	Interest income from U.S. Obligations		4a.	300	.00
4b.	Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)		4b.		.00
4c.	Adjustment for prior years' Bonus Depreciation		4c.	300	.00
4d.	Add Lines 4a, 4b, and 4c.		4d.	600	.00
5.	Vermont taxable income (Line 3 minus Line 4d)	<input type="checkbox"/> ← Check to indicate loss	5.	21700	.00
6.	Vermont Tax from the tax rate schedule on page 2 of this form		6.	1634	.00
7.	Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)		7.		.00
8.	Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2d)		8.	200	.00
9.	Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then subtract Line 8)		9.	1434	.00
10.	Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10.	60	26%

Name of Estate or Trust ROSS TRUST
FEIN 400009076



- 11. Adjusted tax (Multiply Line 9 by Line 10)11. 864 .00
- 12. Other states credit (from Schedule FIT-167, Line 21)12. _____ .00
- 13. Total Vermont taxes (Line 11 minus Line 12)13. 864 .00
- 14. **Payment**
- 14a. Vermont Tax Withheld on 109914a. _____ .00
- 14b. Estimated Tax or Extension Payments 1000 14b. _____ .00
- 14c. Vermont Real Estate Withholding14c. _____ .00
Attach copy of Form RW-171 or Schedule K-1VT
- 14d. Nonresident Payments from Form WH-435 200 14d. _____ .00
- 14e. 2019 Overpayment Applied 450 14e. _____ .00
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)14f. 1650 .00
- 15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f15. 786 .00
- 16. Amount of overpayment to be credited to 2021 taxes16. 600 .00
- 17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)17. 186 .00
- 18. **BALANCE DUE:** If Line 14f is less than Line 13, subtract Line 14f from Line 13.18. _____ .00

Vermont 2020 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over
\$0	\$2,750	3.35%	\$0
\$2,750	\$6,350	\$92.00 + 6.60%	\$2,750
\$6,350	\$9,750	\$330.00 + 7.60%	\$6,350
\$9,750	---	\$588.00 + 8.75%	\$9,750

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

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

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

Keep a copy for your records.

For Department Use Only	
Ck. Amt.	Init.

Form FIT-161
Rev. 10/20

2020 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



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Attach to Form FIT-161

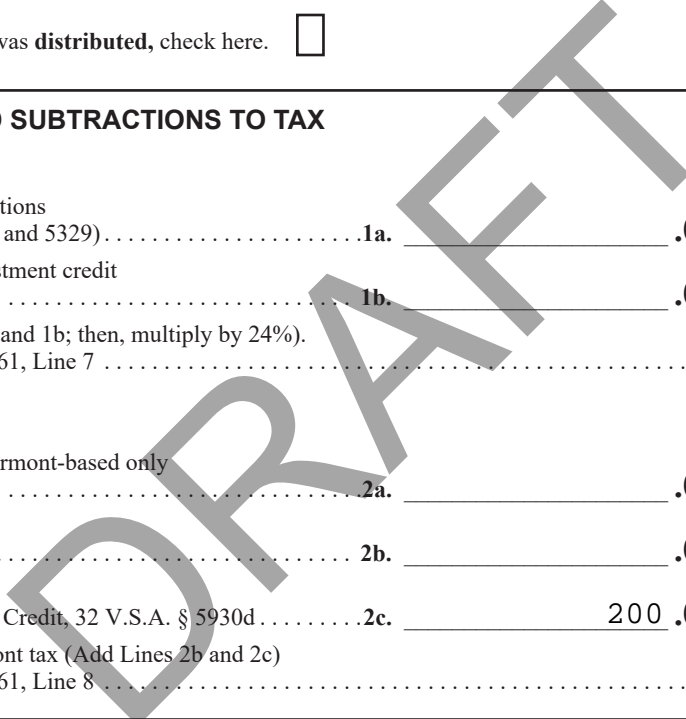
Name of Estate or Trust ROSS TRUST	FEIN 400009076	Tax Year End Date (MMDDYYYY) 12 / 31 / 2020
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PART I Taxable Municipal Bond Income

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (see Line-by-Line Instructions)1. 1000 .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 12. 200 .00
- 3. Income from non-Vermont state and local obligations to be added to Vermont taxable income. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a3. 800 .00
- 4. If all municipal bond income was **distributed**, check here.

PART II ADDITIONS AND SUBTRACTIONS TO TAX

- 1. Additions to Vermont Tax
 - 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)1a. 00 .00
 - 1b. Recapture of federal investment credit (from federal Form 4255)1b. 00 .00
 - 1c. Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 71c. 00 .00
- 2. Subtractions from Vermont tax
 - 2a. Investment tax credit - Vermont-based only (from federal Form 3468)2a. 00 .00
 - 2b. Multiply Line 2a by 24%2b. 00 .00
 - 2c. Research & Development Credit, 32 V.S.A. § 5930d2c. 200 .00
 - 2d. Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 82d. 200 .00





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Name of Estate or Trust ROSS TRUST	FEIN 400009076	Tax Year End Date (MMDDYYYY) 12 / 31 / 2020
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PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2020		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation) MA
From (MMDDYYYY): / /	To (MMDDYYYY): / /	

	A. Federal Amount \$	B. Vermont Portion \$
1. Interest income 1A.	2500.00	1B. 2500.00
2. Total ordinary dividends. 2A.	1000.00	2B. 1000.00
3. Business income (or loss) <input type="checkbox"/> ← Check to indicate loss 3A.	.00	<input type="checkbox"/> ← Check to indicate loss 3B. .00
4. Capital gain (or loss) <input type="checkbox"/> ← Check to indicate loss 4A.	3000.00	<input type="checkbox"/> ← Check to indicate loss 4B. 3000.00
5. Rents, royalties, partnerships, S Corporations, LLCs, other estates and trusts, etc. <input type="checkbox"/> ← Check to indicate loss 5A.	68000.00	<input type="checkbox"/> ← Check to indicate loss 5B. 38000.00
6. Farm income (or loss) <input type="checkbox"/> ← Check to indicate loss 6A.	.00	<input type="checkbox"/> ← Check to indicate loss 6B. .00
7. Ordinary gain (or loss) <input type="checkbox"/> ← Check to indicate loss 7A.	.00	<input type="checkbox"/> ← Check to indicate loss 7B. .00
8. Other income (specify type of income) <input type="checkbox"/> ← Check to indicate loss 8A.	1000.00	<input type="checkbox"/> ← Check to indicate loss 8B. 1000.00
9. Total income (Add Lines 1 through 8) <input type="checkbox"/> ← Check to indicate loss 9A.	75500.00	<input type="checkbox"/> ← Check to indicate loss 9B. 45500.00
10. Adjustment percentage. Divide Line 9B by Line 9A. Express as a percentage, with two digits to the right of the decimal. Enter here and on Form FIT-161, Line 10. 10.		60.26 %

FIT Test 3:

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

Taxpayer(s) Information:

Name of Estate or Trust:	Hubert Mann Trust
Federal Employer ID:	40-0009075
Name of Fiduciary:	Strong Mann
Title of Fiduciary:	Trustee
State of domicile:	VT
Mailing Address:	1446 VT Route 15
City:	Johnson
State:	Vermont
Zip Code:	05656
Country:	US
Tax Year Begin Date:	Jan-01-2020
Tax Year End Date:	Dec-31-2020
Type of Estate or Trust:	Irrevocable Trust

Return Information:

Distributions on 1041 Line 18:	None
Non-VT municipal bond income:	None
Any trust beneficiaries skip persons:	No
Qualified settlement fund:	No
Federal taxable income:	45,000.00 8,000.00
State & local income taxes:	38,500.00 2,800.00
Form 1041 sch. D line 18a(s):	
Form 1041 sch. D line 18b(2):	700.00
Net capital gain from sale of assets held for less than 3 years:	35,000.00 2,000.00
Stocks or bonds publicly traded or traded on an exchange:	5,000.00 Yes
Estimated payments made:	
Real estate withholding payments:	
Overpayment applied to future year:	

2020 Form FIT-161

Vermont Fiduciary Return of Income



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Name of Estate or Trust HUBERT MANN TRUST			FEIN 400009075	Date of Death (MMDDYYYY) / /
Name of Fiduciary STRONG MANN			Title of Fiduciary TRUSTEE	Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2020
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 1446 VT ROUTE 15			State of Domicile at Death and/or Creation of Trust	Tax year END date (MMDDYYYY) 12 / 31 / 2020
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE <input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust	
City JOHNSON	State VT	ZIP Code 05656	<input type="checkbox"/> Check here if this is an EXTENDED return <input type="checkbox"/> Check here if this is an AMENDED return <input type="checkbox"/> Check here if this is your FINAL return	
Foreign Country				

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. Yes No
- B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and Schedule FIT-166, Part I. B. Yes No
- C. Are any present or future trust beneficiaries skip persons? C. Yes No
- D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Yes No

1.	Federal taxable income from Form 1041, Line 23, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	<input type="checkbox"/> ← Check to indicate loss	1.	45000	.00
2a.	Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a.		.00
2b.	Bonus Depreciation allowed under federal law for 2020		2b.		.00
2c.	State and local income taxes included on federal Form 1041, Line 11. (see instructions)		2c.	8000	.00
3.	Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	<input type="checkbox"/> ← Check to indicate loss	3.	53000	.00
4a.	Interest income from U.S. Obligations		4a.		.00
4b.	Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)		4b.	5000	.00
4c.	Adjustment for prior years' Bonus Depreciation		4c.		.00
4d.	Add Lines 4a, 4b, and 4c.		4d.	5000	.00
5.	Vermont taxable income (Line 3 minus Line 4d)	<input type="checkbox"/> ← Check to indicate loss	5.	48000	.00
6.	Vermont Tax from the tax rate schedule on page 2 of this form		6.	3935	.00
7.	Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)		7.		.00
8.	Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2d)		8.		.00
9.	Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then subtract Line 8)		9.	3935	.00
10.	Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10.	100	00%

Name of Estate or Trust HUBERT MANN TRUST
FEIN 400009075



- 11. Adjusted tax (Multiply Line 9 by Line 10).....11. 3935 .00
- 12. Other states credit (from Schedule FIT-167, Line 21)12. _____ .00
- 13. Total Vermont taxes (Line 11 minus Line 12)13. 3935 .00
- 14. **Payment**
- 14a. Vermont Tax Withheld on 1099.....14a. _____ .00
- 14b. Estimated Tax or Extension Payments 14b. 2000 .00
- 14c. Vermont Real Estate Withholding14c. 5000 .00
Attach copy of Form RW-171 or Schedule K-1VT
- 14d. Nonresident Payments from Form WH-435..... 14d. _____ .00
- 14e. 2019 Overpayment Applied14e. _____ .00
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e) 14f. 7000 .00
- 15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f15. 3065 .00
- 16. Amount of overpayment to be credited to 2021 taxes16. 3065 .00
- 17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)17. _____ .00
- 18. **BALANCE DUE:** If Line 14f is less than Line 13, subtract Line 14f from Line 13.....18. _____ .00

Vermont 2020 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over
\$0	\$2,750	3.35%	\$0
\$2,750	\$6,350	\$92.00 + 6.60%	\$2,750
\$6,350	\$9,750	\$330.00 + 7.60%	\$6,350
\$9,750	---	\$588.00 + 8.75%	\$9,750

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I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

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

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

Keep a copy for your records.

For Department Use Only	
Ck. Amt.	Init.

Form FIT-161
Rev. 10/20

2020 Schedule FIT-162



Capital Gains Exclusion Calculation for Estates or Trusts

Attach to Form FIT-161

Table with 3 columns: Name of Estate or Trust (HUBERT MANN TRUST), FEIN (400009075), Tax Year End Date (12 / 31 / 2020)

PART I Flat Exclusion

- 1. Enter lesser of Line 18a(2) or 19(2) from federal Form 1041, Schedule D ... 38500 .00
2. Enter amount from:
2a. Federal Form 1041, Schedule D, Line 18b(2) ... 2800 .00
2b. Federal Form 1041, Schedule D, Line 18c(2)00
3. Add Lines 2a and 2b ... 2800 .00
4. Subtract Line 3 from Line 1. Entry cannot be less than zero. ... 35700 .00

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

- 5. Enter amount from:
5a. Federal Form 4952, Line 4g.00
5b. Federal Form 4952, Line 4e.00
5c. Multiply Line 5a by Line 5b. Enter result here.00
5d. Federal Form 4952, Line 4b.00
5e. Federal Form 4952, Line 4e.00
6. Add Lines 5d and 5e. Enter result here.00
7. Divide Line 5c by Line 6. Enter result here.00
8. Subtract Line 7 from Line 4. Entry cannot be less than zero. ... 35700 .00
9. Enter the lesser of Line 8 or \$5,000 ... 5000 .00

(continued on next page)



* 2 0 1 6 2 1 2 0 0 *

Name of Estate or Trust HUBERT MANN TRUST	FEIN 400009075	Tax Year End Date (MMDDYYYY) 12 / 31 / 2020
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PART II Percentage Exclusion

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

10. Enter the amount from Part I, Line 4	10.	35700	.00
11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less.	11.	700	.00
12. Assets held for more than three years. Subtract Line 11 from Line 10. <i>Entry cannot be less than zero.</i>	12.	35000	.00

Enter the amount of net adjusted capital gain from the sale of the following assets held for more than three years.

13a. Real estate or portion of real estate used as a primary or nonprimary home	13a.		.00
13b. Depreciable personal property (except for farm property or standing timber).	13b.		.00
13c. Stocks or bonds publicly traded or traded on an exchange or any other financial instruments.	13c.	35000	.00
14. Add Lines 13a through 13c.	14.	35000	.00
15. Subtract Line 14 from Line 12. Enter result here. <i>Entry cannot be less than zero.</i> This is the amount of net capital gain eligible for exclusion.	15.		.00

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

16. Enter amount from Part I, Line 7, or recomputed federal Form 4952.	16.		.00
17. Subtract Line 16 from Line 15. <i>Entry cannot be less than zero.</i>	17.		.00
18. Multiply Line 17 by 40%; enter result or \$350,000, whichever is less.	18.		.00

PART III Capital Gain Exclusion

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

FIT Test 4:

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

Taxpayer(s) Information:

Name of Estate or Trust:	Estate of William Broom
Federal Employer ID:	40-0009074
Name or Fiduciary:	Milicent Peters
Title of Fiduciary:	Executrix
Other state where income was earned:	TX
Mailing Address:	3562 Forest Lake Rd
City:	Norton
State:	Vermont
Zip Code:	05907
Country:	US
Tax Year Begin Date:	Jan-01-2020
Tax Year End Date:	Dec-31-2020
Type of Estate or Trust:	Estate

Return Information:

Distributions on 1041 Line 18:	Yes
Non-VT municipal bond income:	None
Any trust beneficiaries skip persons:	No
Qualified settlement fund:	No
Federal taxable income:	50,000.00
Bonus depreciation allowed:	1,000.00
State & local income taxes:	2,000.00
Prior year bonus depreciation adjustment:	500.00
Income taxed in another state:	40,000.00
Total income:	115,000.00
Tax withheld from 1099:	1,400.00

2020 Form FIT-161

Vermont Fiduciary Return of Income



Name of Estate or Trust ESTATE OF WILLIAM BROOM			FEIN 400009074	Date of Death (MMDDYYYY) 03 / 02 / 2020
Name of Fiduciary MILICENT PETERS			Title of Fiduciary EXECUTRIX	Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2020
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 3562 FOREST LAKE RD			State of Domicile at Death and/or Creation of Trust	Tax year END date (MMDDYYYY) 12 / 31 / 2020
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE <input checked="" type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust	
City NORTON	State VT	ZIP Code 05907	<input type="checkbox"/> Check here if this is an EXTENDED return <input type="checkbox"/> Check here if this is an AMENDED return <input type="checkbox"/> Check here if this is your FINAL return	
Foreign Country				

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. Yes No
- B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and Schedule FIT-166, Part I. B. Yes No
- C. Are any present or future trust beneficiaries skip persons? C. Yes No
- D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Yes No

1.	Federal taxable income from Form 1041, Line 23, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	<input type="checkbox"/> ← Check to indicate loss	1.	50000	.00
2a.	Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a.		.00
2b.	Bonus Depreciation allowed under federal law for 2020		2b.	1000	.00
2c.	State and local income taxes included on federal Form 1041, Line 11. (see instructions)		2c.	2000	.00
3.	Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	<input type="checkbox"/> ← Check to indicate loss	3.	53000	.00
4a.	Interest income from U.S. Obligations		4a.		.00
4b.	Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)		4b.		.00
4c.	Adjustment for prior years' Bonus Depreciation		4c.	500	.00
4d.	Add Lines 4a, 4b, and 4c.		4d.	500	.00
5.	Vermont taxable income (Line 3 minus Line 4d)	<input type="checkbox"/> ← Check to indicate loss	5.	52500	.00
6.	Vermont Tax from the tax rate schedule on page 2 of this form		6.	4329	.00
7.	Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)		7.		.00
8.	Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2d)		8.		.00
9.	Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then subtract Line 8)		9.	4329	.00
10.	Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10.	100	00 %

Name of Estate or Trust ESTATE OF WILLIAM BROOM
FEIN 400009074



11. Adjusted tax (Multiply Line 9 by Line 10).....	11.	4329	.00
12. Other states credit (from Schedule FIT-167, Line 21)	12.	1501	.00
13. Total Vermont taxes (Line 11 minus Line 12)	13.	2828	.00
14. Payment			
14a. Vermont Tax Withheld on 1099	14a.	1400	.00
14b. Estimated Tax or Extension Payments	14b.		.00
14c. Vermont Real Estate Withholding	14c.		.00
Attach copy of Form RW-171 or Schedule K-1VT			
14d. Nonresident Payments from Form WH-435	14d.		.00
14e. 2019 Overpayment Applied	14e.		.00
14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e)	14f.	1400	.00
15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f	15.		.00
16. Amount of overpayment to be credited to 2021 taxes	16.		.00
17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)	17.		.00
18. BALANCE DUE: If Line 14f is less than Line 13, subtract Line 14f from Line 13.	18.	1428	.00

Vermont 2020 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over
\$0	\$2,750	3.35%	\$0
\$2,750	\$6,350	\$92.00 + 6.60%	\$2,750
\$6,350	\$9,750	\$330.00 + 7.60%	\$6,350
\$9,750	---	\$588.00 + 8.75%	\$9,750

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

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

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

Keep a copy for your records.

For Department Use Only	
Ck. Amt.	Init.

Form FIT-161
Rev. 10/20

Vermont Department of Taxes
2020 Schedule FIT-167



* 2 0 1 6 7 1 1 0 0 *

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

Attach to Form FIT-161

For Residents and Some Part-Year Residents Only

Name of Estate or Trust ESTATE OF WILLIAM BROOM	FEIN 400009074	Tax Year End Date (MMDDYYYY) 12 / 31 / 2020
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You must complete a separate Schedule FIT-167 for each state or Canadian province and attach a copy of the other state return. See instructions.

1. Name of state or Canadian province. Use standard two-letter abbreviation1. TX

2. Enter total income taxed in another state or Canadian province and also subject to Vermont tax ← Check to indicate loss 2. 40000 .00

3. 2020 Bonus Depreciation add back taxed in another state or Canadian province AND taxed in Vermont3. 00

4. Non-Vermont state/local obligations taxed in another state or Canadian province AND taxed in Vermont4. 00

5. Add Lines 2 through 4. If negative, enter -0-5. 40000.00

6. Bonus Depreciation subtracted from income in another state or Canadian province in TY 20206. 00

7. U.S. Government interest income7. 00

8. Add Lines 6 and 78. 00

9. Modified total income for income taxed in another state or Canadian province AND taxed in Vermont (Line 5 minus Line 8)9. 40000.00

10. Total income (from federal Form 1041, Line 9)10. 115000 .00

11. Non-Vermont state/local obligations from Form FIT-161, Line 2a11. 00

12. Bonus Depreciation from Form FIT-161, Line 2b12. 1000 .00

13. Add Lines 10 through 12. If negative, enter -0-13. 116000.00

14. U.S. Government interest income from Form FIT-161, Line 4a14. 00

15. Bonus Depreciation from Form FIT-161, Line 4c15. 500 .00

16. Add Lines 14 and 1516. 500.00

17. Line 13 minus Line 1617. 115500.00

18. Vermont income tax from Form FIT-161, Line 618. 4329 .00

19. Computed tax credit (Divide Line 9 by Line 17, and multiply result by Line 18.) Result cannot be more than 100% of Vermont tax.

$$\frac{\text{Line 9 } 40,000.00}{\text{Line 17 } 115,500.00} \times \text{Line 18 } 4,329.00$$
.....19. 1499.00

20. Income tax paid to another state or Canadian province based on modified adjusted gross income from Line 9 above20. 1706.00

21. **VERMONT CREDIT** for income tax paid to another state or Canadian province. Enter the lesser of Line 19 or Line 20. Also enter on Form FIT-161, Line 12.21. 1499.00

FIT Test 5:**Required Vermont Forms/Schedules: FIT-161, FIT-166 2 K-1VT-F****Taxpayer(s) Information:**

Name of Estate or Trust:	Wonder Woman Trust
Federal Employer ID:	40-0009073
Name or Fiduciary:	Super Man
Title of Fiduciary:	Trustee
Mailing Address:	268 Milwaukee Ave.
City:	Kingman
State:	AZ
Zip Code:	86409
Country:	US
Tax Year Begin Date:	Jan-01-2020
Tax Year End Date:	Dec-31-2020
Type of Estate or Trust:	Irrevocable Trust

Return Information:

Distributions on 1041 Line 18:	None
Non-VT municipal bond income:	None
Any trust beneficiaries skip persons:	No
Qualified settlement fund:	No
Federal taxable income:	3,000.00
Interest income from US obligations:	1,000.00
Interest & dividend income exempt from federal tax:	2,000.00
VT partnership income distributed to beneficiaries:	16,000.00
VT other income distributed to beneficiaries:	2,000.00
NRW distributed to trust via Partnership K-1VT:	500.00
Total NRW allocated to beneficiaries:	500.00
Beneficiary 1 Name:	Ocean Blue
Beneficiary 1 SSN:	456-78-9123
Beneficiary 1 Residency Status:	Non-Resident
Beneficiary 1 Type:	Individual
Beneficiary 1 Mailing Address:	15 Short Rd.
Beneficiary 1 City:	Rangeley
Beneficiary 1 State:	ME
Beneficiary 1 Zip Code:	04970
% of Entity's Income:	50%
Beneficiary 2 Name:	Baby Blue
Beneficiary 2 SSN:	321-65-4987
Beneficiary 2 Residency Status:	Non-Resident
Beneficiary 2 Type:	Individual
Beneficiary 2 Mailing Address:	15 Main St.
Beneficiary 2 City:	Lenox
Beneficiary 2 State:	MA
Beneficiary 2 Zip Code:	01240
% of Entity's Income:	50%

2020 Form FIT-161

Vermont Fiduciary Return of Income



Form header section with fields: Name of Estate or Trust (WONDER WOMAN TRUST), FEIN (400009073), Date of Death, Name of Fiduciary (SUPER MAN), Title of Fiduciary (TRUSTEE), Tax year BEGIN date (01 / 01 / 2020), Mailing Address of Fiduciary (268 MILWAUKEE AVE), State of Domicile at Death and/or Creation of Trust, Tax year END date (12 / 31 / 2020), Additional Line for Mailing Address of Fiduciary, if needed, City (KINGMAN), State (AZ), ZIP Code (86409), Foreign Country, and checkboxes for Estate, Revocable Trust, Bankruptcy Estate, Grantor Trust, Irrevocable Trust, and return types (EXTENDED, AMENDED, FINAL).

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

Main calculation section with lines 1 through 10. Line 1: Federal taxable income from Form 1041, Line 23, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF) 3000.00. Line 2a: Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3) .00. Line 2b: Bonus Depreciation allowed under federal law for 2020 .00. Line 2c: State and local income taxes included on federal Form 1041, Line 11. (see instructions) .00. Line 3: Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.) 3000.00. Line 4a: Interest income from U.S. Obligations 1000.00. Line 4b: Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.) .00. Line 4c: Adjustment for prior years' Bonus Depreciation .00. Line 4d: Add Lines 4a, 4b, and 4c. .00. Line 5: Vermont taxable income (Line 3 minus Line 4d) 2000.00. Line 6: Vermont Tax from the tax rate schedule on page 2 of this form 67.00. Line 7: Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c) .00. Line 8: Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2d) .00. Line 9: Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then subtract Line 8) 67.00. Line 10: Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%) 100.00 %.

Name of Estate or Trust WONDER WOMAN TRUST
FEIN 400009073



- 11. Adjusted tax (Multiply Line 9 by Line 10)11. _____ ⁶⁷ **.00**
- 12. Other states credit (from Schedule FIT-167, Line 21)12. _____ **.00**
- 13. Total Vermont taxes (Line 11 minus Line 12)13. _____ ⁶⁷ **.00**
- 14. **Payment**
- 14a. Vermont Tax Withheld on 109914a. _____ **.00**
- 14b. Estimated Tax or Extension Payments 14b. _____ **.00**
- 14c. Vermont Real Estate Withholding14c. _____ **.00**
Attach copy of Form RW-171 or Schedule K-1VT
- 14d. Nonresident Payments from Form WH-435 14d. _____ **.00**
- 14e. 2019 Overpayment Applied14e. _____ **.00**
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e) 14f. _____ **.00**
- 15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f15. _____ **.00**
- 16. Amount of overpayment to be credited to 2021 taxes16. _____ **.00**
- 17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)17. _____ **.00**
- 18. **BALANCE DUE:** If Line 14f is less than Line 13, subtract Line 14f from Line 13.18. _____ ⁶⁷ **.00**

Vermont 2020 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over
\$0	\$2,750	3.35%	\$0
\$2,750	\$6,350	\$92.00 + 6.60%	\$2,750
\$6,350	\$9,750	\$330.00 + 7.60%	\$6,350
\$9,750	---	\$588.00 + 8.75%	\$9,750

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

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

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

Keep a copy for your records.

For Department Use Only	
Ck. Amt.	Init.

Form FIT-161
Rev. 10/20

2020 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



* 2 0 1 6 6 1 1 0 0 *

Attach to Form FIT-161

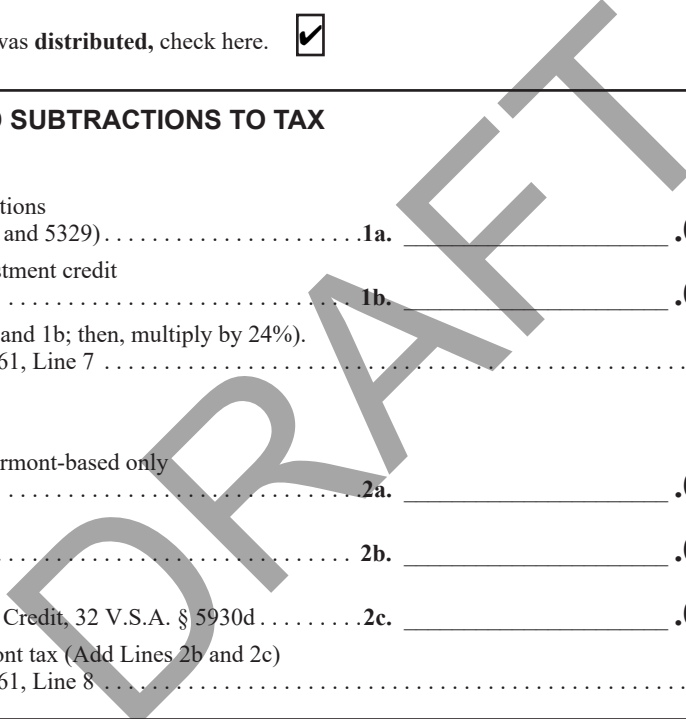
Name of Estate or Trust WONDER WOMAN TRUST	FEIN 400009073	Tax Year End Date (MMDDYYYY) 12 / 31 / 2020
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PART I Taxable Municipal Bond Income

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (see Line-by-Line Instructions)1. 2000 .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 12. 0 .00
- 3. Income from non-Vermont state and local obligations to be added to Vermont taxable income. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a3. 2000 .00
- 4. If all municipal bond income was **distributed**, check here.

PART II ADDITIONS AND SUBTRACTIONS TO TAX

- 1. Additions to Vermont Tax
 - 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)1a. 0 .00
 - 1b. Recapture of federal investment credit (from federal Form 4255)1b. 0 .00
 - 1c. Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 71c. 0 .00
- 2. Subtractions from Vermont tax
 - 2a. Investment tax credit - Vermont-based only (from federal Form 3468)2a. 0 .00
 - 2b. Multiply Line 2a by 24%2b. 0 .00
 - 2c. Research & Development Credit, 32 V.S.A. § 5930d2c. 0 .00
 - 2d. Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 82d. 0 .00





* 2 0 1 6 6 1 2 0 0 *

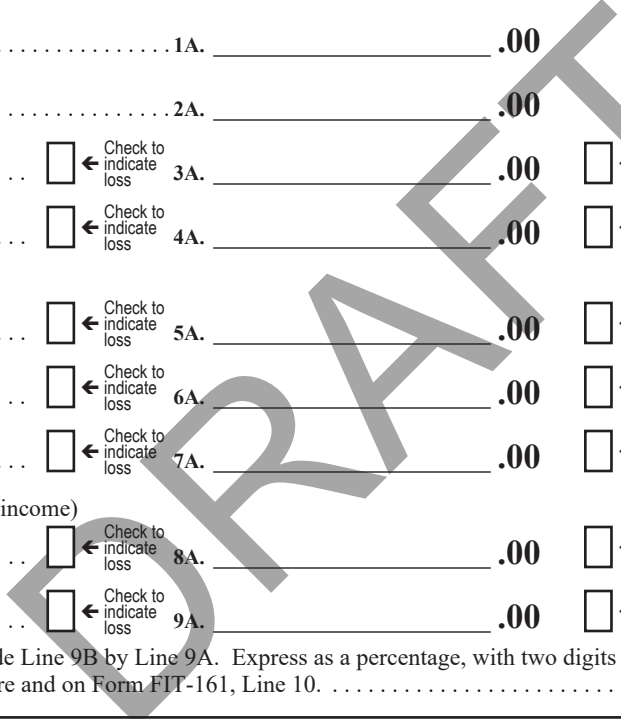
Name of Estate or Trust WONDER WOMAN TRUST	FEIN 400009073	Tax Year End Date (MMDDYYYY) 12 / 31 / 2020
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PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2020		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation)
From (MMDDYYYY): / /	To (MMDDYYYY): / /	

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



Schedule FIT-K-1VTF

**Vermont Beneficiary Information
for Fiduciaries**



* 2 0 K 1 F 1 1 0 0 *

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

Name of Estate or Trust WONDER WOMAN TRUST	FEIN 400009073	Tax Year End Date (MMDDYYYY) 12 / 31 / 2020
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HEADER INFORMATION - REQUIRED ITEMS

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

VERMONT RESIDENT BENEFICIARY

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

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

VERMONT NONRESIDENT BENEFICIARY

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

PAYMENT INFORMATION

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

Schedule FIT-K-1VTF

**Vermont Beneficiary Information
for Fiduciaries**



* 2 0 K 1 F 1 1 0 0 *

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

Name of Estate or Trust WONDER WOMAN TRUST	FEIN 400009073	Tax Year End Date (MMDDYYYY) 12 / 31 / 2020
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HEADER INFORMATION - REQUIRED ITEMS

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

VERMONT RESIDENT BENEFICIARY

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

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

VERMONT NONRESIDENT BENEFICIARY

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

PAYMENT INFORMATION

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

Test 6:**Required Vermont Forms/Schedules: FIT-161, FIT-162, FIT-166****Taxpayer(s) Information:**

Name of Estate or Trust:	Jet Dynasty Estate
Federal Employer ID:	40-0009099
Name or Fiduciary:	Net Dynasty
Title of Fiduciary:	Executor
State, Canadian province or country during non-VT Residency:	NH
Mailing Address:	145 Main St.
City:	Wolfeboro
State:	NH
Zip Code:	03894
Date of Death:	Feb-15-2020
Tax Year Begin Date:	Jan-01-2020
Tax Year End Date:	Dec-31-2020
Type of Estate or Trust:	Estate

Return Information:

Distributions on 1041 Line 18:	No
Non-VT municipal bond income:	None
Any trust beneficiaries skip persons:	No
Qualified settlement fund:	No
Federal taxable income:	1,250,000.00
Income from non-VT state & local obligations:	2,300.00
State & local income tax addback:	10,000.00
Sale of stocks & bonds capital gain:	36,000.00
Sale of partnership interest gain:	900,000.00
Date partnership interest sold:	Oct-01-2020
Nonresident payments:	25,000.00
Total interest income:	8,000.00
Total ordinary dividend income:	2,500.00
Total capital gains:	936,000.00
VT capital gains:	900,000.00
Total rents, royalties, partnerships, s-corps, LLCs, other estates & trusts income:	1,000,000.00
VT rents, royalties, partnerships, s-corps, LLCs, other estates & trusts income:	500,000.00

2020 Form FIT-161

Vermont Fiduciary Return of Income



* 2 0 1 6 1 1 1 0 0 *

Name of Estate or Trust JET DYNASTY ESTATE			FEIN 400009099	Date of Death (MMDDYYYY) 02 / 15 / 2020
Name of Fiduciary NET DYNASTY			Title of Fiduciary EXECUTOR	Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2020
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 145 MAIN ST			State of Domicile at Death and/or Creation of Trust NH	Tax year END date (MMDDYYYY) 12 / 31 / 2020
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE <input checked="" type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust	
City WOLFEBORO	State NH	ZIP Code 03894	<input type="checkbox"/> Check here if this is an EXTENDED return <input type="checkbox"/> Check here if this is an AMENDED return <input checked="" type="checkbox"/> Check here if this is your FINAL return	
Foreign Country				

- A. Were any distributions reported on federal Form 1041, Line 18, made to nonresident beneficiaries? A. Yes No
- B. Did the estate or trust have non-Vermont municipal bond income? If "Yes," see instructions for both Line 2a and Schedule FIT-166, Part I. B. Yes No
- C. Are any present or future trust beneficiaries skip persons? C. Yes No
- D. Is this return for a Qualified Settlement Fund (federal Form 1120-SF)? D. Yes No

1.	Federal taxable income from Form 1041, Line 23, or modified gross income of Qualified Settlement Fund (from federal Form 1120-SF)	<input type="checkbox"/> ← Check to indicate loss	1.	1250000	.00
2a.	Income from Non-Vermont state and local obligations (from Schedule FIT-166, Part I, Line 3)		2a.	2300	.00
2b.	Bonus Depreciation allowed under federal law for 2020		2b.		.00
2c.	State and local income taxes included on federal Form 1041, Line 11. (see instructions)		2c.	10000	.00
3.	Federal Taxable Income with Additions (Add Lines 1, 2a, 2b, and 2c.)	<input type="checkbox"/> ← Check to indicate loss	3.	126300	.00
4a.	Interest income from U.S. Obligations		4a.		.00
4b.	Capital Gains Exclusion (from Schedule FIT-162, Line 21. If less than zero, enter -0-.)		4b.	350000	.00
4c.	Adjustment for prior years' Bonus Depreciation		4c.		.00
4d.	Add Lines 4a, 4b, and 4c.		4d.	350000	.00
5.	Vermont taxable income (Line 3 minus Line 4d)	<input type="checkbox"/> ← Check to indicate loss	5.	912300	.00
6.	Vermont Tax from the tax rate schedule on page 2 of this form		6.	79561	.00
7.	Additions to Vermont Tax (from Schedule FIT-166, Part II, Line 1c)		7.		.00
8.	Subtractions from Vermont Tax (from Schedule FIT-166, Part II, Line 2d)		8.		.00
9.	Vermont Tax with Additions and Subtractions (Add Lines 6 and 7, then subtract Line 8)		9.	79561	.00
10.	Income Adjustment (from Schedule FIT-166, Part III, Line 10, or 100%)		10.	71 92	%

Name of Estate or Trust JET DYNASTY ESTATE
FEIN 400009099



- 11. Adjusted tax (Multiply Line 9 by Line 10).....11. 57220 .00
- 12. Other states credit (from Schedule FIT-167, Line 21)12. _____ .00
- 13. Total Vermont taxes (Line 11 minus Line 12)13. 57220 .00
- 14. **Payment**
- 14a. Vermont Tax Withheld on 1099.....14a. _____ .00
- 14b. Estimated Tax or Extension Payments 14b. _____ .00
- 14c. Vermont Real Estate Withholding14c. _____ .00
Attach copy of Form RW-171 or Schedule K-1VT
- 14d. Nonresident Payments from Form WH-435..... 14d. 25000 .00
- 14e. 2019 Overpayment Applied14e. _____ .00
- 14f. Total Payments (Add Lines 14a, 14b, 14c, 14d, and 14e) 14f. 25000 .00
- 15. Overpayment: If Line 13 is less than Line 14f, subtract Line 13 from Line 14f15. _____ .00
- 16. Amount of overpayment to be credited to 2021 taxes16. _____ .00
- 17. Amount of overpayment to be REFUNDED (Line 15 minus Line 16)17. _____ .00
- 18. **BALANCE DUE:** If Line 14f is less than Line 13, subtract Line 14f from Line 13.....18. 32225 .00

Vermont 2020 Tax Schedule			
If Taxable income is over	But not over	The Vermont Tax is	of the amount over
\$0	\$2,750	3.35%	\$0
\$2,750	\$6,350	\$92.00 + 6.60%	\$2,750
\$6,350	\$9,750	\$330.00 + 7.60%	\$6,350
\$9,750	---	\$588.00 + 8.75%	\$9,750

If filing for a Qualified Settlement Fund, tax is 8.95% of taxable income.

File this return no later than the 15th day of the fourth month following the close of the operating or income year. Attach a legible copy of the federal Form 1041, U.S. Income Tax Return for Estates and Trusts, or federal Form 1120-SF for the same taxable period.

I declare under the penalties of perjury, this return is true, correct, and complete to the best of my knowledge. If prepared by a person other than the taxpayer, his/her declaration further provides under 32 V.S.A. §§ 5901-5903 this information has not been and will not be used for any other purpose or made available to any other person other than for the preparation of this return unless a separate valid consent form is signed by the taxpayer and retained by the preparer.

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

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

Keep a copy for your records.

For Department Use Only	
Ck. Amt.	Init.

Form FIT-161
Rev. 10/20

2020 Schedule FIT-162

Capital Gains Exclusion Calculation for Estates or Trusts



* 2 0 1 6 2 1 1 0 0 *

Attach to Form FIT-161

Name of Estate or Trust JET DYNASTY ESTATE	FEIN 400009099	Tax Year End Date (MMDDYYYY) 12 / 31 / 2020
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PART I Flat Exclusion

- 1. Enter lesser of Line 18a(2) or 19(2) from federal Form 1041, Schedule D1. 936000 .00
- 2. Enter amount from:
 - 2a. Federal Form 1041, Schedule D, Line 18b(2)2a. _____ .00
 - 2b. Federal Form 1041, Schedule D, Line 18c(2)..... 2b. _____ .00
- 3. Add Lines 2a and 2b3. _____ .00
- 4. Subtract Line 3 from Line 1. *Entry cannot be less than zero.*4. 936000 .00
- If you filed federal Form 4952, complete Lines 5 through 7
- 5. Enter amount from:
 - 5a. Federal Form 4952, Line 4g.....5a. _____ .00
 - 5b. Federal Form 4952, Line 4e..... 5b. _____ .00
- 5c. Multiply Line 5a by Line 5b. Enter result here.....5c. _____ .00
- 5d. Federal Form 4952, Line 4b..... 5d. _____ .00
- 5e. Federal Form 4952, Line 4e.....5e. _____ .00
- 6. Add Lines 5d and 5e. Enter result here.....6. _____ .00
- 7. Divide Line 5c by Line 6. Enter result here.....7. _____ .00
- 8. Subtract Line 7 from Line 4. *Entry cannot be less than zero.*8. 936000 .00
- 9. Enter the lesser of Line 8 or \$5,0009. 5000 .00

(continued on next page)



* 2 0 1 6 2 1 2 0 0 *

Name of Estate or Trust JET DYNASTY ESTATE	FEIN 400009099	Tax Year End Date (MMDDYYYY) 12 / 31 / 2020
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PART II Percentage Exclusion

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

- 10. Enter the amount from Part I, Line 410. 936000 .00
- 11. Enter amount of adjusted net capital gain from the sale of assets held for three years or less.....11. .00
- 12. Assets held for more than three years. Subtract Line 11 from Line 10. *Entry cannot be less than zero.*12. 936000 .00

Enter the amount of net adjusted capital gain from the sale of the following assets held for more than three years.

- 13a. Real estate or portion of real estate used as a primary or nonprimary 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 instruments.....13c. 36000 .00
- 14. Add Lines 13a through 13c.....14. 36000 .00
- 15. Subtract Line 14 from Line 12. Enter result here. *Entry cannot be less than zero.* This is the amount of net capital gain eligible for exclusion.15. 900000 .00

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

- 16. Enter amount from Part I, Line 7, or recomputed federal Form 4952.16. .00
- 17. Subtract Line 16 from Line 15. *Entry cannot be less than zero.*17. 900000 .00
- 18. Multiply Line 17 by 40%; enter result or \$350,000, whichever is less.18. 350000 .00

PART III Capital Gain Exclusion

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

2020 Schedule FIT-166

Vermont Income Adjustments and Tax Computations for Fiduciaries



* 2 0 1 6 6 1 1 0 0 *

Attach to Form FIT-161

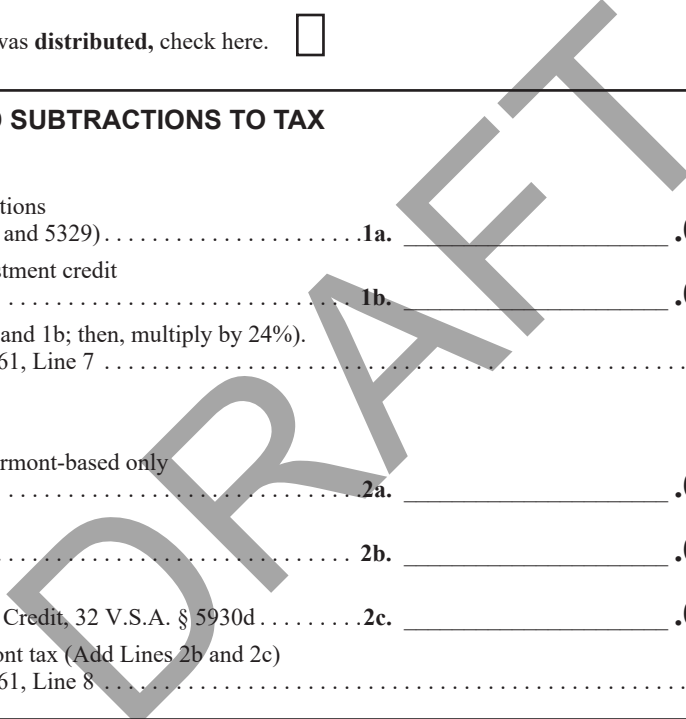
Name of Estate or Trust JET DYNASTY ESTATE	FEIN 400008099	Tax Year End Date (MMDDYYYY) 12 / 31 / 2020
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PART I Taxable Municipal Bond Income

- 1. Total interest and dividend income from all state and local obligations exempt from federal tax (see Line-by-Line Instructions)1. 2300 .00
- 2. Interest and dividend income from Vermont state and local obligations included in Line 12. 00 .00
- 3. Income from non-Vermont state and local obligations to be added to Vermont taxable income. (Subtract Line 2 from Line 1, but not less than zero.) Enter here and on Form FIT-161, Line 2a3. 2300 .00
- 4. If all municipal bond income was **distributed**, check here.

PART II ADDITIONS AND SUBTRACTIONS TO TAX

- 1. Additions to Vermont Tax
 - 1a. Tax on lump-sum distributions (from federal Forms 4972 and 5329)1a. 00 .00
 - 1b. Recapture of federal investment credit (from federal Form 4255)1b. 00 .00
 - 1c. Total additions (Add Lines 1a and 1b; then, multiply by 24%). Enter here and on Form FIT-161, Line 71c. 00 .00
- 2. Subtractions from Vermont tax
 - 2a. Investment tax credit - Vermont-based only (from federal Form 3468)2a. 00 .00
 - 2b. Multiply Line 2a by 24%2b. 00 .00
 - 2c. Research & Development Credit, 32 V.S.A. § 5930d2c. 00 .00
 - 2d. Total subtractions from Vermont tax (Add Lines 2b and 2c) Enter here and on Form FIT-161, Line 82d. 00 .00





* 2 0 1 6 6 1 2 0 0 *

Name of Estate or Trust JET DYNASTY ESTATE	FEIN 400009099	Tax Year End Date (MMDDYYYY) 12 / 31 / 2020
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PART III INCOME ADJUSTMENT CALCULATION

Nonresidents and Part-Year Residents must complete this section.

Dates of Vermont residency in 2020		Name of State(s), Canadian province, or country during non-Vermont residency (use standard 2-character abbreviation) NH
From (MMDDYYYY): / /	To (MMDDYYYY): / /	

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

Test 7:

Required Vermont Forms/Schedules: FIT-168

Taxpayer(s) Information:

Name of Estate or Trust:	Jet Dynasty Estate
Federal Employer ID:	40-0009099
Name or Fiduciary:	Net Dynasty
Title of Fiduciary:	Executor
Mailing Address:	145 Main St.
City:	Wolfeboro
State:	NH
Zip Code:	03894
Tax Year Begin Date:	Jan-01-2020
Tax Year End Date:	Dec-31-2020
Type of Estate or Trust:	Estate

Return Information:

Estimated Tax Liability:	58,000.00
Previous Payments Made:	25,000.00
Extension Payment:	33,000.00

DRAFT

Form FIT-168



**Application for Extension of Time to File
Vermont Fiduciary Tax Return**

- File this application on or before the due date of Form FIT-161, Vermont Fiduciary Tax Return.
- With the filing of this application, you are granted an automatic five and one-half month extension of time to file the tax return.

Name of Estate or Trust JET DYNASTY ESTATE			FEIN 400009099		
Name of Fiduciary NET DYNASTY			Title of Fiduciary EXECUTOR		
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 145 MAIN ST			Tax Year BEGIN Date (MMDDYYYY) 01 / 01 / 2020		Tax Year END Date (MMDDYYYY) 12 / 31 / 2020
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE <input checked="" type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust		
City WOLFEBORO	State NH	ZIP Code 03894	For Department Use Only		
Foreign Country					

Payment to accompany extension request

1. Estimated tax liability	1.	58000	.00
2. Previous payments	2.	25000	.00
3. Amount of TAX DUE with this application (Line 1 minus Line 2)	3.	33000	.00

Make check payable to **Vermont Department of Taxes.**

An extension of time to file a Vermont Fiduciary Tax Return does not extend the time for paying the tax. If any tax is due, you must pay the tax by the original due date. Any tax due and unpaid by the original due date will bear interest and penalty at the statutory rate. Returns filed after the due date without an authorized extension are subject to a late filing fee.

Mail to:

Vermont Department of Taxes
PO Box 1700
Montpelier, VT 05601-1700

Test 8:

Required Vermont Forms/Schedules: FIT-165 x4

Taxpayer(s) Information:

Name of Estate or Trust:	Doo Family Revocable
Federal Employer ID:	Trust 40-0009098
Name or Fiduciary:	Scooby Doo
Title of Fiduciary:	Trustee
Mailing Address:	299 Staso Rd.
City:	Castleton
State:	VT
Zip Code:	05735
Tax Year Begin Date:	Jan-01-2021
Tax Year End Date:	Dec-31-2021
Type of Estate or Trust:	Revocable Trust

Return Information:

1 st Quarter	350.00
2 nd Quarter	750.00
3 rd Quarter	400.00
4 th Quarter	550.00

DRAFT

Form FIT-165

**Vermont Fiduciary Estimated Tax
Payment Voucher**



* 2 0 1 6 5 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

Name of Estate or Trust DOO FAMILY RECOVABLE TRUST			FEIN 400009098
Name of Fiduciary SCOOBY DOO			Title of Fiduciary TRUSTEE
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 299 STASO RD		Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2021	Tax year END date (MMDDYYYY) 12 / 31 / 2021
Additional Line for Mailing Address of Fiduciary, if needed		Check ONE <input type="checkbox"/> Estate <input checked="" type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust	
City CASTLETON	State VT	ZIP Code 05735	
Foreign Country		Amount of this payment 350 .00	

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

5454

For Department Use Only	
Ck. Amt.	Init.

Form FIT-165
Rev. 10/20

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print

**FORM FIT-165 Instructions
Vermont Fiduciary Estimated Tax Payment Voucher**

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

Payment Dates*

- 1st payment APR 15
- 2nd payment JUN 15
- 3rd payment SEP 15
- 4th payment JAN 15

*If the due date falls on a weekend or a holiday, the payment and voucher are due the next business day.

Mail payment voucher to:

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

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

Form FIT-165

**Vermont Fiduciary Estimated Tax
Payment Voucher**



* 2 0 1 6 5 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

Name of Estate or Trust DOO FAMILY RECOVABLE TRUST			FEIN 400009098
Name of Fiduciary SCOOBY DOO			Title of Fiduciary TRUSTEE
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 299 STASO RD		Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2021	Tax year END date (MMDDYYYY) 12 / 31 / 2021
Additional Line for Mailing Address of Fiduciary, if needed		Check ONE <input type="checkbox"/> Estate <input checked="" type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust	
City CASTLETON	State VT	ZIP Code 05735	
Foreign Country		Amount of this payment 750 .00	

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

5454

For Department Use Only	
Ck. Amt.	Init.

Form FIT-165
Rev. 10/20

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print

**FORM FIT-165 Instructions
Vermont Fiduciary Estimated Tax Payment Voucher**

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

Payment Dates*

- 1st payment APR 15
- 2nd payment JUN 15
- 3rd payment SEP 15
- 4th payment JAN 15

*If the due date falls on a weekend or a holiday, the payment and voucher are due the next business day.

Mail payment voucher to:

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

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

Form FIT-165

Vermont Fiduciary Estimated Tax Payment Voucher



* 2 0 1 6 5 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

Name of Estate or Trust DOO FAMILY RECOVABLE TRUST			FEIN 400009098		
Name of Fiduciary SCOOBY DOO			Title of Fiduciary TRUSTEE		
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 299 STASO RD		Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2021		Tax year END date (MMDDYYYY) 12 / 31 / 2021	
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE <input type="checkbox"/> Estate <input checked="" type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust		
City CASTLETON	State VT	ZIP Code 05735	Amount of this payment 400 .00		
Foreign Country					

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

5454

For Department Use Only	
Ck. Amt.	Init.

Form FIT-165
Rev. 10/20

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print

FORM FIT-165 Instructions
Vermont Fiduciary Estimated Tax Payment Voucher

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

Payment Dates*

- 1st payment APR 15
- 2nd payment JUN 15
- 3rd payment SEP 15
- 4th payment JAN 15

*If the due date falls on a weekend or a holiday, the payment and voucher are due the next business day.

Mail payment voucher to:

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

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

Form FIT-165

**Vermont Fiduciary Estimated Tax
Payment Voucher**



* 2 0 1 6 5 1 1 0 0 *

Please PRINT in BLUE or BLACK INK

Name of Estate or Trust DOO FAMILY RECOVABLE TRUST			FEIN 400009098		
Name of Fiduciary SCOOBY DOO			Title of Fiduciary TRUSTEE		
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 299 STASO RD		Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2021		Tax year END date (MMDDYYYY) 12 / 31 / 2021	
Additional Line for Mailing Address of Fiduciary, if needed			Check ONE <input type="checkbox"/> Estate <input checked="" type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust		
City CASTLETON	State VT	ZIP Code 05735	Amount of this payment 550 .00		
Foreign Country					

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

5454

For Department Use Only	
Ck. Amt.	Init.

Form FIT-165
Rev. 10/20

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print

**FORM FIT-165 Instructions
Vermont Fiduciary Estimated Tax Payment Voucher**

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

Payment Dates*

- 1st payment APR 15
- 2nd payment JUN 15
- 3rd payment SEP 15
- 4th payment JAN 15

*If the due date falls on a weekend or a holiday, the payment and voucher are due the next business day.

Mail payment voucher to:

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

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

Test 9:

Required Vermont Forms/Schedules: FIT-160

Taxpayer(s) Information:

Name of Estate or Trust:	Estate of Kranks
Federal Employer ID:	400009069
Name or Fiduciary:	James Kranks
Title of Fiduciary:	Executrix
Mailing Address:	133 Beckley Hill Rd
City:	Barre
State:	VT
Zip Code:	05641
Tax Year Begin Date:	01/01/2020
Tax Year End Date:	12/31/2020
Type of Estate or Trust:	Estate
Return Information:	
Payment Amount	67.00

DRAFT

Form FIT-160

**Vermont Fiduciary Income Tax Return
Payment Voucher**



Please PRINT in BLUE or BLACK INK

USE THIS FORM IF NOT SUBMITTING PAYMENT WITH FORM FIT-161
If you filed electronically, DO NOT include a copy of that return with this payment.

Name of Estate or Trust ESTATE OF KRANKS		FEIN 400009069	Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2020
Name of Fiduciary JAMES KRANKS		Title of Fiduciary EXECUTRIX	Tax year END date (MMDDYYYY) 12 / 31 / 2020
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 BECKLEY HILL RD		Check ONE	
Additional Line for Mailing Address of Fiduciary, if needed		<input checked="" type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust	
City BARRE	State VT	ZIP Code 05641	Amount of this payment. If "\$0," DO NOT file 67
Foreign Country			

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

Phone: (802) 828-6820

For Department Use Only	
Ck. Amt.	Init.

Form FIT-160
Rev. 10/20

5454

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print

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

General Information

Use Form FIT-160 to remit a payment for Fiduciary Income tax accounts, which include trusts and estates. Do not include Form FIT-160 if you are making payments with another return or form, such as:

- FIT-161 - VT Fiduciary Income Tax Return
- FIT-168 - Application for Extension of Time

FIT-160 may be used, for example, if:

- You mailed your form or payment coupon, but forgot to include a check.
- You or your tax preparer filed your documents electronically, and you want to send a check separately.

Instructions

- Print in blue or black ink.
- Enter the beginning and ending date of the entity's tax year in the required format -- MMDDYYYY.
- Enter the Federal Employer Identification Number (FEIN).
- Enter the trust or estate name and address, including country, if other than the United States.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.

Test 10:

Required Vermont Forms/Schedules: FIT-160

Taxpayer(s) Information:

Name of Estate or Trust:	Stephanie Giffin Trust
Federal Employer ID:	400009100
Name or Fiduciary:	Michael Giffin
Title of Fiduciary:	Trustee
Mailing Address:	1334 Main Rd
City:	Barre
State:	VT
Zip Code:	05641
Tax Year Begin Date:	01/01/2020
Tax Year End Date:	12/31/2020
Type of Estate or Trust:	Revocable Trust
Return Information:	
Payment Amount	600.00

DRAFT

Form FIT-160

**Vermont Fiduciary Income Tax Return
Payment Voucher**



Please PRINT in BLUE or BLACK INK

USE THIS FORM IF NOT SUBMITTING PAYMENT WITH FORM FIT-161
If you filed electronically, DO NOT include a copy of that return with this payment.

Name of Estate or Trust STEPHANIE GIFFIN TRUST		FEIN 400009100	Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2020
Name of Fiduciary MICHAEL GIFFIN		Title of Fiduciary TRUSTEE	Tax year END date (MMDDYYYY) 12 / 31 / 2020
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 1334 MAIN RD		Check ONE	
Additional Line for Mailing Address of Fiduciary, if needed		<input type="checkbox"/> Estate <input checked="" type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust	
City BARRE	State VT	ZIP Code 05641	Amount of this payment. If "\$0," DO NOT file 600
Foreign Country			

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

Phone: (802) 828-6820

For Department Use Only	
Ck. Amt.	Init.

Form FIT-160
Rev. 10/20

5454

Clear ALL fields

Save and go to Important Printing Instructions

Save and Print

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

General Information

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- You or your tax preparer filed your documents electronically, and you want to send a check separately.

Instructions

- Print in blue or black ink.
- Enter the beginning and ending date of the entity's tax year in the required format -- MMDDYYYY.
- Enter the Federal Employer Identification Number (FEIN).
- Enter the trust or estate name and address, including country, if other than the United States.
- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.

Test 11:

Required Vermont Forms/Schedules: FIT-160

Taxpayer(s) Information:

Name of Estate or Trust:	Mrs Miracle Trust
Federal Employer ID:	400009101
Name or Fiduciary:	Burt Miracle
Title of Fiduciary:	Trustee
Mailing Address:	133 State Street
City:	Montpelier
State:	VT
Zip Code:	05602
Tax Year Begin Date:	01/01/2020
Tax Year End Date:	12/31/2020
Type of Estate or Trust:	Irrevocable Trust
Return Information:	
Payment Amount	1000.00

DRAFT

Form FIT-160

**Vermont Fiduciary Income Tax Return
Payment Voucher**



Please PRINT in BLUE or BLACK INK

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Name of Estate or Trust MRS MIRACLE TRUST		FEIN 400009101	Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2020
Name of Fiduciary BURT MIRACLE		Title of Fiduciary TRUSTEE	Tax year END date (MMDDYYYY) 12 / 31 / 2020
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 133 STATE STREET		Check ONE	
Additional Line for Mailing Address of Fiduciary, if needed		<input type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input checked="" type="checkbox"/> Irrevocable Trust	
City MONTPELIER	State VT	ZIP Code 05602	Amount of this payment. If "\$0," DO NOT file 1000
Foreign Country			

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

Phone: (802) 828-6820

For Department Use Only	
Ck. Amt.	Init.

Form FIT-160
Rev. 10/20

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Clear ALL fields

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

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- FIT-168 - Application for Extension of Time

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- You or your tax preparer filed your documents electronically, and you want to send a check separately.

Instructions

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- Enter the beginning and ending date of the entity's tax year in the required format -- MMDDYYYY.
- Enter the Federal Employer Identification Number (FEIN).
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- Enter the total amount of payment included with this coupon. Enter a whole dollar amount.

Test 12:

Required Vermont Forms/Schedules: FIT-160

Taxpayer(s) Information:

Name of Estate or Trust:	Estate of Doug Kraner
Federal Employer ID:	400009102
Name or Fiduciary:	Doug Kraner Jr
Title of Fiduciary:	Executrix
Mailing Address:	109 Main Street
City:	Montpelier
State:	VT
Zip Code:	05602
Tax Year Begin Date:	01/01/2020
Tax Year End Date:	12/31/2020
Type of Estate or Trust:	Estate
Return Information:	
Payment Amount	2500.00

DRAFT

Form FIT-160

**Vermont Fiduciary Income Tax Return
Payment Voucher**



Please PRINT in BLUE or BLACK INK

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Name of Estate or Trust ESTATE OF DOUG KRANER		FEIN 400009102	Tax year BEGIN date (MMDDYYYY) 01 / 01 / 2020
Name of Fiduciary DOUG KRANER JR		Title of Fiduciary EXECUTRIX	Tax year END date (MMDDYYYY) 12 / 31 / 2020
Mailing Address of Fiduciary (Number and Street/Road or PO Box) 109 MAIN STREET		Check ONE	
Additional Line for Mailing Address of Fiduciary, if needed		<input checked="" type="checkbox"/> Estate <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Grantor Trust <input type="checkbox"/> Irrevocable Trust	
City MONTPELIER	State VT	ZIP Code 05602	Amount of this payment. If "\$0," DO NOT file 2500 .
Foreign Country			

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

Phone: (802) 828-6820

For Department Use Only	
Ck. Amt.	Init.

Form FIT-160
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