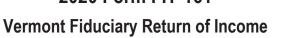
## Vermont Department of Taxes

## 2020 Form FIT-161





Nar	ne of Estate or Trust		FEIN	Date of Death (MMDDYYYY)				
Nar	ne of Fiduciary		Title of Fiduciary	Tax year <b>BEGIN</b> date (MMDDYYYY)				
Mai	ling Address of Fiduciary (Number and Street/Road or Po		State of Domicile at Dea and/or Creation of Trust	Tax year <b>END</b> date (MMDDYYYY)				
Additional Line for Mailing Address of Fiduciary, if needed				Check ONE  Estate Revoc		Bankruptcy Grantor Irrevocable		
City		State	ZIP Code	ITUSE	Estat			
For	eign Country			Check here if this is an EXTENDED return		ck here if this AMENDED n	is your F	nere if thi
A. B.	Were any distributions reported on federal F Did the estate or trust have non-Vermont mu	ınicipal b	ond income? If "Yes,"					□ N
C.	Line 2a and Schedule FIT-166, Part I  Are any present or future trust beneficiaries					B	Yes	∐ N
D.	Is this return for a Qualified Settlement Fund	d (federal	Form 1120-SF)?				Yes	□ □ N
1.	Federal taxable income from Form 1041 Qualified Settlement Fund (from federal For			of	Check to indicate 1.			00
2a.	Income from Non-Vermont state and local	bligation	s (from Schedule FIT-1	66, Part.I, Line 3)	2a			00
2b.	Bonus Depreciation allowed under federal la	w for 20	20	,	2b			00
2c.	State and local income taxes included on fee	leral Forn	m 1041, Line 11. (see in		2c			00
3.	Federal Taxable Income with Additions (Ad	d Lines 1	, 2a, 2b, and 2c.)		Check to indicate loss 3			00
4a.	Interest income from U.S. Obligations				4a			00
4b.	Capital Gains Exclusion (from Schedule FIT	T-162, Lii	ne 21. If less than zero	enter -0)	4b			00
4c.	Adjustment for prior years' Bonus Deprecia	tion			4c			00
4d.	Add Lines 4a, 4b, and 4c							00
5.	Vermont taxable income (Line 3) minus Line	e 4d)		∐∢	Check to indicate loss 5			00
6.	Vermont Tax from the tax rate schedule on	age 2 of	this form		6			00
7.	Additions to Vermont Tax (from Schedule F	FIT-166, I	Part II, Line 1c)					00
8.	Subtractions from Vermont Tax (from Schee	dule FIT-	166, Part II, Line 2d).		8			00
9.	Vermont Tax with Additions and Subtraction	ns (Add I	Lines 6 and 7, then subt	ract Line 8)	<b>9.</b> _			00
10.	Income Adjustment (from Schedule FIT-166	6, Part III	, Line 10, or 100%)			10.	·	%

Name of Estate or Trust									
	F	EIN					* 2 0 1 6 1 1	2 0 0 *	
11.	Adjusted	d tax (Mul	tiply Line 9 by	Line 10)			11.		00
12.	Other sta	ates credit	(from Schedul	le FIT-167, Line 21)			12		00
13.	Total Ve	ermont tax	es (Line 11 mi	nus Line 12)			13		00
14.	Paymen 14a. V	t ermont Ta	x Withheld on	1099	14ε	ı <b>.</b>	.00		
	<b>14b.</b> Es	stimated T	ax or Extensio	n Payments	14b	)	.00		
	14c. V	ermont Re	al Estate With of Form RW	holding	<b>.14</b> 6	:	.00		
		1 5		m Form WH-435			.00		
	<b>14e.</b> 20	)19 Overpa	ayment Applie	d	146	e.	.00		
14f.	Total Pa	yments (A	dd Lines 14a,	14b, 14c, 14d, and 14	4e)			10	00
15.	Overpay	ment: If L	ine 13 is less t	han Line 14f, subtrac	Line 13 from I	ane 14f			00
16.	Amount	of overpa	yment to be cre	edited to 2021 taxes					.00
17.	Amount	of overna	vment to he RI	EFUNDED (Line 15	minus Line 16)				.00
						•			.00
18.	BALAN	CE DUE:		less than Line 13, su	btract Line 14f f				_
-	Vermont 2020 Tax Schedule  If Taxable  If Taxable  If Taxable			of the amount		for a Qu <mark>a</mark> lified Settlem income.	ent Fund, tax is 8.9	5% o	
	income	is over	But not over	Tax is	over			15th day of the fourth	manth
-	\$2,7	\$0 750	\$2,750	3.35% \$92.00 + 6.60%	\$0		return no later than the the close of the opera		
ŀ	\$6,3		\$6,350 \$9,750	\$330.00 + 7.60%	, <del>, , , ,</del>	a legible	copy of the federal Fo	orm 1041, U.S. Incon	ne Tax
ŀ	\$9,7			\$588.00 + 8.75%	\$9,7 <mark>50</mark>	4	for Estates and Trusts, one taxable period.	or federal Form 1120-	SF fo
taxpa or m retai	ayer, his/h ade availa ned by the	er declara	tion further pro other person	ovides under 32 V.S.	A. §§ 5901-5 <b>90</b> 3	this informa	est of my knowledge. If preation has not been and will not a separate valid consent for	ot be used for any other p	purpose yer and
Prir	nted Name				Email A	ddress (optional	]		
Paid	d Preparer's	Signature		<b>*</b>		Check if self-employed	Date	Preparer's Telephone Nu	mber
Pre	parer's Print	ed Name			Prepare	r's Email Addre	ss (optional)		
Firn	n's Name (or	r yours if self	-employed) and a	ddress			Preparer's SSN or PTIN	FEIN	
		Check if th	e Department of	f Taxes may discuss er shown.			Keep a copy	for your records.	
	Ш	this return	with the prepare	er shown.			For Department Use Only	Form EIT 161	

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Ck. Amt.

Form FIT-161

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